OGUK

Medications & Medical Equipment on Offshore Installations

Guidelines

Issue 2
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2019

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List of Abbreviations

Abbreviations	Definitions
ACOP	Approved Code of Practice
OFAR	Offshore First Aid Regulations
HSE	Health and Safety Executive
UK	United Kingdom
URTI	Upper Respiratory Tract Infection
V&D	Vomiting & Diarrhoea
MI	Myocardial Infarction
IHD	Ischaemic Heart Disease
CVA	Cerebro-Vascular Accident
POB	Persons On Board
POM	Prescription Only Medicine
OTC	Over The Counter

1 Introduction

The first edition of this document was written in 2000 to provide additional guidance to that contained in the then Approved Code and Practice (ACOP) to the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989. The ACOP has since been updated (most recently in 2016) and is available as HSE publication L123 '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'. This updated and revised Oil &Gas UK guidance document should be read in conjunction with L123 (2016).

The first edition of this document contained guidance on the siting, fitting-out and consumables stock for installation sickbays; persons suited to the role of offshore medic and offshore first-aider; and general arrangements for provision of first-aid offshore.

L123 (2016) includes more detailed advice on general arrangements for medical care on offshore installations and on the selection, and roles and responsibilities of offshore medics and first-aiders than previous editions did, so this Oil & Gas UK document has much reduced emphasis on this – L123 (2016) should be used as the primary reference.

The main change in this document has been to the sections containing guidance on medications and consumables to be stocked. The changes are intended to provide as small as possible a number of items to form a basic list of items which would permit treatment of the most likely medical conditions and medical emergencies encountered offshore, and which can be used to provide common understanding of the items available to company medical advisors, installation medics, and the Topside services they will contact. The suggested list should not be regarded as definitive list of what must or should not be stocked, and it should be understood that operator medical advisors, medic supervisors and 'Topside' services may mutually agree additions, deletions or alternative items to suit the particular circumstances of their own installations.

2 Sick Bays – General Arrangements

2.1 OFAR Requirements

The guidance in L123 (2016) in regards to the provision of sick bays states that:

Para 36 The person in control should make an assessment of first-aid and basic healthcare needs appropriate to the offshore installation [...] to determine the type and scale of provision they need to comply with the Regulations.

Para 37 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

Para 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 1 apply to sick bays on installations) and in good order.

Para 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.

Appendix 2, point 3 The minimum first-aid and basic healthcare provision for normally attended offshore installations and vessels is

i) A fully fully-equipped sick bay (see regulation 5(1) ACOP on 'Assessment of needs');

ii) 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');

iii) 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'):

iv) 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');

v) Information for workers on first-aid and basic healthcare arrangements (see regulation 5(1) guidance on 'Duty to provide information').

2.2 Sickbay Design and Construction

In relation to paragraphs 37 and 42 of L123, the following provisions should assist in meeting the requirements:

- The advice of an offshore medic experienced in working on the type of installation in question should be sought at the design and planning stage of sickbay construction.
- The sickbay may need to accommodate an ill or injured person for some time while undergoing initial treatment or observation or in the event of poor weather preventing evacuation. The size of the sickbay should be adequate to provide areas for the functions to be carried out there. In practice this is likely to mean a) a 'consultation' area suitable for the medic to carry out discussion with, and simple examination of, persons seeking his/her assistance, b) an 'emergency treatment' area for the assessment, monitoring and treatment of persons with serious illness or injury, and c) a 'bedding down' area (with bed and storage area) for the care of persons requiring basic nursing care while undergoing care of illness/injury.
- The sickbay should be sited in a part of the accommodation which is optimally located for access of persons from work areas (the most likely site of injury) and to the helipad (the preferred route of evacuation ashore for further care). The sickbay access door(s) should be positioned and be of sufficient size to permit movement of ill or injured persons by stretcher if necessary. If it is anticipated a lift will be used to improve access to and from the sickbay, it should be large enough to accommodate a stretcher and bearers. Stairways providing access to and from the sickbay should be sufficiently wide to permit transport of stretcher cases to and from the sickbay.
- A flush toilet compartment, separated from the treatment area by two doors with an intervening ventilated space between them, should be provided. Bearing in mind that it may be used by persons suffering from infectious diseases and isolated in the sickbay because of this, the toilet should be reserved for the exclusive use of the sickbay. The compartment should contain appropriate handwashing facilities.
- The sickbay should be floored with an impervious, non-slip material, and corners and angles between floors and walls should be rounded to facilitate cleaning and washing. A floor drain should be provided. The walls, doors, doorframes and any windows should have a washable, hygienic finish.
- The sickbay should have an adequate provision of storage cupboards/cabinets, and adequate area of working surfaces, which should be of an impervious nature and easy to clean. The sickbay should have a sink/washbasin, with a constant supply of hot and cold water, as part of a working surface. There should be a supply of drinking water. There should also be suitable arrangements for clinical and non-clinical waste disposal.
- The sickbay should have a heating and ventilation system capable of independent control. Unless by deliberate clinical intention, the sickbay temperature, in order to permit comfortable examination of patients, should not be less than 20o centigrade. The sickbay should have effective (minimum of 500 lux) lighting with provision for mobile or fixed 'spot' lighting (e.g. for examination and/or 'minor surgery'), and an independent emergency lighting system. UK medical equipment can be expected to function on 220-240 volts AC, and a sufficient number

of electrical sockets should be provided. Arrangements should be made to ensure a supply of electrical power from a back-up system in the event of main system power loss.

