



Offshore Petroleum Regulator
for Environment & Decommissioning

The Offshore First Aid and Medical Provision Inspection Guide

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OMAR Inspectors / ED Offshore Inspectors / ED Specialist Inspectors

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Summary

This guidance outlines an approach to inspection of dutyholder's arrangements for managing risks offshore associated with providing first aid and basic health care for all personnel, including visitors, who may be injured or become ill while on offshore installations. It also sets out criteria for satisfactory and unsatisfactory performance factors against which the dutyholder performance will be rated for each of these areas. References are made to technical standards and guidance that inspectors will use to form opinion for legal compliance. The effectiveness of such systems is a key component of occupational health and safety risk management. Securing effective control of risks will ensure that arrangements and facilities provided are adequate and appropriate in circumstances for enabling first aid to be rendered to employees and others shall they be injured or become ill whilst at work.

Introduction

The aim of this Inspection Guide (IG) is to provide information and guidance to OMAR inspectors to support the delivery of consistent and effective first aid management. It does this by highlighting current key areas to be covered during inspections, providing a framework for inspectors to judge compliance, assign performance ratings, and decide what enforcement action to take should they find legislative breaches. In doing so, it complements HSE's Enforcement Policy Statement (EPS) and Enforcement Management Model (EMM).

The operational guidance outlines HSE's priorities for inspection of first aid and medical provision offshore. It is important to note that this guidance does not include detailed information on other offshore health risks such as Hazardous Substances, Noise, Vibration, Asbestos, Ergonomics/ Manual Handling, Ionising and Non-Ionising Radiations, Thermal Environment, Respiratory/ Personal Protective Equipment, Potable Water, and Welfare, which continue to form part of the remit of the ED Industrial Hygiene Team.

Relevant Legislation

Health and Safety at Work etc Act 1974, Section 2(1) –

It shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees.

Health and Safety at Work etc Act 1974, Section 3(1) –

It shall be the duty of every employer to conduct his undertaking in such a way as to ensure, so far as is reasonably practicable, that persons not in his employment who may be affected thereby are not thereby exposed to risks to their health or safety.

The Management of Health and Safety at Work Regulations 1999, Regulation 3 –

Requires every employer shall make a suitable and sufficient assessment of the risks to the health and safety of his employees to which they are exposed whilst they are at work; and the risks to the health and safety of persons not in his employment arising out of or in connection with the conduct by him of his undertaking.

The Management of Health and Safety at Work Regulations 1999, Regulation 5 –

Requires employers make and give effect to such arrangements as are appropriate, having regard to the nature of his activities and the size of his undertaking, for the effective planning, organisation, control, monitoring and review of the preventive and protective measures.

The Management of Health and Safety at Work Regulations 1999, Regulation 7 –

Requires employers to appoint one or more competent persons to assist him in undertaking the measures he needs to take to comply with the requirements and prohibitions imposed upon him by or under the relevant statutory provisions

The Offshore Installations (Offshore Safety Directive) (Safety Case etc) Regulations 2015, Regulation 16 –

Requires a dutyholder who prepares a safety case pursuant to these Regulations demonstrate that the dutyholder's management system is adequate to ensure that the relevant statutory provisions will, in respect of matters within the dutyholder's control, be complied with.

Offshore Installations and Pipeline Works (First-Aid) Regulations 1989 (OFAR), Regulation 5

–

Requires a person in control of an offshore installation, pipeline works or any of the following activities in connection with an offshore installation carried on from a vessel, that is to say construction, reconstruction, alteration, repair, maintenance, cleaning, demolition, dismantling and any activity immediately preparatory thereto, to (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; (c) make, or ensure that there are made, such arrangements as will enable— (i) the work of the suitable persons referred to in sub-paragraphs (a) and (b) of this paragraph to be supervised by one or more suitably qualified registered medical practitioners, and (ii) the advice or presence, as appropriate, of a suitably qualified registered medical practitioner to be obtained when needed;

The Offshore Installations (Prevention of Fire and Explosion, and Emergency Response) Regulations 1995, Regulation 8 –

