



# First Aid Management Programme

## AZSPU-HSSE-DOC-00076-2

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|--------------------------|----------------------|--------------------------------|-----------------------------------|
| <b>Authority:</b>        | AzSPU Health Manager | <b>Custodian:</b>              | AzSPU Occupational Health Adviser |
| <b>Scope:</b>            | AzSPU                | <b>Document Administrator:</b> | Document Asset Technician Name    |
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## 1.0 Purpose/Scope

The purpose of this document is to describe the arrangements for ensuring that adequate and appropriate first aid (FA) equipment, facilities and personnel are available in the event of employees being injured or becoming ill at work while working for BP Azerbaijan Strategic Performance Unit (SPU).

This document provides guidance to ensure that:

- A suitable and sufficient assessment of risks arising from work and FA needs appropriate to the circumstance of the workplace is made
- Employees and managers actively co-operate in the selection of first aiders
- There is coverage across the work site during working hours appropriate to risk assessment and evaluation of needs
- Additional cover (which may include different levels of health care) is provided for 'out of hours' and remote areas

This controlled document applies to Azerbaijan Strategic Performance Unit (SPU) engaged in the exploration, drilling, production and transportation of oil; including all related construction activities.

## 2.0 Definitions

|                              |   |
|------------------------------|---|
| <b>First Aid (FA)</b>        | First Aid is skilled application of accepted principles of treatment on the occurrence of an accident or in case of sudden illness, using facilities and materials available at the time to sustain life; to prevent deterioration in an existing condition; to promote recovery. |
| <b>Nominated First Aider</b> | Person nominated by the company to conduct First Aid at work locations and trained as minimum to FA level 2   |
| <b>ABC</b>                   | Airway Breathing Circulation  |
| <b>CPR</b>                   | Cardio – Pulmonary Resuscitation is a combination of rescue breathing and external chest compressions.  |
| <b>AED</b>                   | Automated External Defibrillator  |
| <b>HR</b>                    | BP Azerbaijan SPU Human Resources Department  |
| <b>Health Team</b>           | BP Azerbaijan SPU Central Health, Safety, Security and Environment Department, Health Team  |
| <b>OGP</b>                   | International association of Oil and Gas Producers  |

## 3.0 General Requirements

[OMS Group Essentials 3.4](#)

[GRP\\_4\\_6\\_0002 -Response to Medical Emergencies](#)

[OGP managing health for field operations in oil & gas activities](#)

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HSE (1981) the Health and Safety (First Aid) Regulations 1981 - Approved Code of Practice and Guidance ISBN 0-7176-1050-0

HSE Health care and first aid on offshore installations and pipelines works - approved Code of Practice and Guidance, ISBN 0-7176-1051X, 2000.

FA Manual (Authorized of St. John Ambulance, St. Andrew is Ambulance Association, British Red Cross) ISBN 0-7513-37048, 2002, 8<sup>th</sup> edition.

#### **4.0 Key Responsibilities**

##### **Health Manager/or designee (Central Health Adviser) shall**

- Periodically review and update this program
- Define the desired level of FA requirements for each site, department, vehicle and home
- Identify FA training providers and communicate to HSSE training department
- Assess and evaluate FA training course contents and their compliance with the requirements as outlined in this document and best international standards
- Advise and assist in relation to FA provisions
- Provide and maintain FA kits to designated sites (e.g. Villa Petrolea)
- Carry out Quarterly/Annual First Aid Audits along all AzSPU sites (attached AzSPU First Aid Audit checklist)

##### **PU Health Advisers/HSE Managers (or designee) shall.**

- Make a suitable and sufficient assessment of the risks to health and safety of their employees at work to identify the Level of FA provision they need to take to prevent or control these risks.
- Ensure the ongoing monitoring and assessment of the adequacy of the existing FA provisions
- Establish the required number of first aiders and levels of training based on risk on relevant PU/sites (see section 5.0)
- Appoint persons responsible for co-coordinating FA provisions (FA Coordinator) on every site under their area of responsibility.
- Ensure that PU ERP reflects internal FA provision capability and linked to site/PU procedures.
- Deliver regular exercises in emergency preparedness

##### **Line Manager/Supervisor shall**

- Be responsible for the implementation of this programme as a minimum requirement in relation to FA provisions.