- The cabin of the offshore medic should be adjacent to or within close reach of the sickbay and should have an effective means of communication with the sickbay. The sickbay itself should not be used as living accommodation.

2.3 Provision of Bath

L123 states:

> Para 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.
>
> Para 73: …. regulation 5(3), … applies only to units which had a certificate of fitness on 13 September 1990.

This guidance, although perhaps not immediately easy to understand on first reading, can be interpreted as meaning that OFAR [the Offshore First Aid Regulations 1989] came into force on 13 September 1990. Sickbays existing prior to 13 September 1990 had to meet the requirements of previous legislation (the 'Offshore Installations (Construction and Survey) Regulations 1974'). OFAR effectively introduced a need for a 'bath accessible from three sides' (so installations with a pre-13 September 1990 sickbay had to modify the sickbay to include a bath, if it did not have one). Para 72 is recognition by HSE that treatment of hypothermia has developed since 1990 and that a bath is not necessarily appropriate treatment. Para 72 says that sickbays refitted/refurbished since 13 September 1990 can have a 'bath accessible from three sides' already present removed, provided suitable alternative arrangements and protocols for the treatment of hypothermia are in place.

The final sentence of Para 72 says that a sickbay not refitted or refurbished since 13 September 1990 should continue to have a 'bath accessible from three sides'. However, clinical logic suggests that if an updated arrangement and protocol for hypothermia has been established and that protocol does not require a 'bath accessible from three sides', the bath can be, if desired, removed or otherwise decommissioned as part of a limited refit/refurbishment (removal of the bath itself being the limited refit/refurbishment), without being in breach of OFAR.

2.4 Multiple Casualty Provision

A suitable area should be available adjacent to the sickbay for conversion in an emergency into a casualty triage area. Casualties may be from the installation itself, or be personnel evacuated to a 'place of safety' from another installation experiencing an emergency situation. The chosen area should be large enough for the purpose and have effective communication with the sickbay, and arrangements should be made to ensure access to suitable equipment for use in an emergency.

It is unlikely that it will be feasible to deliver advanced medical care to persons treated in the multiple casualty triage area. The items required will be found within the equipment and medications lists at appendices A and C, but the precise quantities and range of items to be provided should be determined by the installation medical emergency response plan – it is likely that the medical practitioner providing supervision under OFAR regulation 5 (1) (c) (i) (see section 4) would provide advice to the installation medics in the development of this, including the choice and quantity of items required.

Although not included in this document as a specific item of equipment as such, the successful management of a large number of casualties on an offshore installation will depend as much, if not more so, on the planning, preparation, and training of the medic and his/her first aid team as it will on the specifics of equipment items deployed to the triage area. A number of systems have been developed to assist in standardising the management and organisation of medical teams dealing with 'mass casualty' incidents, and operator medical advisors, supervising medical practitioners and 'Topside' doctors may find it helpful to familiarise themselves with these.

3 Anticipated Occurrence of Medical Conditions

3.1 OFAR Requirements

L123 (2016) states:

> Para 37: The [...] medications [...] of the sick bay should be sufficient for the number of people regularly present at one time on the installation or vessel

In addition to the numbers of workers present aboard, the medications stocked should also be appropriate for the medical conditions expected to be encountered in the workforce present.

3.2 Sources of Data

Despite it being common practice for installation medics to keep a daily log of cases seen and treatment provided, there is little published evidence in the peer-reviewed literature on the occurrence of medical conditions in the UK oil and gas workforce whilst offshore. The available data is largely in the form of 'grey literature', as presented at industry conferences or gathered by individual company medical advisors.

3.3 Topside Service Provider Data

Recent (2016) data presented at the 2017 OGUK Examining Doctors Conference by a topside service provider to the UK offshore sector summarised the features of over 11,000 presentations by workforce personnel to installation medics.

3.3.1 Age distribution of cases

Table 1: Age distribution of cases

Age Group	Number of cases	Proportion of cases (%)	Proportion of Offshore Workforce* (%)
<20	72	0.6	22.4
20-29	1681	14.2	
30-39	3819	32.3	27.5
40-49	3155	26.7	26.5

Age Group	Number of cases	Proportion of cases (%)	Proportion of Offshore Workforce* (%)
50-59	2398	20.3	18.7
60-69	675	5.7	4.9
70-79	5	0.04	
Total	11805	100	100

**Proportion of workforce based on OGUK Demographics Report 2013*

Other than younger (less than 30 years old) persons being under-represented in the proportion of presentations to medics by age group, this data suggests offshore personnel present to medics in approximate proportion to their age group presence in the POB.