Requires the duty holder shall, after consulting persons who are likely to become involved in emergency response, prepare and, as often as is appropriate, revise a document (in this regulation called “the emergency response plan”) containing sufficient information, for the guidance of such persons, on (a) the organisation and arrangements which are to have effect in an emergency; and (b) procedures by way of emergency response to be followed in different circumstances. The duty holder shall also ensure that (a) the emergency response plan is available to all persons on the installation; and (b) each person on the installation, and each person who may be called upon to assist in implementing the emergency response plan, are given such notification of its contents as is sufficient for them. The duty holder shall ensure that the organisation, arrangements and procedures are tested, by practice and otherwise, as often as may be appropriate and every person on the installation shall, in an emergency, so far as is practicable, conform to the appropriate procedure in the plan.

The Offshore Installations and Pipeline Works (Management and Administration) Regulations 1995, Regulation 8 –

Requires everyone to co-operate with the operator or owner of an offshore installation and the employer of people engaged in connected activities, so far as is necessary to enable them to fulfil their legal responsibilities, including their responsibilities under OFAR. The duty to co-operate falls

on everyone on the installation and their employers, as well as anyone who has agreed to provide medical support.

Action

Inspectors should review relevant documentation outlined within the IG prior to the installation visit and test compliance during the installation visit against the “Success Criteria” given in Appendix 1.

Inspection of this topic should include both inspection of the priority areas as well as an inspection of the overall policy, procedures and organisation for managing occupational health and safety risks to establish a consistent and complete coverage of the topic. In inspecting individual topic areas, it may be necessary to have input from the relevant specialist inspectors where there are technical issues beyond the competence of the IMT inspector.

First Aid and Medical Provision - A dutyholder is required to have a first aid management system in place with appropriate organisational arrangements to ensure the management, control and monitoring of all aspects of first aid and medical provision. Arrangements are to be appropriate to provide adequate first aid and basic health care for all personnel, including visitors, who may become injured or ill while on offshore installations. Arrangements must consider the role, responsibilities and competencies of offshore medics and offshore first-aiders, medical supervision, clinical governance and the assessment of basic first aid and healthcare needs.

“first aid” means – (a) in cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until the appropriate help is obtained; and (b) treatment of minor injuries or illnesses which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse.

OFAR requires first aid and basic healthcare facilities for everyone on an installation or engaged in any of the specified activities. However, ACOP L123 and guidance indicates that offshore installations, pipelaying barges/vessels and heavy lift vessels involved in construction and related activities need their own facilities. People based elsewhere (eg carrying out maintenance work from a support vessel) should have access to facilities on the associated offshore installation, vessel or barge, but there is no requirement for the support vessel to provide its own facilities beyond those required by maritime law. Nor does the duty extend to the crews of such vessels.

For diving operations, the definition of 'pipeline works' within OFAR excludes diving operations meaning that OFAR does not apply to diving projects in connection with pipeline works. Under the Diving at Work Regulations 1997 the diving contractor is required to provide first aid and medical equipment during a diving project. The person in control under OFAR is therefore entitled to assume that the diving contractor will provide the necessary people and facilities. But the person in control does need to cater for members of a diving team when they are not actively engaged in a diving project.

By the conclusion of the inspection, it should be possible to:

- Have undertaken a targeted proactive inspection of the first aid management system
- investigate concerns associated with first aid and medical provision
- decide whether the measures in place were adequate to control the risk of exposure; and take any necessary enforcement action where these are deemed inadequate

When carrying out inspections covered by this IG inspectors should:

- Assess dutyholder responses against the success criteria in Appendix 2
- Use the performance descriptors in Appendix 1 and 2 to:
 - Determine the appropriate performance rating
 - The Initial Enforcement Expectation (IEE)
 - Consider how and when the issues raised during an inspection are to be closed out

Background

Good medical standards are an important part of a dutyholder's philosophy to maintain a safe working environment where individuals can function safely without risk to plant, the environment or others. This document sets out principles that HSE expects duty holders to have adopted to provide adequate provision of first aid and medical care for workers offshore. Whilst to date there have been no formal interventions to inspect this topic, through general offshore health inspections undertaken by the ED Industrial Hygiene Team, numerous dutyholder management inconsistencies/regulatory noncompliance's have been identified which has resulted in enforcement being served at the time and therefore has prompted the creation of this topic inspection guide in collaboration with HSE's medical unit within the Technical Support and Engagement Group (TSEG).