- Ensure that every workplace is evaluated for medical and FA requirements and adequate provisions are put in place in consultation with PU Health Adviser/HSE Managers/Health Manager (or designee).
- Appoint persons responsible for co-coordinating FA provisions (FA Coordinator) on site under **his** area of responsibility.
- Ensure that Emergency contact numbers and first aider contact numbers and procedures are displayed prominently around the workplace identifying first aiders and their locations

**First Aid (FA) Coordinators shall**

- Nominate first aiders (i.e. nominated first aiders) for their sites/departments and maintain an up to date list with their names
- Ensure all first aiders receive site induction training
- Ensure an appropriate approved training course is provided for each first aider
- Keep copies of induction checklists safely and make sure that all training certificates are available
- Keep database of nominated First Aiders up to date
- Ensure all first aiders are given an opportunity to refresh their knowledge before their FA certificate expires
  - Ensure resuscitation and situation training is carried out at least annually
- Ensure all first aiders are aware of the location of and maintain their own local FA boxes/equipment.
- Ensure all FA boxes/equipment are located where they are immediately accessible
- Procure the recommended quantity and level of FA kits
- Ensure maintenance and correct usage of FA kits as described in this document
- Inform employees about existing FA Provisions
- Make provisions for communication and co-ordination with relevant neighborhood and emergency response services as appropriate
- Deliver regular exercises in emergency preparedness
- Liaise with PU Health Adviser/Health Manager (or designee) in relation to FA provisions

**Nominated First Aiders shall**

- Participate in FA training (minimum requirement FA Level 2) and exercises as instructed by FA Coordinator
- Must leave their workstation at short notice without compromising operational activity or safety and fulfill their FA responsibilities without conflict with other emergency duties
- Must immediately apply FA treatment following an injury or sudden illness using facilities and materials they are trained in and available at the time
- Assist in the management of serious incidents involving multiple casualties
- Provide general support to site medical personnel
- Be a trained escort for sick/injured person being evacuated.

**HSSE Training Manager (or designee) shall**

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- Provide FA training for BP staff at operations locations in coordination with site HSE and/or training reps
- Maintain the records of employees trained in First Aid
- Control the frequency of refresher FA training in coordination with site HSE and/or training reps

**Housing Team leader (or designee) shall**

- Provide the maintenance of apartments' FA Kits

**Employees shall**

- Become familiar with the location of FA facilities
- Know contact information for first aiders and medical emergency facilities
- Report all injuries and illnesses according to the established reporting procedure

**5.0 Procedure/Process**

Provisions need to be in place to ensure that every workplace is evaluated for medical and FA requirements. Among the factors to be considered are the following:

- Location and availability of medical facilities and emergency services
- Availability of medical personnel to consult on occupational health issues
- Types of accidents that could reasonably occur at the workplace
- Response time for external and internal emergency services
- Number of employees at the site / department and the locations of employees within the site / department
- If corrosive materials are in use at any place in the workplace
- If there are any industry specific requirements/hazards
- What FA supplies would be adequate and should be available
- What level(s) of training should employees receive, and which employees should be trained
- Accident history

**5.1 First Aiders**

Numbers of first aiders required at worksites are determined by risk assessment and will depend both on the size of the workforce exposed and the degree of risk.

Thus, a two men team operating in a very remote or dangerous locality may require one member to have basic FA capability and the other to have more advanced skills, while a team of 25 operating close to high quality medical facilities with good means of communication and evacuation may require only one basic first aider. In addition, certain countries may have national guidelines stipulating numbers of first aiders required for given numbers of workers.

At least one person, and preferably two or more, trained in FA must be available at the worksite if either of these conditions exist:

- If life-threatening injuries can reasonably be expected, personnel trained in basic First Aid must be available within 4 minutes. This generally means that

community emergency medical services cannot be relied on since their response time is usually greater than 4 minutes.

- If further medical attention is required access to nominated personnel trained to more advanced levels of First Aid must be in less than 10 minutes
- It is also recommended that in case of traumatic event or serious illness victim is transported to a hospital ER within 1 hour with necessary pre-hospital care performed (ABCs, external bleeding control, spine immobilization, endotracheal intubation etc.). This recommendation is based on knowledge that victim's chances of survival are greatest in this case.

