

Health care and first aid on offshore installations and pipeline works

Offshore Installations and Pipeline Works (First-Aid) Regulations 1989

Approved Code of Practice and guidance



The Regulations and Approved Code of Practice in this book are aimed at dutyholders to ensure that they understand and provide adequate first aid and basic health care for all personnel, including visitors, who are injured or become ill while on offshore installations.

It considers the role, responsibilities and competencies of offshore medics and offshore first-aiders and the assessment of basic first-aid and healthcare needs.

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Approved Code of Practice

This Code has been approved by the Health and Safety Executive, with the consent of the Secretary of State. It gives practical advice on how to comply with the law. If you follow the advice you will be doing enough to comply with the law in respect of those specific matters on which the Code gives advice. You may use alternative methods to those set out in the Code in order to comply with the law.

However, the Code has a special legal status. If you are prosecuted for breach of health and safety law, and it is proved that you did not follow the relevant provisions of the Code, you will need to show that you have complied with the law in some other way or a Court will find you at fault.

Guidance

This guidance is issued by the Health and Safety Executive. Following the guidance is not compulsory, unless specifically stated, and you are free to take other action. But if you do follow the guidance you will normally be doing enough to comply with the law. Health and safety inspectors seek to secure compliance with the law and may refer to this guidance.

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Introduction

About this book

1 This publication sets out what you have to do to comply with the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989 (OFAR).¹ The Approved Code of Practice (ACOP) text and associated guidance provide practical advice on how you can comply with the requirements of the Regulations.

2 OFAR requires dutyholders to ensure adequate first-aid and basic healthcare provision for all personnel, including visitors, who are injured or become ill while on offshore installations or pipeline works.

3 This book has been prepared to help dutyholders understand and comply with OFAR and offers practical advice on what they might do. It contains the Regulations themselves (as amended in 1993, 1995, 1999 and 2015; amendments are shown in square brackets) and a revised ACOP and guidance. It replaces the ACOP and guidance published in 2000.

4 Where other documentation (ie regulations, ACOPs, guidance or related publications) is mentioned, full details can be found in References and further reading.

5 Where appropriate, the ACOP text and the associated guidance have been updated and simplified. The main changes have been widely consulted on and include the following.

- (a) The Health and Safety Executive (HSE) has added 'medical practitioner' to the ACOP text associated with regulation 2 to specify the registration and licence requirements they must have. The roles and responsibilities of the practitioner have been explained.
- (b) There is greater emphasis on the employers' responsibilities to identify the competencies needed for someone to be appointed as an offshore medic, and to not rely solely on them having a valid offshore medic qualification.
- (c) The conditions of approval for HSE-approved training providers have been removed from the ACOP. HSE has specific guidance that provides details of organisations approved by HSE to offer offshore medic and offshore first-aid qualifications. The guidance for training organisations can be found in two HSE online publications: *Offshore first-aid qualifications: A guide for training organisations approved under the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989*² and *Offshore medic qualifications: A guide for training organisations approved under the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989*.³
- (d) The offshore medic and offshore first-aid training syllabuses are now incorporated into two new appendices (3 and 4) that cover roles, responsibilities and competencies of offshore medics and first-aiders. The training content has been aligned with the HSE publications referred to in (c), above.

6 The Regulations, ACOP and guidance deal with securing effective arrangements to meet first-aid and basic healthcare needs offshore.

7 These Regulations complement various other health and safety requirements which also apply to offshore operations. The rest of this introduction describes how OFAR fits in with general health and safety legislation and with certain offshore-specific regulations.

General health and safety legislation

8 The Health and Safety at Work etc Act 1974 (the HSW Act)⁴ places general duties on all employers to ensure, so far as reasonably practicable, the health, safety and welfare of their employees and the health and safety of others who might be affected by the way they carry out their undertaking (the HSW Act sections 2 and 3).

9 These general duties are supported by the Management of Health and Safety at Work Regulations 1999 (MHSWR)⁵ which require employers to undertake and, where appropriate, record risk assessments for the purpose of identifying the measures needed to prevent or control the risks to employees or others. The information gathered from risk assessments will help dutyholders assess the level of first-aid and basic healthcare provision needed to comply with OFAR.

10 MHSWR also requires employers to appoint competent people to help them with health and safety measures. Such competent people will include offshore medics and offshore first-aiders appointed under OFAR.

Safety Case Regulations

11 The Offshore Installations (Offshore Safety Directive) (Safety Case etc) Regulations 2015 (SCR 2015)⁶ apply to oil and gas operations in external waters, that is, the territorial sea adjacent to Great Britain and any designated area within the United Kingdom continental shelf (UKCS). They replace the Offshore Installations (Safety Case) Regulations 2005 (SCR 2005) in these waters, subject to certain transitional arrangements. Oil and gas operations in internal waters, such as estuaries, will continue to be covered by SCR 2005 and guidance on those Regulations appears in *A guide to the Offshore Installations (Safety Case) Regulations 2005* (L30).⁷

12 SCR 2005 and SCR 2015 require a safety case to be submitted for acceptance by HSE and the competent authority, respectively, for each offshore installation.

13 Regulation 16(1)(a)(i) of SCR 2015 requires the safety case to include a demonstration of the adequacy of the dutyholder's management system to ensure compliance with the relevant statutory provisions in respect of matters within the dutyholder's control. Those provisions include the requirements of OFAR.