The essential requirements for managing occupational health matters are the same as those for any management system. Any sub-system for managing occupational health risks (including first aid and medical provision) should therefore have the key features of an adequate management system i.e., policy, organisation, planning and setting standards, performance measures and auditing and review. Confirmation should be obtained that a recognised code, standard or body of guidance has been considered in determining the required performance of the occupational health management system.

First aid arrangements should be part of wider arrangements to manage health and safety and emergency response offshore. The risk assessment required by regulation 3 of MHSWR will feed into an assessment of first aid and basic healthcare needs by identifying potential sources of injury and illness. The assessment required by regulation 5 of PFEER will also contribute. The offshore safety case assessment process should ensure that dutyholder's have carried out an assessment of needs including provision of equipment, facilities, and medications and the numbers of 'suitable persons' and have identified suitable arrangements for rendering first-aid to people who are injured or become ill while at work.

For the purposes of OFAR, a person is not suitable unless they have undergone training and have obtained qualifications approved by HSE. ACOP L123 defines suitable persons as offshore medics and or offshore first aiders. 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.

Note 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. 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.

Dutyholder's should always ensure that all offshore workers are fully informed, among other things, about where and how to access first aid provision, including location(s) of medical equipment and facilities and how to contact the offshore medic or offshore first aiders rapidly in case of an

emergency. Workers should be made aware of any alterations in the arrangements (for example, when they are required to use different facilities or go to different personnel). New workers should be informed of first aid and medical arrangements when they come aboard the offshore installation.

First Aid Needs Assessment – FANA

The person in control should make an assessment of first aid and basic healthcare needs appropriate to the offshore installation (including those normally unattended), pipelaying barge or other vessel on which there are activities under their control, to determine the type and scale of provision they need to comply with the Regulations.

As a minimum, all normally attended offshore installations, pipelaying barges/vessels and heavy lift vessels used in offshore construction, repair, dismantling or related activities should contain a sick bay (a room for the medical treatment and care of sick and injured persons). The size, layout, equipment, medications and facilities of the sick bay should be sufficient for the number of people regularly present at one time on the installation or vessel, and appropriate for the type of activity carried out (refer to ACOP L123 and OEUK guidance for further advice). People in control will need to review their first aid and healthcare needs from time to time, particularly after any operational changes, to ensure that provisions remain appropriate.

OFAR requires sufficiently trained and competent first-aid and medical personnel to be available, along with the necessary equipment, facilities and medications necessary to give assistance. The FANA must include an assessment of how many offshore medics and offshore first-aiders are required. This will normally indicate that an offshore medic needs to be available at all times. If only small numbers of people (eg 25 or fewer) are regularly present, or if the installation or vessel has access to onshore medical services at all times, then continuous cover by an offshore medic may not be required. There must always be an adequate number of offshore first-aiders, both where an offshore medic is available and where there is no need for one. Arrangements should ensure cover for absence, especially of the offshore medic.

A FANA requires to be site specific, representative and requires to undergo regular audit and review. This has been a common area of Dutyholder non-compliance, either with a FANA being found absent or not subjected to regular audit and review.

Normally unattended installations (NUIs)

The FANA is likely to indicate that there is no need for a sick bay on NUIs, and the same may be the case for first aid equipment. However, if they are provided, arrangements must be made to maintain their effectiveness since equipment left unattended may deteriorate. Arrangements should be made to provide cover for work crews visiting normally unattended installations. Normally, the assessment will indicate that the crew should include an offshore first-aider. If this is not the case, the assessment must consider the need for the crew to have: (a) basic first-aid training (see basic first-aid training within the ACOP L123); (b) appropriate first-aid equipment which they have been trained to use; (c) means for making contact with the appropriate person in case they need help.