FA Level 2 is a minimum requirement for a nominated first aider.

"Nominated FA ders should be medically fit for their task. It is required that all nominated FA ders are provided with up to date preventive vaccination (Hep B)".

Below is a general guideline for estimating the numbers of first aiders based on the degree of risks. However, a risk assessment should be carried out first to identify the need, there may need to be more FA personnel or additional first-aid materials and equipment to ensure sufficient FA is available at all times.

At worksites with relatively:

**Low risks** (e.g. office): one trained first aider available at all times will be adequate for every < 50 employee;  
Lower risk: for 50-100 employees - at least one first aider;  
More than 100 + one additional first aider for every 100 employees.

**Medium risk** (e.g. light engineering, warehouse):  
<20, at least 1 first aider;  
20-100, at least 1 first aider for every 50 employees.

**Higher risk:** (e.g. operations/project sites, pump stations, pressure reduction stations, Terminal, pipeline works, construction)

**Up to 20 employees**-at least one first aider (FA Level 2 as a minimum) available at all time for every site up to 20 employees with access to medical topside cover;  
**20+** - 1 additional nominated first aider for every 20 employees (if more than 20 employees more advanced medical coverage should be also considered based on specific risk assessment).

**Specific hazards:** Where there are hazards for which additional FA skills are necessary, at least 1 first aider may be trained in specific emergency action. .In addition, where sites/activities are associated with higher risks) shall have:

**Remote sites:** For remote sites with high risk activity at least one first aider trained to Level 3 (or higher) shall be available at all times. In addition, these first aiders may be trained in specific emergency actions identified on site risk assessment.

**Drivers:** as a minimum, all drivers shall be trained to FA Level 1. In addition, for drivers assigned to long distance trips outside of major cities, FA training level 2 with specific

emergency actions in RTA 's (commensurate with the level of kit they will be provided with) is required. See [BP Guide to First Aid, Medical Kits and Travel Sundries](#).

**General:** It is recommended that all staff have an opportunity to attend a FA course (Level 1).

The number of first aiders on all BP operated sites must be determined by PU Health Adviser in consultation with HSE Manager and AzSPU Health Manager or designee, on BP office facilities it should be determined by FA Coordinator and in consultation with Health Manager or designee.

## 5.2 First Aid (FA) Training

For the purposes of this document, we distinguish three levels of FA training.

### 5.2.1 First Aid (FA) Level 1

All training should include post course practical and theoretical evaluations. As a required minimum, FA Level 1 training must cover the following:

- Definition of FA
- Scene assessment and prevention of secondary accident (including self protection)
- Primary survey
- Life saving actions (ABC, CPR), signs of circulation
- Use and application of the recovery position
- Basic control of external bleeding
- Initial treatment of thermal and chemical injuries
- Application of simple dressings, splints and eye washing
- Blood borne pathogens and other associated hazards
- Emergency call-out procedures (communicate with nurse / physician, initiate call out if required, assess the need of higher level of care, etc.)
- Relevant safety data sheets
- Simple record keeping and ability to provide clear details of injury/illness
- Clear instructions how to use FA Kit and any other FA equipment available (e.g. Water-Jel for burns)

Duration of FA training Level 1 is a minimum 4 hrs. Specific scopes of First Aid course (RTA, electric and burn trauma, use of AED and etc.) are available based on First Aid level 1.

### 5.2.2 First Aid (FA) Level 2

FA Level 2 training in addition to what is covered in FA Level 1 training as a minimum must cover:

- Cardio Pulmonary Resuscitation (CPR) possibly including use of AED
- Information on human anatomy (respiratory and circulation systems)
- Primary and secondary survey
- Management of bleeding
- Management of an unconscious patient
- Treatment of shock

- Treatment of hypothermia and hyperthermia
- Treatment of burns and scalds
- Treatment of Inhalation of hot gases and fumes
- Dressing and Immobilization of injured parts
- Choking/impacted foreign body in airways
- FA for heart attack
- Head and spinal injuries
- Fractures and soft tissues injuries
- Eye injuries.
- Snake and insect bites
- Treatment of the effects of specific hazards existing at the workplace
- Simple ways of transportation of patient
- Transportation of an injured or ill person
- Simple triage
- Emotional support
- Use of FA Kit and any other equipment available (e.g. AED)

Duration of FA training Level 2 is a minimum 2 days, but recommended to be 3 days. Specific scopes of First Aid course (RTA, electric and burn trauma, use of AED and etc.) are available based on First Aid level 2.