Prevention of Fire and Explosion, and Emergency Response Regulations

14 The Offshore Installations (Prevention of Fire and Explosion, and Emergency Response) Regulations 1995 (PFEER)⁸ set out requirements for securing effective emergency response in the event of incidents affecting offshore installations. This

includes both major accidents and some lesser incidents, such as injury or illness to people who then need urgent evacuation for medical treatment or recuperation. First-aid and emergency medical provision will normally form part of emergency response.

15 Regulation 8 of PFEER requires an emergency response plan to be prepared which sets out the organisation, and arrangements and procedures for dealing with an emergency on the installation. The plan needs to provide details of the role and responsibilities of those with specific duties in an emergency, including offshore medics and offshore first-aiders, as well as the general procedures for everyone on the installation. It should be produced in consultation with the people who are likely to have a role in implementing the plan.

Management and Administration Regulations

16 Regulation 8 of the Offshore Installations and Pipeline Works (Management and Administration) Regulations 1995 (MAR)⁹ 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.

17 MAR also amended some of the general definitions used in OFAR. See regulation 2 guidance for further information on the revised definitions.

Offshore Safety Representatives and Safety Committees Regulations

18 Regulation 23 of the Offshore Installations (Safety Representatives and Safety Committees) Regulations 1989¹⁰ requires dutyholders and other employers to consult safety representatives on health and safety arrangements. In the case of dutyholders this includes mandatory consultation of safety representatives over the preparation of installation safety cases and their subsequent amendment.

About ACOPs

19 ACOPs are approved by the HSE Board with the consent of the Secretary of State (see Appendix 1 Notice of Approval for details).

20 The ACOP describes preferred or recommended methods that can be used (or standards to be met) to comply with the Regulations and the duties imposed by the HSW Act. The accompanying guidance also provides advice on achieving compliance, or it may give information of a general nature, including explanation of the requirements of the law, more specific technical information, or references to further sources of information.

21 The legal status of ACOP and guidance text is given on page 2.

Presentation

22 The ACOP text is set out in **bold** and the accompanying guidance in normal type, the text of the Regulations is in *italics*. Coloured borders also indicate each section clearly.

The Regulations

Regulation 1 Citation and commencement

Regulation	1
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These Regulations may be cited as the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989 and, subject to the provisions of regulation 5(2)(b) below, shall come into force on 13th September 1990.

Regulation 2 Interpretation

Regulation	2
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In these Regulations, unless the context otherwise requires –

“the 1974 Act” means the Health and Safety at Work etc. Act 1974;

[“the 1995 Regulations” means the Offshore Installations and Pipeline Works (Management and Administration) Regulations 1995;]

[“the 2013 Order” means the Health and Safety at Work etc. Act 1974 (Application outside Great Britain) Order 2013;]

“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 (in this sub-paragraph “treatment” includes redressing and other follow-up treatment);*

[“offshore installation” has the same meaning as in regulation 3 of the 1995 Regulations;]

“person in control” means –

- (a) [in relation to an offshore installation, the person who is the duty holder as defined by regulation 2(1) of the 1995 Regulations for the purposes of those Regulations;]*
- (b) in relation to pipeline works, the owner of the pipeline or the proposed owner of the proposed pipeline as both are defined in [section 27(1) of the Petroleum Act 1998] or, if no person has been designated as the owner of the pipeline or proposed owner of the proposed pipeline in pursuance of [that section], the person in whom the pipeline is vested or the person for whom it is to be constructed;*

Regulation 2

- (c) [in relation to an activity in connection with an offshore installation –
- (i) the person who is, in relation to the installation, the duty holder as defined by regulation 2(1) of the 1995 Regulations for the purposes of those Regulations; and
 - (ii) the employer of persons engaged in that activity;]

“pipeline” means any pipeline or part of a pipeline in relation to which sections 1 to 59 and 80 to 82 of the 1974 Act are applied by [article 6 of the 2013 Order] and any pipeline or part of a pipeline which is connected to it or to an offshore installation and which is in, under or over inland waters within Great Britain or tidal waters and parts of the sea in or adjacent to Great Britain;

“pipeline works” means any of the works mentioned in sub-paragraphs (a) to [(e)] of the definition of pipeline works in [article 6 of the 2013 Order] which relate to a pipeline within the meaning of these Regulations;

“sick bay” means a room for the medical treatment and care of sick and injured persons.

Guidance 2

23 The definition in OFAR of ‘first aid’ is wide, particularly in including the treatment of minor illnesses. This definition is important in understanding the scope of dutyholders’ responsibilities which go beyond first aid.

24 MAR introduced a new definition of an ‘offshore installation’ and modified the definition of ‘person in control’.

25 The ‘dutyholder’ is defined in regulation 2(1) of MAR. See the guidance to regulation 2 of MAR for more information.

26 In relation to pipeline works, the person in control is not necessarily the same as the pipeline ‘operator’ defined in regulation 2(1) of the Pipelines Safety Regulations 1996.¹¹

27 The definition in OFAR of ‘pipeline works’ excludes diving operations by only referring to sub-paragraphs (a) to (e) of article 6 of the 2013 Order; this means that OFAR does not apply to diving projects in connection with pipeline works.

ACOP 2

28 In this Code of Practice, unless the context requires otherwise:

- (a) **‘registered medical practitioner’ means a fully registered person within the meaning of the Medical Act 1983 who holds a licence to practise under that Act (ie someone who holds a current General Medical Council (GMC) registration and has a licence to practise in the United Kingdom);**
- (b) **‘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;**
- (c) **‘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;**
- (d) **‘the Regulations’ means the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989 as amended.**

29 Words and expressions used in the ACOP which are also found in ‘the Regulations’ have the same meaning as in the Regulations. Words and expressions used in the ACOP which are found in the HSW Act (but not in ‘the Regulations’) have the same meaning as the HSW Act.