Medical Emergency Response Plan (MERP)

A MERP differs to the FANA requirements outlined above. Dutyholder's must have plans in place to respond effectively to health and safety incidents and other emergencies that might occur at an event. A MERP should clearly outline the objectives of the plan, classifications of medical emergency events, multiple casualty provision and any triage arrangements, roles and responsibilities and specific actions/responses to be taken during a medical emergency event, key emergency contact details, any interface arrangements with medical supervision/Topside support and other agencies for example the Coastguard/SAR, specific training requirements, and defined audit/review arrangements.

Again, it is expected that a MERP is site specific, representative and requires to undergo regular audit and review.

Medical supervision

OFAR requires the person in control to make arrangements to ensure that a suitably qualified medical practitioner (must be GMC registered and licensed to practice), based onshore in the UK, is available to supervise the work of the offshore medic and, particularly where no offshore medic is available, the offshore first-aiders. The medical practitioner should also be available to provide general medical advice and assistance to ill or injured persons as required. 'Suitably qualified' means having knowledge and experience of managing the health issues likely to occur offshore. In many cases this will also indicate a need for experience or a qualification in occupational medicine.

Written arrangements for liaison with medical practitioners should be drawn up in consultation with the practitioners and made available to those involved in the arrangements (eg the offshore installation manager, the offshore medic, or the radio operator).

Regular supervision of the offshore medic by the medical practitioner should include such things as: (a) oversight of the ordering and supply of drugs and medical equipment; (b) the application of medical policy and procedures; (c) the provision of non-urgent medical advice; (d) involvement in the continuing professional development through regular update training of the medic to ensure competency is maintained.

It should be noted that possession of a current offshore medic certificate does not of itself confer any legal authorisation to hold, dispense or prescribe medications. It is however likely that the offshore medic will be directly involved in the ordering of medications for the sickbay stores. The functions of the supervising medical practitioner would typically be expected to include provision of general clinical and procedural guidance to offshore medics (usually in the form of 'medical standing orders' MSO's), review of treatment logs and clinical records of cases treated, and review/authorisation of medications and equipment to be ordered for the sickbay. This will require liaison with the operator's pharmaceutical supplies contractor, and liaison with the service providing advice. The function of the medical practitioner is to respond to requests for advice and assistance from the offshore medic in dealing with clinical cases and the medical practitioner should be aware of what medications and equipment are available aboard the installation and thus the options for him/her to direct the offshore medic to administer.

Clinical governance

Clinical governance is defined as "A framework through which organisations are accountable for continuously improving the quality of their services and safe-guarding high standards of care by creating an environment in which excellence in clinical care will flourish.

In short, it's doing the right thing, at the right time, by the right person

Offshore Medic Role 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.

HSE approved training for offshore medics are designed to build on basic medical or nursing skills already held by candidates. Medics are likely to be experienced nurses registered with the Nursing and Midwifery Council (NMC), paramedics registered with the Health Care Professions Council and/or former experienced military specialists. 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. The competencies of Medic's are laid out in ACOP L123 and guidance MS39 and are based on the principle that of the offshore medic's general responsibilities.

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).

Within industry, we have found this to be an area of growing concern and is something of which the ED Industrial Hygiene Team take very seriously. Enforcement on this matter has occurred numerous times over the recent years resulting dutyholder's taking remedial action to ensure emergency roles are not compromised.

Other Relevant Inspection Guides

The Offshore Health Risk Management Inspection Guide

The Offshore Water Management Inspection Guide

The Offshore Noise and Vibration Inspection Guide

The Offshore Control of Substances Hazardous to Health (COSHH) Inspection Guide

The Offshore Asbestos Inspection Guide

The Offshore Radiation Inspection Guide

The Offshore Food Hygiene Inspection Guide

Specialist Advice

Specialist advice should be sought from ED Industrial Hygiene Team in circumstances when considering enforcement / debate over relevant standards on any aspects of first aid and medical provision.