### 5.2.3 First Aid (FA) Level 3

FA Level 3 training, as a minimum must cover FA Level 2 plus:

- Use of AED
- Airway management
- General medical emergencies (stroke, heart attack, hypoglycemia, epilepsy, asthma, etc.)
- General trauma emergencies (shock and head, spinal, chest, abdominal, pelvic, peripheral and multiple injuries)
- General emergencies with children
- Basic Food Hygiene
- First Aid at H<sub>2</sub>S, CO poisoning
- Drawing/immersions
- Administration of certain drugs under supervision of a medically qualified person
- Simulations, offshore exercises, multiple injuries exercises and etc.
- Use of FA Kit and any other equipment available (e.g. AED, extrication device, oxygen therapy, pocket masks and etc.)

Duration of FA training Level 3 is 4 days.

### 5.2.4 Refresher Training in First Aid (FA)

The maintenance and retention of FA skills must be assured by:

- Periodic exercises.
- Informal refresher training sessions.
- Formal refresher training courses.



Regular exercises are essential to maintain practical skills of First Aiders. The frequency of periodic exercises and informal refresher training sessions is unlimited, these should be conducted at every opportunity, but the first aiders must be given an opportunity to refresh their knowledge through informal refresher courses at least once before their FA certificates expire. Formal refresher FA training must be conducted for all first aiders before their FA certificates expire. Recommended frequency is not less than once in 2 years.

1. FA training must be delivered by Company approved providers. See [First Aid Training Courses in Azerbaijan](#) and [First Aid Training Courses in Georgia](#).

The level of FA training for a particular work site must be determined by FA Coordinator and in consultation with Health Manager or designee.

When sending people for FA training the following must be communicated to the training provider:

- Person's job/ location.
- Type of FA Kit he/she would have access to.
- Any special requirements (e.g. need to include food hygiene or defibrillation, oxygen therapy into syllabus).

### 5.3 Medical Emergency Response Training

Medical Emergency Response Training (MERT) should be delivered to nominated site first aiders at operational locations it is 3 days training course. Up to dated certification in FA training level 2-3 is a pre-requisite to MERT.

The aim of the course is to train personnel through very practical exercises and make them an efficient and confident part of the medical response team who are very capable of assisting a site doctor efficiently i.e. have an understanding of their role in a cardiac arrest / first responder defibrillation / preparing drugs and IV's for the doctor / knowing how to extricate, move and transport casualties / implications of triage etc.

Refer to VTA for a list of calendared training sessions

(<https://www2.virtualtrainingassistant.com/BPGlobal/wc.dll?learner~login>).

Training can also be arranged through the Manual Handling Coordinator.

All records will be maintained in VTA

### 5.4 First Aid (FA) Equipment

Every FA kit should:

- Contain sufficient quantities of suitable FA materials defined for this site based on risk and nothing else.
- Bear a notice showing names, telephone numbers and addresses of first contact points and / or of the nearest hospital.
- Contain only those items, which the first aiders have been trained to use.
- Be made of suitable material designed to protect the contents from damp and dust and be clearly identified as FA container
- Have a kit content list to mark the used items and to facilitate the kit replenishment

The composition of FA kits may vary from site to site depending on the number of staff involved, associated risks, for this particular site, remoteness and other relevant factors. The contents of the FA kit must be determined in consultation with FA Coordinator and Health Manager or designee.

FA kits provided for the remote sites or tasks with a greater degree of hazard risk (e.g. any operations location) should contain additional site/risk specific FA items (e.g. Burn Kit and Water-Jel FA Burn Wrap 6' x 5', eye wash station, stretcher / immobilization equipment). All these items should be regarded as the component parts of the FA kit and should be kept in one location known to and easily accessible for site first aiders.

For FA kit compositions recommended, see [BP Guide to First Aid, Medical Kits and Travel Sundries](#)

For vehicle FA items and training requirements see [BP Guide to First Aid, Medical Kits and Travel Sundries](#)

#### 5.4.1 Maintenance

Contents of FA kits should be replenished as soon as possible after use in order to ensure that there is always adequate supply of materials. Items should not be used after expiry dates. It is, therefore, essential that FA equipment be checked regularly, to make sure that the quantities of items are sufficient and all of items are usable.