3.3.2 Reasons for Presentation:

Table 2: Reasons For Presentation

Reason	number	Proportion %
Administrative*	2950	25
Respiratory	2500	21
Skin	1650	14
Musculoskeletal	1500	13
Digestive	1200	10
Neurological	550	5
Total	10350	88

**Includes medicine declaration: all oncoming personnel bringing medication are required to declare these to the installation medic*

The most commonly encountered medical conditions offshore appear to be “coughs and colds”, skin problems, “aches and pains” and digestive complaints. The category “neurological” in this table is likely to be largely composed of headaches.

3.3.3 Escalation to Topside Service

In this data series, 1740 calls were made to the topside service provider, 14.7 per cent of the number of presentations to medics.

3.3.4 Medevac

In this data series, the average number of medevacs per installation per month was 0.64. This equates to a total of 445 medevac cases, 25 per cent of those presentations to medics escalated to a call to topside, and 3.7 per cent of the total number of presentations to medics.

In order of frequency, the most common clinical reasons for medevac were musculoskeletal (16 per cent), dental (13 per cent), injury (10 per cent), gastrointestinal (10 per cent), cardiovascular (9 per cent), 'other' (8 per cent), opthalmological (6 per cent), and urological/gynaecological (5 per cent), these eight categories combined accounting for just over three-quarters of all medevaced cases.

Most medevacs were non-emergency events however; the clinical categories with the highest proportion of emergency medevacs were injury (approx. 40 per cent of medevacs as emergency cases) and cardiovascular (approx. 30 per cent as emergency). Fewer than 10 per cent of all other clinical categories of medevac took place as urgent emergency events.

3.4 Operator Data

One operator's data from review of medic treatment logs provides a historical perspective on trends in the nature of clinical presentations to installation medics.

3.4.1 Reasons for Presentation

Table 3: Reasons for Presentation

Diagnostic Group	Conditions	Proportion of cases 2002 (%)	Proportion of cases 2012 (%)
Coughs and colds	Coryza, sore throat, cold sore, cough, sinusitis, URTI, flu, malaise	30.5	18.3
Aches and pains	Joint pain, back pain, general ache, neck pain, 'trapped nerve'	14.5	11.9
Skin	athlete's foot, rash, infection, dermatitis, dry skin, irritation, 'dhobi rash', itch, psoriasis, warts, tinea barbae, thrush, sunburn	12.6	12.4
Headache		6.3	9.4
Dental	toothache, dental abscess, mouth ulcers, lost filling, gum infection, broken tooth	5.9	7.6
Gastro-intestinal	dyspepsia, diarrhoea, piles, V&D, nausea, abdominal pain, vomiting, constipation, pruritis ani, anal fissure / fistula, inguinal hernia	4.5	10.9
Total		74.3	71.5

The same 'top half dozen' groups of conditions consistently accounted for almost three-quarters of presentations to medics in two years separated by a decade.

3.4.2 Medications Provided

Table 4: Medication Provided

Medication type	Proportion 2002 (%)	Proportion 2012 (%)
Cold cure	25.5	17.7
Simple analgesic	23.8	31.3
Skin cream	15.0	10.3
Total	64.3	59.3

It was notable that every worker presenting a clinical complaint to a medic received at least one medication item. Over half of all medication items provided were from one of the three groups cold cures, simple analgesics, and skin creams.

3.4.3 Medevacs

Operating three installations over the five-year period 2009 to 2013 inclusive, the operator had 200 medevaced personnel (13 per installation per year). 35 (17 per cent) of the medevacs were for common minor illness, 29 (14 per cent) for musculoskeletal pain, 19 (9 per cent) for back pain, 14 (7 per cent) with dental problems, 12 (6 per cent) with a skin lesion, 11 (6 per cent) for hand injury, 10 (5 per cent) for 'red eye', and 8 (4 per cent) with abdominal pain.

There were 33 injuries (16 per cent of all medevacs) in this case series of medevacs: 11 hand injuries, 9 cases of injury-induced musculoskeletal pain, and 5 lacerations.

11 of the 200 (5.5 per cent of all medevacs) were thought by the operator medical advisor to be medical emergencies, 4 of which were cardiac problems (2 suspected myocardial infarction, 1 arrhythmia, 1 'other' ischaemic heart disease), 2 suspected cerebrovascular accidents, 2 apparent seizures, 2 injuries, and 1 acute abdomen.

3.5 Summary of Data

The data presented at paragraphs 3.3. and 3.4 above does not constitute a comprehensive epidemiological survey of medical presentations and outcomes across the entire UK sector of the North Sea. Nevertheless, the two sources are broadly consistent with each other and permit some general conclusions to be drawn on the frequency and nature of medical problems to be prepared for on offshore installations. Overall, for a POB of around 100, an installation medic may be expected to see two or three cases each day, and deal with these him or herself without recourse to medical advice. The medic may call his or her Topside advisory service (the 'regulation 5 (1) (c) (ii) registered medical practitioner' referred to at section 4 below) around once per trip, and send a worker ashore for medical assessment once every couple of trips. The majority of such medevacs will be for non-emergency clinical reasons, with a medical emergency occurring on the installation around once per year, the most likely nature of the medical emergency being actual or suspected cardiovascular disease. Injury requiring urgent medevac is likely to be an equally infrequent occurrence.