Organisation

Targeting

Inspections should be planned to ensure that the necessary site personnel are available, and arrangements can be made to facilitate physical inspection of the system(s).

Timing

Inspectors should undertake Inspections as part of the agreed Intervention Plan or as determined by the Energy Division Senior Leadership Team (EDSLT).

Resources

Further guidance can be sought from:

Occupational health risks offshore - HSE

Health care and first aid on offshore, Offshore Installations and Pipeline Works (First-Aid) Regulations 1989, L123 Approved Code of Practice and guidance

MS39 Offshore first aid and medic qualifications

OEUK Medications and Medical Equipment for Offshore Installations Guidelines

Recording & Reporting

The dutyholder performance ratings should be entered on the Inspection Rating (IRF) Tab of the relevant installation Intervention Plan Service Order. Findings should be recorded in the post inspection report and letter.

Health and Safety

When conducting an inspection, the principles for mitigating the risk to staff are as follows: -

Sound training for the recognition and identification of risks.

Understanding of roles and responsibilities.

Planning and conducting site visits in accordance with HSE procedures.

Inspectors undertaking inspections must be suitably trained and competent. The aim is to avoid the risk of exposure by carrying out your duties without entering areas where exposure to physical hazards may occur. If you are in any doubt about the hazards you face or whether control measures are adequate to safeguard your own health and safety, you should withdraw from the area and seek advice from your line manager or an experienced colleague.

Appendix 1 – Plan, Do, Check, Act for First Aid and Medical Provision

PLAN	<ol style="list-style-type: none">1. Is there a first aid management system in place? are arrangements outlined and/or referred to within the asset safety case?2. Is there a documented site-specific FANA in place?3. Is there a documented site-specific MERP in place?4. Has the FANA/MERP been completed by a competent person(s) i.e. suitable training and experience first aid and medical provision?5. Has the dutyholder appointed “suitable” persons at site for first aid and medical provision and if so, have they been suitably informed, instructed and trained by an HSE accredited training provider?6. Is there a formal handover process in place between site “suitable” persons e.g shift handovers etc? Is this documented/managed and subjected to regular review by medical supervision?7. Is there a need for any specific training additional to OFA and OM courses? for example confined space rescue, and if so has this been provided to the relevant persons?8. If an OM is in place, do they have a formal job description, and do they have any appointed secondary duties? If so, does the job description accurately describe their job functions and do any secondary duties potentially conflicting with their primary function (Medic)?9. Are medical standing orders (MSO's) in place, and are they well know and accessible?10. Are there arrangements in place to ensure that a suitably qualified medical practitioner (based onshore in the UK) to supervise the work of the OM and, particularly where no OM is available, the OFAs?11. Is there Topside provision in place? is it well known/documentated on how to initiate/utilise this service? if no OM onboard, are OFA's aware of these arrangements?12. Does the installation contain a sick bay or a designated room for the medical treatment and care of sick and injured persons? If so, is it of appropriate size/ layout, and is equipment and facilities sufficient for the number of people/types of activity being carried out?13. Are there appropriate facilities to bed down ill or injured personnel?14. Are medications held at site in line with the recommended list of medications to be stocked within MSO's and/or within appendix A of OEUK's “Medications & Medical Equipment on Offshore Installations? Are equipment/medications subjected to authorisation by the medical practitioner prior to order and delivery e.g use of a drug formulary issued by the medical practitioner?15. Is there a system in place for preventive and reactive maintenance of work equipment and facilities?
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DO, CHECK and ACT

FANA/MERP

- 16. Have improvement recommendations identified within the FANA been actioned/addressed?
- 17. Has the MERP been tested to determine ER arrangement suitability? Is this recorded with any improvements actioned?
- 18. Are the FANA/MERP readily accessible, well known, representative and subjected to regular audit and review?
- 19. Do site plans (station bills, area safety maps etc) reflect the locations of first aid equipment/facilities documented within the FANA/MERP?