Regulation 3 Application of Regulations

Regulation 3

These Regulations apply to or in relation to premises and activities –

- (a) in Great Britain which are or are connected with offshore installations or pipeline works, and*
- (b) outside Great Britain in circumstances in which sections 1 to 59 and 80 to 82 of the 1974 Act apply by virtue of [articles 4 and 6 of the 2013 Order.]*

Regulation 4 Extension of meaning of “work” and “at work”

Regulation 4

For the purposes of these Regulations and of Part I of the 1974 Act, the meaning of “work” and “at work” shall be extended, in relation to the provision of first-aid and other medical assistance, the provision of advice in connection with health, and the provision of information in connection with all the foregoing, so that all persons employed or self-employed are treated as being at work whether or not they are on duty, if they are on –

- (a) an offshore installation;*
- (b) a vessel engaged in pipeline works; or*
- (c) a vessel from which any of the following activities in connection with an offshore installation are being carried on, that is to say construction, reconstruction, alteration, repair, maintenance, cleaning, demolition, dismantling and any activity immediately preparatory thereto.*

Guidance 4

30 The Regulations apply to:

- (a) offshore installations;
- (b) activities specified in regulation 5(1) (including construction, repair and dismantling), when carried out from a vessel in connection with offshore installations;
- (c) pipeline works (ie including the activities of laying, repairing, moving or removing a pipeline or a length of pipe);

within Great Britain waters, territorial waters adjacent to Great Britain and on the UK sector of the continental shelf.

31 OFAR requires first-aid and basic healthcare facilities for everyone on an installation or engaged in any of the specified activities. However, this 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.

Recovery and rescue

32 OFAR does not apply to vessels standing by offshore installations to assist in an emergency. The medical provision for stand-by vessels has been detailed in guidelines published by Oil & Gas UK.

Guidance 4

Diving

33 Under the Diving at Work Regulations 1997¹² 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.

34 HSE has published an ACOP titled *Commercial diving projects offshore*.¹³

35 Regulation 4 makes it clear that where OFAR applies, the meaning of 'at work' covers workers at all times while they are offshore, both on-duty and off-duty. When assessing what arrangements, facilities and equipment are necessary for adequate first aid and basic health care, the person in control must consider everyone regularly accommodated on the offshore installation or vessel, whether employed or self-employed. The person in control should also provide treatment facilities for anyone who is injured or becomes ill while visiting the installation or vessel.

Regulation 5 Duty of person in control

Regulation 5(1)

(1) *The 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, 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;*
- (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;*
- (d) *ensure that persons at work are informed of the provisions and arrangements that have been made under sub-paragraphs (a), (b) and (c) of this paragraph, in particular, but without prejudice to the generality of the foregoing, as to the location of equipment, facilities, medications and personnel.*

ACOP 5(1)

Assessment of needs

36 **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.**

ACOP

5(1)

37 However, 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. 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. For this purpose, the 'number of people regularly present at one time on the installation or vessel' means the number of people normally working on the installation or vessel, excluding periods when there are occasional and short-term fluctuations in the normal numbers, for example during seasonal well work-overs or construction modifications.

38 The assessment of needs prepared under regulation 5(1)(a) and (b) 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.

39 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.

Guidance

5(1)

40 Regulation 5(1)(a) requires the person in control to provide adequate and appropriate arrangements for administering first aid and basic health care for people who are injured or become ill on an offshore installation, on a vessel engaged in pipeline works or on a vessel undertaking specified activities in connection with an offshore installation. This 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.

41 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. However, other factors also affect first-aid and basic healthcare needs (see Appendix 2). It would be helpful to record the findings of the assessment of healthcare and first-aid needs.

42 Though defined in regulation 2 as 'a room', sick bays should, if possible, have separate areas for patients to rest and recuperate. Sick bays must be kept clean (the cleanliness provisions of the Offshore Installations and Wells (Design and Construction etc) Regulations 1996, Schedule 1¹⁴ apply to sick bays on installations) and in good order.

43 Sick bays should normally be in the charge of an offshore medic, or if no medic is available, an offshore first-aiders. Suitable security arrangements are needed for all medications controlled by the offshore medic or offshore first-aiders (in the absence of an offshore medic).

44 As well as equipment kept in the sick bay, offshore first-aiders should be provided with appropriate first-aid and medical equipment, which should be a type they are familiar with. This equipment also needs to be provided at convenient locations on the installation or vessel where working conditions require. Providing

Guidance 5(1)

HSE's leaflet *Basic advice on first aid at work*¹⁵ to both offshore medics and offshore first-aiders would be helpful.

45 When it is necessary to evacuate a casualty ashore the person in control must ensure that adequate arrangements are in place for the care of the casualty during evacuation. This will involve providing an offshore first-aid or offshore medic as an escort (see guidance in Appendices 3 and 4). Where this is not possible or necessary, the person in control should ensure that attendant personnel are competent to provide an adequate level of care during evacuation. Once the ill or injured person has been transferred to the care of a hospital or other onshore medical facility, the person in control no longer has to provide for their needs.

46 Appendix 2 sets out some points for the person in control to consider when assessing what arrangements, facilities and equipment are necessary for adequate first aid and basic health care.

47 People in control need to review their first-aid and healthcare needs from time to time, particularly after any operational changes, to ensure that the provision remains appropriate.

Normally unattended installations

48 The assessment of needs is likely to indicate that there is no need for a sick bay on normally unattended installations, 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.