The implication of this data is that sickbays should be adequately equipped to deal with very common presentation of largely self-limiting minor illness requiring symptomatic treatment only, but also less frequently occurring medical emergencies, particularly myocardial infarction and stroke, and that although injury offshore is a much less frequent occurrence than illness, sickbays should be prepared to deal with infrequent occurrence of serious injury.

4 Structure of Medical Care Offshore

4.1 OFAR Requirements

L123 (2016) requires that dutyholders provide suitable persons for treating in accordance with the directions of a registered medical practitioner people who are injured or become ill while at work (Regulaiton 5 (1) (a); make arrangements for the work of the installation medic to be supervised by a suitably qualified registered medical practitioner (Regulation 5 (1) (c) (i)); and make arrangements for the advice or presence of a suitable qualified registered medical practitioner to be obtained when needed (Regulation 5 (1) (c) (ii)).

In practice, the 'suitable person' required by regulation 5 (1) (a) will be the installation offshore medic, i.e. a person holding a current Offshore Medic Certificate issued by an organisation approved by the HSE.

Installation operators may retain a company medical advisor. In some cases he or she will be directly employed by or contracted to the operator and physically present in company offices at least part of the working week. In other cases the company medical advisor may be supplied by an occupational health services provider, and may or may not be located at the operator premises. Some other operators may not employ or retain a company medical advisor at all. In any of these circumstances, given that the responsibilities of regulation 5 (1) (c) (ii) require in practice a 24-hour, 365-days-per-year commitment, it is unlikely that the company medical advisor will also be the regulation 5 (1) (c) (ii) medical practitioner. However, it is possible that the company medical advisor may in practice act as the regulation 5 (1) (c) (i) medical practitioner, and the functions of the regulation 5 (1) (c) (ii) medical practitioner will be provided by a third-party 'Topside' medical service. In other cases the functions of the regulation 5 (1) (c) (i) medical practitioner may also be undertaken by the same service providing the regulation 5 (1) (c) (ii) medical practitioner, or indeed be shared by agreement between them.

4.2 Roles and Responsibilities in relation to medications and equipment

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 installation medic will be directly involved in the ordering of medications for the sickbay stores.

The functions of the supervising medical practitioner 5 (1) (c) (i) would typically be expected to include provision of general clinical and procedural guidance to installation medics (usually in the form of 'standing orders'), 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 under regulation 5 (1) (c) (ii).

The function of the regulation 5 (1) (c) (ii) medical practitioner is to respond to requests for advice and assistance from the installation medic in dealing with clinical cases. From section 3 it will be apparent that the 'advising' medical practitioner will be involved in only a minority of the cases presenting to installation medics, but that these cases will be the more severe or complicated ones. The 'advising'

medical practitioner will clearly need to be aware of what medications and equipment are available aboard and thus the options for him/her to direct the medic to administer.

5 Recommended List of Medications

The recommended list of medications to be stocked in installation sick bays is at appendix A.

The list consists of a total of 116 individual items, 69 (59 per cent) of which are 'POM' medications, meaning they can only be provided to persons offshore on the direction of a registered medical practitioner. Only one of these 69 medications is a controlled drug. 47 (41 per cent) of the medications listed are either 'P' (5) or 'GSL' (42) classified medications[1]. The general intention is to simply as far as possible the supervisory, ordering and 'dispensing' aspects of medication provision.

The list is intended to provide a 'core list' which will provide adequate treatment for the range of medical conditions anticipated on UK sector North Sea installations. It is anticipated that operator medical advisors and regulation 5 (1) (c) (i) and 5 (1) (c) (ii) registered medical practitioners may well have their own personal preferences in regard to some medications (for example, a preferred choice of 'cold cure') and the recommended list is not intended to limit the discretion of such doctors to add to or substitute items on the list according to individual clinical preference. It is clear however that where different doctors are undertaking the functions of operator medical advisor, 'supervising' medical practitioner and 'advising' medical practitioner, appropriate liaison and agreement between them will be necessary.

Given the nature of some activities on offshore installations (which may involve some chemicals with the potential for severe toxicity) and the potential for some workers to be offshore on a 'restricted' medical certificate because of their need for treatments which may require 'reversal' under some circumstances, selected medicines may be required on offshore installations, subject to the discretion of the operator's medical advisor. These are included at Appendix B.

For ease of reference for those who may desire it, the list of medications formerly included in the first edition of this document, but removed from this second edition, are given at Appendix D.

The recommended lists are provided in the form of alphabetically arranged tables. A spreadsheet version is available on the OGUK website www.oilandgasuk.co.uk.