Roles/Responsibilities and Supervision

- 20. Is there a mechanism which prompts routine medical supervision/oversight and verification of the OM/OFA's? what frequency is this undertaken and how is it documented/communicated, do any records exist?
- 21. Is there a training matrix in place for the OM and is this being routinely managed accordingly? Similar for OFA's, if no medic present then who manages/oversees their training/competence and is this being routinely managed?
- 22. For controlled drugs, is there a formal management log, routine inventory check/handover process (inc authorisation/countersigned by the OIM)?
- 23. Are controlled drugs always stored in a secure location when not in use e.g. designated double locked wall mounted cabinet etc?
- 24. Are medical records stored confidentially?

Equipment/Facilities/Medications

- 25. Are there provisions in place for first aid, eye wash and emergency showers stations?
- 26. Are designated areas adequately equipped and in line with what is stated within the FANA/MERP/station bill? (carry out selective spot checks on stock levels, equipment conditions, expiry dates, signage, PPE etc)
- 27. Is emergency equipment e.g. defibrillator, emergency grab bags etc readily accessible, suitably located and routinely maintained, inspected and tested?
- 28. Is the sickbay and other designated areas (triage areas, refuges etc) in a good state of repair, clearly marked with signage and subjected to routine cleaning and disinfection? Are cleaning schedules in place for these designated areas?
- 29. Is there radio communication and telephone with priority outside line available in the sickbay? Is there a hands-free phone available when

providing treatment while consulting the Topside doctor?

30. Is the sickbay always locked at all times when not in use? Are the keys to the sickbay stored in an appropriate place? Are there arrangements in place to ensure immediate access to the sickbay in an emergency?
31. Is there contact information on the sickbay door on how to contact the OM in an emergency? Are there indicated means of communication nearby?
32. Is there communication between the sickbay and the rest of the installation, including radio and control rooms, and OM cabin?
33. Is clinical waste including sharps disposed of in designated receptacles and segregated/disposed of accordingly? Is there an appropriate medical waste disposal procedure/process in place?
34. Does the OM plan and monitor equipment maintenance schedules? and for relevant medical equipment e.g defibrillators/automated resuscitators/suction units/diagnostic devices etc, are these being subjected to routine calibration/function checks and appliance testing, including any routine factory calibrations at the frequency recommended by the manufacturer?
35. Are stretcher lifting bridles subjected to thorough examination by a competent person?
36. Are temperature checks undertaken and recorded for medical refrigerators?
37. Are routine medication stock checks undertaken/ do inventory records exist?
38. Is there adequate storage for cleaning chemicals?
39. Are COSHH assessments in place for cleaning and disinfection?

IIT

40. Are OM's/OFA trained and familiar on the use of the specific first aid equipment provided at site? i.e exact types of defibrillators, stretchers, splints etc
41. Is OFA (non-certified) training provided on a regular basis? are training objectives/material/attendee lists recorded, is there a FA training plan in place?
42. Are medical emergencies incorporated and tested within installation emergency drills and exercises? Are these recorded with any improvements actioned?
43. Are offshore workers fully informed, about where and how to access first aid provision, including location(s) of medical equipment and facilities and how to contact the offshore medic or offshore first aiders rapidly in case of an emergency?
44. For visitors/new workers, are first aid and medical arrangements communicated when they come aboard the offshore installation i.e via the platform induction/site plans etc?

	<p>Audit/Review</p> <p>45. Are internal audits on FA/Medical provision completed on a regular basis? Are these incorporated within site HSE audit plans/schedules?</p> <p>46. Is there evidence of clinical governance, e.g. external clinical medical audits, identification of treatment outcome measures, protocols, and reporting and analysis of clinical errors and incidents?</p> <p>47. Do KPI's/performance metrics exist to determine and monitor business performance in relation to first aid and medical provision?</p>
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Appendix 2 - Application of EMM and Dutyholder Performance Assessment

When inspecting First Aid, dutyholder compliance is to be assessed against the relevant success criteria. The success criteria have been determined from specific regulatory requirements, defined standards, established standards or interpretative standards.

This assessment will determine the: EMM Risk Gap, the associated topic performance score together with the Initial Enforcement Expectation as shown in the table below.