49 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-aid. 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);
- (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.

Arrangements during the construction and dismantling of offshore installations

50 Arrangements should be made during the construction or dismantling of an offshore installation for all workers to have pedestrian access to medical and first-aid personnel, and to a sick bay on the installation or adjacent to it (eg by a bridge-linked flotel or heavy lift vessel).

51 Where there is no sick bay on the installation, such first-aid materials as it would be reasonable to provide should be available, for example in any emergency shelter accommodation on the installation.

Basic first-aid training

52 Although not required by OFAR, it is recommended that all offshore workers who are not qualified offshore medics or offshore first-aiders should receive training in the basic principles of first aid, including resuscitation, the control of bleeding and management of unconsciousness. This would be especially valuable in the event of

Guidance 5(1)

a major emergency or for small crews visiting normally unattended offshore installations. The offshore medic can carry out this training, if necessary, provided they have the appropriate skills and experience to undertake this task.

ACOP 5(1)

Recruitment and selection of 'suitable persons'

53 '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).

54 European law provides for the recognition of qualifications obtained in other member states of the European Union plus Iceland, Norway and Liechtenstein. In the case of offshore medics, HSE will examine the suitability of such qualifications in the context of OFAR. For further details contact HSE's Corporate Medical Unit; see Useful addresses section.

Guidance 5(1)

55 Appendices 3 and 4 provide guidance on the roles, responsibilities and competencies of offshore medics and offshore first-aiders.

Training and selection

56 The employer is responsible for the selection and recruitment of individuals competent to act as offshore medics. As offshore medic training is challenging, potential candidates are required to demonstrate that they have the necessary underpinning core skills allied to medicine and nursing.

57 Because of the attributes required of those employed as offshore medics, selection of suitable applicants is important. To ensure that those appointed are sufficiently knowledgeable, a doctor or nurse with offshore experience, and/or an experienced offshore medic, should be consulted when applications are considered for employment.

58 Persons in control may need to recruit or select candidates for offshore medic or offshore first-aid training courses. In recruiting or selecting people for training, remember that training alone does not ensure that a person will be 'suitable'. It is essential to select reliable and self-reliant people who will remain calm in an emergency. People in control are recommended to consult an experienced medical practitioner and approved training organisations to satisfy themselves that the responsibilities of offshore medics and offshore first-aiders are likely to be met by particular candidates.

59 The HSE-approved training for offshore medics (see Appendix 3) is designed to build on basic medical or nursing skills already held by candidates. Successful candidates are likely to be experienced nurses registered with the Nursing and Midwifery Council, or experienced paramedics registered with the Health Care Professions Council. Other candidates, ie former experienced military specialists, may be suitable, but it is for the employer and training organisation to determine if they have the necessary underpinning core skills allied to medicine and nursing. All candidates should have knowledge of the offshore environment, not necessarily gained through practical experience.

60 Offshore medics and offshore first-aiders will need to communicate with doctors or nurses on the UK mainland. So it is important that they have sufficient command of the English language (including medical terminology) to communicate effectively with UK shore-based medical facilities.

Guidance 5(1)

Medical supervision

61 Regulation 5(1)(c) requires the person in control to make arrangements to ensure that a suitably qualified medical practitioner, who can be 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 (see Appendices 3 and 4).

62 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.

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

64 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.

Duty to provide information

65 Regulation 5(1)(d) requires the person in control to ensure that at all times all offshore workers are informed, among other things, about where to find first-aid and medical equipment and facilities and about 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.

66 Offshore medics and, in an emergency, designated offshore first-aiders, need to be easily identifiable (eg by the use of armbands or distinctive safety helmets). The location of the sick bay and of first-aid and medical equipment should also be clearly identified by signs conforming to the Health and Safety (Safety Signs and Signals) Regulations 1996.¹⁶ Notices should be posted in conspicuous positions, including the sick bay, giving the locations of first-aid and medical equipment and facilities, the names and, as far as possible, locations of the offshore medic and offshore first-aiders.

67 For guidelines on environmental health on offshore installations see References and further reading.

Regulation 5(2–3)

(2)(a) 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 [Executive] may approve for the time being in respect of the relevant case or class of case.

(3) Nothing in this regulation shall require alteration of the siting or construction of a sick bay which at the date of the coming into force of these Regulations exists either on an offshore installation in respect of which there is a

Regulation 5(2–3)

valid Certificate of Fitness issued under the Offshore Installations (Construction and Survey) Regulations 1974 or on a vessel if –

- (a) *the sick bay is provided with interior surfaces which may easily be kept clean; and*
- (b) *there is provided –*
 - (i) *in the sick bay or in suitable accommodation in its immediate vicinity a bath accessible from three sides,*
 - (ii) *in suitable accommodation in the immediate vicinity of the sick bay, a water-closet and a hand wash-basin, and*
 - (iii) *a supply of sufficient hot and cold water for the bath and hand wash-basin and of sufficient cold water for the water-closet.*

Guidance 5(2–3)

68 'The Executive' is the Health and Safety Executive. Previous references to the Secretary of State are to be construed as references to the Executive, by the Offshore Safety (Repeals and Modifications) Regulations 1993.¹⁷

Provision of training

69 Regulation 5(2)(a) allows HSE to approve the training and qualifications of offshore medics or offshore first-aiders.

Approved training organisations

70 Details of organisations approved by HSE to offer qualifications in offshore first aid and/or offshore medic can be found on the HSE website. Organisations wishing to be approved by HSE to offer these qualifications should refer to the relevant HSE guidance.