[1] The Human Medicines Regulations 2012 classify medicines into three categories – Prescription-Only Medicines (POM), Pharmacy medicines (P), and General Sales List (GSL) medicines. POM medicines cannot be purchased directly by a member of the public but require a doctor's prescription; P medicines may be purchased by the public, but only from a pharmacy, while GSL medicines may be purchased by the public from retail outlets. Medicines may be reclassified from time to time following an application by the manufacturer to the Medicines and Healthcare products Regulatory Agency. The classifications allocated to items at appendix A should not therefore be taken as authoritative and may be subject to change

6 Recommended List of Other Items

The recommended list of items other than medications to be stocked in installation sick bays is at Appendix C. This too is intended to provide a 'core list' and it is anticipated that operator medical advisors and regulation 5 (1) (c) (i) and 5 (1) (c) (ii) registered medical practitioners will have similar personal preferences, and through the same process of mutual discussion may reach agreement on additions to or substitutes for items on the list.

It should be noted that the HSE Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 require that wherever possible, 'sharps' used in healthcare activities should be of a design intended to minimise the possibility of 'needlestick injury'. Guidance from the HSE on 'safer sharps' may be found at the following link: http://www.hse.gov.uk/pubns/hsis7.htm

Again, for ease of reference for those who may desire it, a list of items formerly included in the first edition of this document, but removed from this second edition, is given at Appendix E.

Like Appendices A and B, the Appendix C list is provided here in alphabetically tabulated form.

7 Stock Quantities

Issue 1 of this document provided guidance on quantities of medications and equipment to be held. This version does not – particularly in relation to medications, the quantities to be held will depend on individual patterns of usage on the installation, the nature and efficacy of the ordering procedure, and anticipated timescales of the logistics of delivery from suppliers. Historical precedent will provide the best indication of suitable quantities, along with guidance from the regulation 5 (1) (c) (i) medical practitioner supervising the medic.

Appendices

A Recommended List of Medications

*indicates an item which is new or a revised formulation / dosage of an item from the previous edition

Medication	
Aciclovir cream 5% (50mg per 1g); 2g tube	
Aciclovir opthalmic ointment 3% (30mg per 1g); 4.5g tube	
Aciclovir tablets 800mg; 35 tablet pack	
Adrenaline/epinephrine 100µg in 1ml (1 in 10,000) Injection 10ml; pre-filled disposable injection	
Adrenaline/epinephrine 300µg in 0.3ml (1 in 1,000) intramuscular injection; pre-filled disposable injection ('Epipen')	*
Adrenaline/epinephrine solution, 500µg in 0.5ml (1 in 1,000) Injection 0.5ml; 10 ampoule pack	*
Amiodarone hydrochloride 30mg per 1ml, 300mg (10ml) pre-filled syringe	*
Amoxicillin capsules 500mg; 15 capsule pack	*
AnuSol Plus HC ointment 15g tube	
Aspirin dispersible tablets 300mg; 32 tablet pack	
Atenolol tablets 25mg	*
Atropine sulfate 100µg per 1ml injection; 5ml pre-filled syringe	
Buccastem (prochlorperazine) buccal tablet 3mg; pack of 8 tablets	*
Buccolam (midazolam hydrochloride) 10mg in 2ml oromucosal solution; pre-filled oral syringe	*
Ceftriaxone sodium powder for solution for injection 2g vial	*
Cetirizine hydrochloride tablets 10mg; 30 tablet pack	*
Chloramphenicol 0.5% (5mg per 1ml) eye drops; 10ml	
Chloramphenicol 1% (10 mg per 1g) eye ointment; 4g tube	
Chlorphenamine (Chlorpheniramine) maleate injection 10mg/ml ampoule; 5 ampoule pack	
Cinnarizine tablets 15mg	
Ciprofloxacin hydrochloride tablets 500mg; 10 tablet pack	*
Clarithromycin tablets 250mg	*
Clenil Modulite 100µg meter dose inhaler (beclometasone dipropionate)	
Clopidogrel tablets 75mg; 30 tablet pack	*
Clotrimazole 1% cream; 20g tube	
Clotrimazole vaginal pessary 500mg	*