The actual enforcement may differ from that consistent with the recorded topic score depending on dutyholder and strategic factors. However, should this occur then the relevant dutyholder and strategic factors should be identified in the inspection report.

The Topic Score recorded on COIN must be consistent with the Initial Enforcement Expectation

Further guidance can be found at: <http://www.hse.gov.uk/enforce/emm.pdf>

Application of the EMM Inspectors should apply the EMM : Application to Health Risk, Formerly OC 130/5 - Enforcement Management Model (EMM) http://www.hse.gov.uk/foi/internalops/ocs/100-199/130_5/index.htm

When using the EMM for decisions on enforcement relating to first aid you should consider the following summaries of employer regulatory duties and examples of initial enforcement expectations.

EMM RISK GAP					
EXTREME	SUBSTANTIAL	MODERATE	NOMINAL	NONE	NONE
TOPIC PERFORMANCE SCORE					
60	50	40	30	20	10
Unacceptable	Very Poor	Poor	Broadly Compliant	Fully Compliant	Exemplary
Unacceptably far below relevant minimum legal requirements. Most success criteria are not met. Degree of non-compliance extreme and widespread. Failure to recognise issues, their significance, and to demonstrate adequate commitment to take remedial action.	Substantially below the relevant minimum legal requirements. Many success criteria are not fully met. Degree of non-compliance substantial. Failures not recognised, with limited commitment to take remedial action.	Significantly below the relevant minimum legal requirements. Several success criteria are not fully met. Degree of non-compliance significant. Limited recognition of the essential relevant components of effective health and safety management, but demonstrate commitment to take remedial action	Meets most of the relevant minimum legal requirements. Most success criteria are fully met. Degree of non-compliance minor and easily remedied. Management recognise essential relevant components of effective health and safety management, and commitment to improve standards.	Meets the relevant minimum legal requirements. All success criteria are fully met. Management competent and able to demonstrate adequate identification of the principal risks, implementation of the necessary control measures, confirmation that these are used effectively; and subject to review.	Exceeds the relevant minimal legal requirements. All success criteria are fully met. Management competent, enthusiastic, and proactive in devising and implementing effective safety management system to 'good practice' or above standard. Actively seek to further improve standards.
EMM INITIAL ENFORCEMENT EXPECTATION					
Prosecution / Enforcement Notice.	Enforcement Notice / Letter.	Enforcement Notice / Letter.	Letter / Verbal warning.	None.	None.

It should be noted that:

- **the recorded score should reflect the most significant compliance gap identified relevant to the Inspection Guide.**
- the Inspection Guide and hence the allocated scores may not cover all the matters that were considered during the intervention.
- the intervention may not necessarily have used every part of the Inspection Guide – consequently the score only reflects what was inspected. **The inspection report should make it clear what aspects of the Inspection Guide the dutyholder has been scored against** (or it is clearly identifiable by a letter item).
- where the score only relates to limited aspect of the Inspection Guide then consideration should be given to consulting the IG owner before finalising the score.

- proposed inspection scores should be reviewed/discussed by the full inspection team before finalising.
- the impact of cumulative risk should be considered when scoring¹.
- the allocated performance score only reflects regulatory judgements about a dutyholders degree of compliance at a particular point in time.

Use of performance scores

HSE uses the performance scores as one of the many inputs to prioritise and plan future regulatory interventions. Prioritising intervention's is fundamental to ensuring HSE delivers its major hazards regulatory strategy whilst supporting businesses and the GB economy. HSE aims to ensure that regulatory activity is proportionate to the risk to people taking account a dutyholders performance in controlling risks. In general, this means the HSE will inspect major hazard installations and dutyholders with relatively poorer risk management performance more frequently and in greater depth than lower hazard installations and dutyholders where there is evidence of higher risk management performance.

¹ For example, two or three substantive scores of '30' will point strongly to an overall score of '40'. There is currently no mathematical or other systematic process for doing this and inspectors must therefore use their judgement to allocate an appropriate score that best represents the overall inspection findings against this IG.