71 Organisations may provide additional training, for example to meet needs identified by persons in control (see regulation 5(1) ACOP text). HSE approval for such training is not available or required. Nor should an individual's performance on any such additional training affect the result of their examination and certification as an offshore first-aiders or offshore medic.

72 The requirements in regulations 5(3)(a) and (b), apart from the requirements for the bath to be accessible from three sides and to provide a washbasin, were contained in the regulations replaced by OFAR. Sick bays already existing on 13 September 1990 did not have to be modified as a result of OFAR, so long as they met these requirements. It is important to note that the medical protocols for treatment of hypothermia have moved on from bath immersion and all dutyholders should have protocols and arrangements for the management of hypothermia in accordance with current clinical practice. Sick bays introduced or refurbished since 13 September 1990 must be designed in accordance with the assessment of needs required under regulation 5. Where an installation has a sick bay which has not been refurbished since 13 September 1990 this provision is still valid.

73 The Offshore Installations (Construction and Survey) Regulations have been replaced by the Offshore Installations and Wells (Design and Construction etc) Regulations 1996,¹⁸ but this does not affect regulation 5(3), which applies only to units which had a certificate of fitness on 13 September 1990.

Regulation 6 Defence in proceedings for contravening these Regulations

Regulation 6

In any proceedings for an offence of contravening these Regulations it shall be a defence for any person to prove that he took all reasonable precautions and exercised all due diligence to avoid the commission of that offence.

Regulation 7 Power to grant exemptions

Regulation 7

(1) *Subject to paragraph (2) of this regulation, the [Executive] may, by a certificate in writing, exempt any person, class of persons, offshore installation, class of offshore installations, pipeline works, class of pipeline works, activity or class of activity [from regulation 5(1)(b) and (c) and (2)(a) of these Regulations], and any such exemption may be granted subject to conditions and to limit of time and may be revoked by a certificate in writing at any time.*

(2) *The [Executive] shall not grant any such exemption unless, having regard to the circumstances of the case, and in particular to –*

- (a) *the conditions, if any, which it proposes to attach to the exemption; and*
- (b) *any other requirements imposed by or under any enactment which apply to the case,*

the [Executive] is satisfied that the health, safety and welfare of persons at work will not be prejudiced in consequence of it.

(3) *[An exemption granted under paragraph (1) above from the requirements in regulation 5(2)(a) of these Regulations shall be subject to the condition that a person provided under regulation 5(1)(a) of these Regulations shall have undergone adequate training.]*

Guidance 7

74 Regulation 7(1) was amended and regulation 7(3) added by MHSWR.

Regulation 8 Amendment of the Health and Safety (First-Aid) Regulations 1981

Guidance 8

Regulation 8 is not reproduced as it amends regulation 7 of the Health and Safety (First-Aid) Regulations 1981 which apply elsewhere.

Appendix 1 Notice of Approval

By virtue of section 16(4) of the Health and Safety at Work etc Act 1974, and with the consent of the Secretary of State for Work and Pensions, the Health and Safety Executive has on 9 March 2016 approved the revised Code of Practice entitled *Health care and first aid on offshore installations and pipeline works* (Third edition, 2016, L123).

The revised Code of Practice gives practical guidance on the requirements of the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989 (SI 1989/1671). The Code of Practice comes into effect on 11 April 2016.

This revised edition replaces the previous edition entitled *Health care and first aid on offshore installations and pipeline works* (Second edition), which came into effect on 2 April 2001.

Signed

TERESA QUINN
Secretary to the Board of the Health and Safety Executive

21 March 2016

Appendix 2 Assessment of first-aid and basic healthcare needs

- 1 Factors to consider in assessing needs include:
 - (a) offshore hazards and risks;
 - (b) injuries and illnesses experienced on the offshore installation or vessel, or on similar offshore installations and vessels;
 - (c) relevant information from reviews of or feedback from incidents attended by offshore medics and/or first-aiders, including any advice from the medical practitioner;
 - (d) the number of people normally on board and the type of activity carried out;
 - (e) first-aid and basic healthcare cover for visitors, including contractors' employees on short-term contracts;
 - (f) any groups of workers at potentially greater risk (eg owing to the nature of their work or their work pattern);
 - (g) the needs of work parties visiting normally unattended installations;
 - (h) the general health status and level of fitness of the workforce;
 - (i) likely weather conditions;
 - (j) the likelihood of an offshore first-aider needing to work without the support of an offshore medic (eg if an offshore medic has to accompany a patient ashore or if an offshore first-aider visits a normally unattended installation);
 - (k) for sick bays the size, siting, layout, facilities, medications and equipment should be sufficient for the number of people on board and capable of accommodating and providing medical support for an ill or injured person for up to 48 hours;
 - (l) effective communication between the sick bay and all areas on the installation or vessel. In particular, access to the evacuation and escape routes (eg the helicopter pad and the survival craft) should be as easy as possible;
 - (m) ability to effectively clean work surfaces and equipment in sick bays;
 - (n) effective and adequate ventilation, heating, lighting (including emergency lighting) and water supply (including drinking water) in sick bays;
 - (o) appropriate storage, supervision and security arrangements for prescription-only medicines, controlled drugs (medications are subject to the Medicines Act 1968 and the Misuse of Drugs Act 1971) and confidential medical records;
 - (p) first-aid containers checked and maintained to ensure they are adequately stocked and that supplies are within expiry dates;
 - (q) additional facilities required for handling multiple casualties according to the emergency plan;
 - (r) emergency plan is up to date on the arrangements for administering first aid and basic health care and information is clearly disseminated.
- 2 This is not intended to be a comprehensive list. Other factors may be relevant.
- 3 The minimum first-aid and basic healthcare provision for normally attended offshore installations and vessels is:
 - (a) a fully-equipped sick bay (see regulation 5(1) ACOP on 'Assessment of needs');