Medication	
Co-amoxiclav tablets 500/125 mg; 21 tablet pack	
Codeine phosphate tablets 30mg	*
cold cure (e.g. lemsip, day nurse) - operator medical advisor choice	
Dalteparin sodium 10,000 unit/ml, 1ml pre-filled syringe; pack of 5 syringes	*
Diamorphine hydrochloride powder for solution for injection 5mg; 5 vial pack	
Diclofenac sodium (25mg per 1ml injection) 75mg in 3ml ampoule; 10 ampoule pack	
Dihydrocodeine tartrate tablets 30mg; pack of 28	
Dioralyte effervescent powder sachets	
Diptheria, Tetanus and Pertussis ('Revaxis') vaccine; 0.5ml pre-filled syringe	*
Doxycycline hyclate capsules 100mg; 8 capsule pack	
E45 cream 50g tube	
E45 Cream 500g tub/pump	
Flucloxacillin sodium capsules 500mg; 20 capsule pack	
Fluconazole capsule 150mg	
Flumazenil injection 100µg per 1ml; 5ml ampoule; 5 ampoule pack	*
Fluorescein sodium eye drops 1% (10mg per 1ml), 0.5ml unit dose; pack of 20 doses	
Fucidic acid cream 2% (20mg per 1g); 15g tube	
Furosemide 10mg per 1ml solution for injection; 50mg in 5ml ampoule; 10 ampoule pack	
Gentamicin (3mg per 1 ml) with Hydrocortisone (10mg per 1 ml) ear drops; 10 ml unit	*
Glucagon hydrochloride 1mg powder and solvent for solution for injection ('Glucagen Hypokit')	
Glucose 10% solution infusion bag (500ml)	*
Glucose gel 40% (400mg per 1g) 25g tube; pack of 3 tubes	*
Glyceryl trinitrate sublingual spray 400µg per dose	
Hydrocortisone cream 1%; 15g tube	
Hydrocortisone sodium succinate powder and solvent for solution for injection; 100mg vial	
Hydrogen peroxide ear drops (e.g 'Otex' or 'Exterol') 8ml bottle	*
Hyoscine 1.5mg patch ('Scopoderm'; pack of 2)	*
Hypromellose 0.3% eye drops; 10ml bottle	
Ibuprofen tablets 400mg; 24 tablet pack	
Iglu mouth ulcer gel 8g tube	*
Insulin human 100 units per 1ml; 10ml vial	
Ipratropium bromide 20µg per dose; CFC free metered dose inhaler	*

Medication	
Ipratropium bromide 250µg per 1ml; 2ml nebuliser liquid unit dose vials; 20 dose pack	*
Ispaghula husk sachets 3.5g (e.g. 'Fybogel')	*
KY Jelly 82g tube	
Levonorgestrel tablet 1500µg ('Levonelle'; pack of 1 tablet)	*
Lidocaine gel 2% (e.g. 'cathejell'; 'instillagel')	
Lidocaine Injection 1% (200mg per 20ml); 20ml vial (without adrenaline). Pack of 10 vials	
Loperamide hydrochloride capsules 2mg; pack of 6	
Lorazepam 4mg per 1ml solution for injection; 10 ampoule pack	*
Lorazepam tablets 1mg; 28 tablet pack	*
Lypsyl lip balm 4.2g pack	
Magnesium sulphate heptahydrate 100mg per 1ml (0.4 mmol/ml) solution for infusion; 10ml ampoule; pack of 10 ampolues	*
Magnesium sulphate paste BP 50g	
Mebendazole tablets 100mg; pack of 4 tablets	
Mebeverine hydrochloride tablets 135mg; pack of 15 tablets	*
Melatonin tablets 2mg; pack of 30 tablets	*
Metronidazole tablets 200mg; pack of 21 tablets	
Midazolam 5mg in 5mls solution for injection; pack of 10 ampoules	*
Mycota' cream 25g tube	
Mycota' powder 70g pack	
Naloxone hydrochloride 400µg in 1ml; solution for injection; pack of 3 ampoules.	
Naproxen tablets 250mg, pack of 9 tablets	
Naseptin' (chlorhexidine & neomycin sulphate) cream 15mg tube	
Nystatin oral suspension 100,000 units per ml; 30ml bottle	*
Oil of cloves, 10ml bottle	
Olanzapine orodispersible tablet 5mg	*
Olive oil ear drops, 10ml bottle	*
Omeprazole tablets 10mg; pack of 28 tablets	*
Ondansetron oral lyophilisate ('sublingual melts') 4mg tablet; pack of 10 tablets	*
Ondansetron solution for injection 4mg in 2ml; 10 ampoule pack	*
Oxybuprocaine hydrochloride eye drops 0.4%, 0.5ml unit dose; pack of 20 doses	*
Paracetamol 10mg per 1ml solution for infusion; 1g in 100ml vial; pack of 10 vials	*
Paracetamol soluble tablets 500mg	*

Medication	
Paracetamol tablets 500mg	
Penthrox (methoxyflurane) 'green whistle' self-administered kit	*
Peptac' liquid suspension 500ml	*
Permethrin ('Lyclear') 1% creme rinse 59ml	
Phenoxymethylpenicillin (Penicillin V) tablets 250mg; pack of 28 tablets	
Piroxicam 5 mg per 1g (0.5%) gel, 60g tube	*
Prednisolone tablets 5mg; pack of 28 tablets	
Salbutamol 2mg per 1ml nebuliser liquid, 5mg in 2.5ml unit dose vial; pack of 20 unit doses	
Salbutamol metered dose inhaler, 100µg per dose	
Senna tablets 7.5mg; pack of 60 tablets	*
Simple linctus (sugar-free) 100ml	
Sodium chloride 0.9% solution, 30ml tubes; pack of 12 tubes	
Sodium chloride 0.9% solution, 5ml ampoule	
Sodium cromoglicate 2% eye drops, 10ml bottle	*
SPF 50 sunblock cream (e.g. 'Uvistat'), 1 OP	
Sumatriptan tablets 50mg; pack of 6 tablets	*
Tenecteplase 50mg (10,000 units) powder and solvent for solution for injection, 1 vial pack	*
Terbinafine 1% cream, 15g tube	*
Tranexamic acid 100mg per 1ml solution for injection, 500mg in 5ml ampoule; pack of 5 ampoules	*
Tranexamic acid tablets 500mg; pack of 60 tablets	*
Trimethoprim tablets 100mg; pack of 28 tablets	
Tropicamide 0.5% (5mg per 1ml) eye drops, 0.5ml unit dose; pack of 20 doses	*
Water for injection, 5ml ampoule	
White Soft Paraffin 100g	
Xylometazoline hydrochloride 0.1 % metered dose nasal spray ('Otrivine'); 10ml spray	*
Zopiclone tablets 3.75mg; pack of 28 tablets	*