The following rules shall apply:

- The responsible person (i.e. FA Coordinator or nominated first aider) at each site / department shall check the kit contents on a regular basis (e.g. bi-weekly)
- Every single usage of the FA kit shall be recorded appropriately (item taken, reason, name, date/time) see [First Aid Register Sample](#) and reported to the responsible person
- The responsible person (i.e. FA Coordinator or nominated first aider) should assess the need for kit replenishment and then pass the request on to the relevant person as per existing arrangement (e.g. Company approved providers, Health Team, Safety Officer, etc.) and arrange the delivery of the items to the site.
- FA kit replenishment costs should be charged against the respective budgets

#### 5.5 Accident / Treatment Records

Records of FA and medical treatments should be maintained in accordance with the established reporting procedure e.g. Occupational Illness and Injury Reporting System, Tr@ction etc.

#### 6.0 Key Documents/Tools/References

- [HSE \(1981\) The Health and Safety \(First Aid\) Regulations 1981 - Approved Code of Practice and Guidance ISBN 0-7176-1050-0](#)
- [HSE Basic on First Aid at Work, NDG 347, published 2005](#)
- [ERC Guidelines for Resuscitation 2005 Summary: European resuscitation Council](#)

- HSE Health care and first aid on offshore installations and pipelines works - approved Code of Practice and Guidance, ISBN 0-7176-1051X, 2000.
- FA Manual (Authorized of St. John Ambulance, St. Andrew is Ambulance Association, British Red Cross) ISBN 0-7513-37048, 2002, 8<sup>th</sup> edition.

#### Attachments:

- [BP Guide to First Aid, Medical Kits and Travel Sundries.](#)
- [First Aid Training Courses in Azerbaijan](#)
- [First Aid Training Courses in Georgia](#)
- [First Aid Register Sample](#)
- [AzSPU Fitness for Task Management Program](#)
- [AzSPU Health, Safety, Environmental \(HSE\) Office Manual](#)
- [AzSPU Procedure for Incident Investigation](#)
- <https://www2.virtualtrainingassistant.com/BPGlobal/wc.dll?learner~loginn>

#### Review Log

| Revision Date | Authority            | Custodian                           | Revision Details   |
|---------------|----------------------|-------------------------------------|--|
| 19.09.2007    | Alan McNulty         | Almaz Agazade                       | Periodic Review (No Changes)   |
| 19.09.2008    | AzSPU Health Manager | Offshore Health Adviser/Oleg Minkin | Minor Content Revision   |
| 19.09.2009    | AzSPU Health Manager | Offshore Health Adviser/Oleg Minkin | Section 4.0 <ul style="list-style-type: none"> <li>• Added requirements for Quarterly/Annual Audits</li> <li>• Revised and changed PU Health Advisers and HSE Managers responsibility</li> <li>• Revised Line Manager/Supervisor responsibility</li> <li>• Link to relevant AzSPU programs is attached to employee responsibility section</li> </ul> Section 5.1 <ul style="list-style-type: none"> <li>• Operations/project sites term</li> </ul> |

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|----------|----------------------|----------------------------------|---|
|          |                      |                                  | <p>is added to high risks worksites</p> <ul style="list-style-type: none"> <li>• Changed determination principle on the number of first aiders at all BP operated sites</li> </ul> <p>Section 5.2.1</p> <ul style="list-style-type: none"> <li>• Added specific scopes of basic first aid courses</li> </ul> <p>Attachments</p> <ul style="list-style-type: none"> <li>• Added links to AzSPU HSE Office Manual and AzSPU Procedure for Incident Investigation</li> <li>• Developed and attached First Aid Quarterly Audit checklist</li> </ul> |
| 23.09.10 | AzSPU Health Manager | AzSPU OH Adviser/Shahla Seyidova | <p>Section 3:</p> <ul style="list-style-type: none"> <li>• Removed links to invalid documents</li> <li>• Links added to: OMS Group Essentials and</li> <li>• Response to Medical Emergencies-GRP</li> </ul>   |