- (b) appropriate first-aid equipment available to offshore first-aiders and/or at suitable locations on the installation or vessel (see regulation 5(1) ACOP on 'Assessment of needs');
 - (c) suitably qualified persons appointed as offshore medics and/or offshore first-aiders (see regulation 5(1) ACOP on 'Assessment of needs' and regulation 5(1) ACOP on 'Recruitment and selection of "suitable persons"' and regulation 5(1) guidance on 'Training and selection');
 - (d) a suitably qualified registered medical practitioner available to supervise offshore medics and offshore first-aiders and to give advice or assistance (see regulation 5(1) guidance on 'Medical supervision');
 - (e) information for workers on first-aid and basic healthcare arrangements (see regulation 5(1) guidance on 'Duty to provide information').
- 4 It would be helpful to record the findings of the assessment of needs.

Appendix 3 Roles, responsibilities and competencies of offshore medics

Roles and responsibilities

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 competencies set out in this appendix are based on the principle that the offshore medic's general responsibilities are:

- (a) to provide on-site first-aid care to all those on the installation or vessel;
- (b) to initiate on-site treatment of illness, which may include acute medical and surgical conditions requiring immediate skilled treatment;
- (c) 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:
 - (i) carry out resuscitation and stabilise a patient before evacuation ashore;
 - (ii) advise management of the need for an evacuation;
 - (iii) 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;
- (d) 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;
- (e) to understand their role in emergency plans and to co-operate with the dutyholder and others involved in implementing the plans;
- (f) to give simple advice on the provision of a healthy living and working environment offshore.

2 Offshore medics may have other functions, but these additional roles 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 Where additional roles are assigned they 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

healthcare needs. An offshore medic's proactive occupational health role could be enhanced by:

- (a) assisting with health-based risk assessments such as those relating to hazardous substances, manual handling and noise;
- (b) monitoring food hygiene and water quality;
- (c) providing basic first-aid training (provided they have the appropriate training, skills, experience and time resource to undertake these tasks).

Competencies

4 Offshore medics should study and be examined in the subjects required for the offshore first-aider's training course but in greater depth than is required for offshore first-aiders.

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

- (a) communicate effectively with shore-based medical services and apply such care or treatment as they direct;
- (b) 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;
- (c) give appropriate treatment to anyone suffering from illness or injury offshore, where such illness or injury does not require skilled specialist medical attention or, until skilled specialist medical attention becomes available, equipping them to:
 - (i) take a concise, accurate history of the patient's symptoms;
 - (ii) perform a clinical examination;
 - (iii) undertake general observations of a patient's physical state (eg pulse, temperature, respiration, blood pressure);
 - (iv) have knowledge of the availability of other medical, mobile or shore-based services and communicate effectively relevant medical information;
 - (v) understand and comply with the medical advice and directions of a medical practitioner when received;
 - (vi) give basic bedside care to ill and injured people;
 - (vii) undertake treatment for minor ailments and injuries, and supervise the continuation of such treatment;
 - (viii) initiate appropriate first-aid measures in cases of serious injury or illness;
 - (ix) apply appropriate resuscitation measures and initial treatment in cases of unconsciousness or critical illness;
 - (x) in an emergency, carry out procedures such as intravenous therapy, advanced airway management complying with current Resuscitation Council (UK) guidelines (eg laryngeal mask, endotracheal intubation) and urinary bladder catheterisation (where practicable, only after consultation with, and on the directions of, a suitably qualified medical practitioner);
 - (xi) initiate procedures designed to stabilise a patient's medical condition and maintain vital functions;
 - (xii) 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;
 - (xiii) recognise common infectious conditions and implement appropriate methods for isolation and treatment;
 - (xiv) recognise common dental conditions, including indications for the emergency use of analgesics;
 - (xv) recognise common psychological and psychiatric conditions;

- (xvi) know the effects and side-effects of available drugs and the indications and contra-indications for their use in treatment;
- (xvii) be aware of the hazards of diving and understand the correct procedures for treating medical conditions associated with diving;
- (d) maintain adequate medical records of illness and injury and write brief reports and letters of referral about patients (with due regard for confidentiality);
- (e) provide simple advice to offshore personnel regarding their health problems, indicating methods of improving general health (including stress-related issues) and welfare;
- (f) understand food and general hygiene requirements offshore and be able to recommend improvements where required;
- (g) 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;
- (h) be capable of giving advice on the first-aid arrangements for visits to normally unattended installations;
- (i) maintain the sick bay, its equipment and medical stores, order supplies and keep records of materials and drug usage;
- (j) be familiar with the offshore medic's role in emergency response plans;
- (k) know the statutory requirements affecting the offshore medic's role;
- (l) recognise communicable (including sexually-transmitted) diseases;
- (m) recognise common eye conditions;
- (n) recognise common ear conditions;
- (o) recognise common skin conditions;
- (p) have a background knowledge of the offshore industry and offshore activities.

Offshore medic course structure

6 The course should equip offshore medics to meet the competencies set out above. Training organisations will therefore need to regularly review their course content to keep pace with developments in law and practice.

7 Further detailed guidance for training organisations covering offshore medic training and qualifications can be found in *Offshore medic qualifications: A guide for training organisations approved under the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989*.