B List of Discretionary Items

*indicates an item which is new or a revised formulation / dosage of an item from the previous edition

Medication	*
Adenosine 3mg per 1ml, 6mg in 2ml solution for injection (anti-arrhythmic)	*
'Beriplex' P/N 250 IU (Prothrombin complex concentrate), powder and solvent for solution for injection (warfarin reversal)	*
Fomepizole sulfate injection 5mg per 1ml; 160mg in 20ml ampoule (methanol antidote)	*
Hydroflouric Acid Burn Kit (Calcium Gluconate Gel and Injection)	
Hydroxocobalamin powder for solution for infusion; 5g vial ('Cyanokit')	*
Idarucizumab ('Praxbind') solution for injection/infusion 2.5g in 50ml; 50ml vial (dabigitran reversal)	*
Phytomenadione (vitamin K) injection 10mg per 1ml; 2mg in 0.2ml ampoule (warfarin reversal)	*
Sodium thiosulphate 500mg per ml solution for injection (a), plus sodium nitrate 30mg per 1ml solution for injection (b) (for cyanide poisoning)	*

C Recommended List of Other Items

*indicates an item which is new or a revised formulation / dosage of an item from the previous edition

Item	*
5% Dextrose 500ml	
Aluminium foil sheets	
ARS (air release system) needle for relief of pneumothorax	*
Basket stretcher	
BM stix	*
Body bags	
Burns dressing, face-mask	*
Capnograph – colorimetric (for grab bag)	*
Capnograph – quantitative, formal	*
cardboard tablet box for small strips paracetamol etc.	*
Carrying chair	
Cervical collar, adjustable, with trachea access	
Chlorhexidine gluconate 0.05% solution, 25ml sachet; pack of 25 sachets	*
Chlorhexidine gluconate 0.4% solution 500ml	*
Clinical waste bin	
Clothing scissors, tough cut or similar	
Cool Pack	*
Cotton conforming bandages, individually wrapped. Size 7.5cm x 3.5m.	
Crepe bandages, individually wrapped. Sizes 5 x 4.5cm, 7.5cm x 4.5m, 15cm x 4.5 m.	
Defibrillator, automatic or semi-automatic, with spare pads.	
Dental chip syringe	
Dental excavator (125/126)	
Dental mirror and handle (size 4, plain)	
Dental probe (single ended)	
Dental rolls	
Dental tweezers, serrated, stainless steel, 15cm, college type (No 8)	
Diagnostic set: ophthalmoscope and otoscope with spare bulbs and batteries	
Drip stand	
ECG machine, 12 lead.	
Elastic adhesive bandage, individually wrapped. Sizes 5cm x 4.5m, 7.5cm x 4.5m.	

Item	*
Examination gloves, latex-free, disposable. Sizes medium & large	*
Eye pads, sterile, individually wrapped.	
Femoral traction splint	
Finger stalls, large.	
Gauze swabs, non-sterile, 7.5cm square, packs of 5	
Glucometer	*
GlucoRx Blood Glucose Test Strips	*
Gutter splints, adult set.	
Haemostatic dressings (e.g. 'ceolox')	*
Head blocks for spinal board	*
HSE specification first aid kit (1 kit per first aider)	
Hypodermic needles, disposable, sterile, individually wrapped. Size 21 G x 40mm	
Hypodermic needles, disposable, sterile, individually wrapped. Size 26 G x 17mm	
Hypodermic needles, disposable, sterile, individually wrapped. Size 'orange' or insulin needles	*
iGel LMA	*
iGel thomas tube holder	*
Illuminated magnifier	
Intraosseous needle and insertion device: 'Easy IO'	*
Intravenous cannula dressings.	
Intravenous cannulae, with injection port. Sterile, individually wrapped. Sizes 18G, 16G and 14G.	
Intravenous infusion sets, sterile, individually wrapped.	
Laryngoscope, Penlon type with McIntosh blade, with spare bulbs and batteries, adult size.	
Limb tourniquet – two per patient	*
Long spinal board	
Magill's forceps, 8”	
Malleable traction splint.	
Manual resuscitation device - bag, valve, mask (e.g. 'Ambu bag')	
Mattress, vacuum	*
Medical oxygen cylinder, Size CD (360 litres)	*
Medical oxygen cylinder, Size F (1360 litres), with flowmeter, pressure gauge and key. Regulator must provide up to 15 litres/minute	
Medical oxygen cylinders, Size F (spare)	