8 The course, including examinations, should normally take at least four full weeks (120 contact hours). Courses should include considerable practical training, where appropriate, as well as providing a summary of advances in knowledge. Practical training is essential and does not have to be entirely classroom-based, for example offshore medics may be able to obtain some practical experience through placement in a hospital and general practice.

Requalification courses for offshore medics

9 Requalification training is needed to prevent skills declining through infrequent use and to keep offshore medics up to date with developments in knowledge and practice. But the person in control should also be alert to the continuing education needs of an offshore medic (under the supervision of a medical practitioner).

10 Offshore medic certificates are only valid for three years and it is the employer's responsibility to ensure that requalification training is scheduled to occur before the certificate expires. A requalification course, followed by re-examination, will be required before re-certification.

11 Where offshore medics attend a requalification course up to three months before their expiry date, any re-certification will take place from the expiry date of the existing certificate. Offshore medics may attend a requalification course after the expiry of their certificate, but if the interval between expiry and attendance on the course is greater than three months it may be prudent to attend the full course again. However, an offshore medic cannot practise unless they hold a valid certificate of competency.

12 Requalification training for offshore medics should occupy at least two weeks (60 contact hours), including examinations. Courses should include considerable practical retraining, where appropriate, as well as providing a summary of advances in knowledge and a review of relevant practical offshore experience.

13 Practical retraining does not have to be entirely classroom-based, for example offshore medics may be able to obtain some practical experience through placement in a hospital or general practice. Requalification courses should include the following subjects:

- (a) acute medical and surgical emergencies;
- (b) treatment of immersion;
- (c) treatment of hypothermia and hyperthermia;
- (d) management of the unconscious patient;
- (e) treatment of shock, bleeding;
- (f) hyperbaric environment;
- (g) minor ailments;
- (h) revision of practical techniques and procedures;
- (i) medical services and communications;
- (j) transport of patients;
- (k) drugs and equipment;
- (l) records;
- (m) update on developments in occupational health, hygiene and health promotion;
- (n) update on statutory requirements.

Appendix 4 Roles, responsibilities and competencies of offshore first-aiders

Roles and responsibilities

1 The roles and responsibilities of the offshore first-aiders are:

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

2 On certain smaller installations which do not require an offshore medic to be available at all times, a designated offshore first-aiders will be in charge of the sick bay. In such circumstances, the offshore first-aiders should be able to communicate effectively with shore-based medical services and, if necessary, to act on the directions of a supervising medical practitioner.

Competencies

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

- (a) administer cardiopulmonary resuscitation promptly and effectively, including the use of defibrillators, the use and maintenance of manual resuscitators, manual suction devices, oropharyngeal airways and oxygen supplies;
- (b) administer first aid safely, promptly and effectively to a casualty who is bleeding;
- (c) administer first aid safely, promptly and effectively to a casualty who is unconscious;
- (d) administer first aid safely, promptly and effectively to a casualty who:
 - (i) is suffering from shock;
 - (ii) is suffering from hypothermia or hyperthermia;
 - (iii) is suffering from the effects of immersion;
 - (iv) may be suffering from the effects of poisons encountered offshore;
 - (v) is suffering from an injury, including the dressing and immobilisation of injured parts;
 - (vi) has an eye injury;
 - (vii) has been burned or scalded;
 - (viii) has inhaled hot gases or smoke;
- (e) recognise minor illnesses and take appropriate action;
- (f) recognise the importance of personal hygiene in first-aid procedures;
- (g) redress wounds effectively and to perform other follow-up treatment which can be undertaken by offshore first-aiders;
- (h) 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);

- (i) recognise situations in which it is appropriate to use Entonox for the relief of pain, and to administer Entonox safely and effectively;
- (j) use first-aid equipment provided in the workplace;
- (k) communicate and delegate promptly and effectively in an emergency;
- (l) maintain simple factual records.

4 Training courses in offshore first aid, including examinations, should not be less than 30 contact hours, spread over no less than four days.

5 Offshore first-aid certificates are valid for three years and offshore first-aiders may attend a requalification course up to three months before the expiry of their certificate. Re-certification will then take effect from the date of expiry of the existing certificate. However, it is the employer's responsibility to ensure that offshore first-aiders undertake requalification training before their existing certificate expires. If a certificate expires before a requalification course is taken, they will not be considered competent until they have requalified.

6 Further detailed guidance for training organisations covering offshore first-aid training and qualifications can be found in *Offshore first-aid qualifications: A guide for training organisations approved under the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989*.

Requalification courses for offshore first-aiders

7 Requalification training helps to ensure that the knowledge and skills of an offshore first-aiders do not deteriorate. The offshore medic may assist with continuing training for offshore first-aiders. Requalification courses to renew certificates for offshore first-aiders should be at least two days (12 contact hours) in length.

8 Provided an individual has completed the initial four-day course they can attend a requalification course at any time, but they are not considered to be competent until they requalify. Where the certificate has expired in excess of three months HSE would suggest that attendance on the longer course may be beneficial. The competence of offshore first-aiders should be retested in accordance with the competencies listed and should also include:

- (a) a demonstration of the ability to perform emergency first-aid procedures safely, promptly and effectively;
- (b) a revision and updating of techniques and procedures and, where appropriate, a demonstration of new techniques and procedures.

List of abbreviations used

ACOP	Approved Code of Practice
DCR	Offshore Installations and Wells (Design and Construction, etc) Regulations
GMC	General Medical Council
HSE	Health and Safety Executive
MAR	Offshore Installations and Pipeline Works (Management and Administration) Regulations
MHSWR	Management of Health and Safety at Work Regulations
OFAR	Offshore Installations and Pipeline Works (First-Aid) Regulations
PFEER	Offshore Installations (Prevention of Fire and Explosion, and Emergency Response) Regulations
SCR 2005	Offshore Installations (Safety Case) Regulations 2005
SCR 2015	Offshore Installations (Offshore Safety Directive) (Safety Case etc) Regulations 2015
The HSW Act	Health and Safety at Work etc Act 1974

Useful addresses

Health and Safety Executive, Energy Division
Redgrave Court
Merton Road
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Telephone: 01224 577250

References and further reading

References

- 1 *The Offshore Installations and Pipeline Works (First-Aid) Regulations 1989 (OFAR)* SI 1989/1671 The Stationery Office www.legislation.gov.uk
- 2 *Offshore first-aid qualifications: A guide for training organisations approved under the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989* MS38 HSE 2016 www.hse.gov.uk/pubns/ms38.htm
- 3 *Offshore medic qualifications: A guide for training organisations approved under the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989* MS39 HSE 2016 www.hse.gov.uk/pubns/ms39.htm
- 4 *The Health and Safety at Work etc Act 1974 (c37)* The Stationery Office 1974 ISBN 978 0 10 543774 1 www.legislation.gov.uk
- 5 *The Management of Health and Safety at Work Regulations 1999 (MHSWR)* SI 1999/3242 The Stationery Office www.legislation.gov.uk
- 6 *The Offshore Installations (Offshore Safety Directive)(Safety Case etc) Regulations 2015. Guidance on Regulations* L154 HSE Books 2015 www.hse.gov.uk/pubns/books/l154.htm
- 7 *A guide to the Offshore Installations (Safety Case) Regulations 2005* L30 (Third edition) HSE Books 2006 www.hse.gov.uk/pubns/books/l30.htm
- 8 *Prevention of fire and explosion, and emergency response on offshore installations. Offshore Installations (Prevention of Fire and Explosion, and Emergency Response) Regulations 1995. Approved Code of Practice and guidance* L65 (Third edition) HSE Books 2016 www.hse.gov.uk/pubns/books/l65.htm
- 9 *A guide to the Offshore Installations and Pipeline Works (Management and Administration) Regulations 1995. Guidance on Regulations* L70 (Second edition) HSE Books 2002 www.hse.gov.uk/pubns/books/l70.htm
- 10 *A guide to the Offshore Installations (Safety Representatives and Safety Committees) Regulations 1989. Guidance on Regulations* L110 (Third edition) HSE Books 2012 www.hse.gov.uk/pubns/books/l110.htm
- 11 *A guide to the Pipelines Safety Regulations 1996. Guidance on Regulations* L82 HSE Books 1996 www.hse.gov.uk/pubns/books/l82.htm
- 12 *The Diving at Work Regulations 1997* SI 1997/2776 The Stationery Office www.legislation.gov.uk

13 *Commercial diving projects offshore. Diving at Work Regulations 1997. Approved Code of Practice L103* (Second edition) HSE Books 2014
www.hse.gov.uk/pubns/books/l103.htm

14 *A guide to the integrity, workplace environment and miscellaneous aspects of the Offshore Installations and Wells (Design and Construction etc) Regulations 1996. Guidance on Regulations L85* HSE Books 1996
www.hse.gov.uk/pubns/l85.htm

15 *Basic advice on first aid at work INDG347(rev2)* HSE 2011
www.hse.gov.uk/pubns/indg347.htm

16 *Safety signs and signals. The Health and Safety (Safety Signs and Signals) Regulations 1996. Guidance on Regulations L64* (Third edition) HSE Books 2015
www.hse.gov.uk/pubns/books/l64.htm

17 *Offshore Safety (Repeals and Modifications) Regulations 1993* SI 1993/1823
The Stationery Office www.legislation.gov.uk

18 *A guide to the well aspects of the Offshore Installations and Wells (Design and Construction, etc) Regulations 1996. Guidance on Regulations L84* (Second edition) HSE Books 2008
www.hse.gov.uk/pubns/books/l84.htm

Further reading

HSE guidance

Prevention of fire and explosion, and emergency response on offshore installations. Offshore Installations (Prevention of Fire and Explosion, and Emergency Response) Regulations 1995. Approved Code of Practice and guidance L65 (Third edition) HSE Books 2016
www.hse.gov.uk/pubns/books/l65.htm

Managing for health and safety HSG65 (Third edition) HSE Books 2013
www.hse.gov.uk/books/pubns/hsg65.htm

The Offshore Installations and Wells (Design and Construction etc) Regulations 1996, Schedule 1: Additional requirements SI 1996/913 The Stationery Office
www.legislation.gov.uk

'Special requirements for offshore work' www.hse.gov.uk/firstaid/offshore.htm

Non-HSE guidance

Guidelines for survey of vessels standing by offshore installations Issue 2 July 1999
Oil & Gas UK ISBN 1 903003 01 5

Guidelines for environmental health for offshore installations 2007
HS003 Oil & Gas UK

Industry guidelines for first-aid and medical equipment on offshore installations
December 2000 ISBN 1 903003 082 Oil & Gas UK

Oil & Gas UK has published a number of other documents which may be of assistance to dutyholders when undertaking their assessment of needs.
Go to: www.oilandgasuk.co.uk

Further information

For information about health and safety, or to report inconsistencies or inaccuracies in this guidance, visit www.hse.gov.uk/. You can view HSE guidance online and order priced publications from the website. HSE priced publications are also available from bookshops.

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