Item	*
Medical oxygen cylinders, Sizes D and CD (spare)	*
Medical rucksack	
Medicine measure, plastic, graduated, disposable, 20ml	
Mepitel' skin dressing, various sizes	*
Mouthpieces for peak flow meter.	
Mouth-to-mouth resuscitation aid (e.g. pocket mask, 'resusciaid', or similar).	
Nasopharyngeal airways, disposable. Sizes 5, 6, 7 & 8.	
Nebuliser, electrical.	
Normal saline 500ml	
Orange stick	*
Oropharyngeal airways, disposable. Sizes 2, 3 & 4.	
Oxygen mask, adult, disposable, non-rebreathing (e.g. venturi mask, Hudson mask)	
Oxygen nasal cannulae	*
Oxygen tubing, disposable, 2m.	
Peak expiratory flow meter, mini.	
Pelvic Splint (e.g. SAM or Russell)	*
Pen torch with the blue filter illuminated magnifier	
Perforated film, low adherence, dressing, sterile, individually wrapped, size 10 x 10cm	
Perforated film, low adherence, dressing, sterile, individually wrapped, size 5 x 5cm	
Permeable, non-woven, synthetic adhesive tape (hypo-allergenic), 2.5cm roll	
pH paper to check pH (acid or alkali in eye injury).	*
Plastic burns bag, 46 x 31cm.	
Plastic sheet, sterile for burns, 90 x 120cm.	
Portex tracheostomy kit (6mm device with cuff)	*
Pregnancy test kit	*
Pulse oximeter	*
Rescue stretcher (e.g. Neil Robertson)	
Ring saw and ring opener	
Roll of 'sleek' tape or similar	*
Russell chest seal dressing	*
Safety pins, medium.	
Saline sachets	*

Item	*
Scalpels, disposable, sterile, individually wrapped. No 10 blade	
Scissor (stainless steel) S/B 6”	
Scoop stretcher (plastic), with head blocks	
Sharps bin, 4l	
Skin closures, sterile, size 3mm x 75mm ('steristrip')	
Skin closures, sterile, size 6 mm x 75mm ('steristrip')	
Skin staple remover	*
Skin staples kit	*
Snellen chart, 3 or 6m.	
Sphygmomanometer cuff, large adult	
Sphygmomanometer cuff, regular	
Sphygmomanometer, aneroid	
Splinter forceps, Martin 4.5” or similar	
Stethoscope	
Stool culture kit	*
Stool culture kit: request form for microbiology laboratory	*
Stool culture kit: postal packaging kit (available from relevant laboratory)	*
Suction catheters, flexible, sterile, individually wrapped. Sizes 12 & 14.	
Suction catheters, rigid, sterile, individually wrapped. Size 14	
Suction unit, electric-powered	
Suction unit, portable, mechanical (hand-operated)	
Surgical absorbent dressing, individually wrapped. Sizes large, medium, and small	
Surgical gloves, latex-free, disposable, sterile, individually wrapped pairs, Sizes 7.0, 7.5, & 8.0	*
Surgical mask, disposable	
Surgical scrub dispenser	
Suture cutter, disposable, sterile, individually wrapped	
Suture pack, disposable (needle holder, dissecting forceps, artery forceps, lotion bowl, gauze swabs)	*
Sutures, sterile, individually wrapped. Size 3/0, silk, with cutting needle	
Sutures, sterile, individually wrapped. Size 4/0, prolene, with cutting needle	
Syringes, disposable, sterile, individually wrapped Size 1ml	*
Syringes, disposable, sterile, individually wrapped Size 10ml	
Syringes, disposable, sterile, individually wrapped Size 2ml	

Item	*
Syringes, disposable, sterile, individually wrapped Size 20ml	
Syringes, disposable, sterile, individually wrapped Size 5ml	
Thermometer, bath	
Thermometer, low reading	
Thermometer, ordinary range	
Thermometer, room	
Thermometer, tympanic	*
Tongue depressors, wooden	
Tourniquets, regular and large.	
Triangular calico bandage	
Trolley for size F oxygen cylinder.	
Tubular gauze applicator, plastic, Size 01	
Tubular gauze bandage, 20m rolls, Sizes 01 and 12.	
Urinalysis stix	*
Urinary catheter, Foley, simplastic, sterile, individually wrapped. Sizes 12, 14 & 16 FG.	
Urinary catheterisation disposable packs	
Urinary drainage bag, with hourly urine volume meter. Disposable, sterile, individually wrapped.	
Vacuum splints, adult set, with pump.	
Vapour permeable waterproof plastic wound dressings. Sterile, individually wrapped. Assorted sizes: 2.5 x 4.5cm, 5 x 4.5cm, 7.5 x 4.5cm, 7.5 x 2.2cm. Normal plasters, Detectable (blue)	
Waterjel' emergency first aid burn dressings, box of 5	*
Wound glue	*
Zoff wipes OP	*

D Medications Removed from 1st Edition (2000) List

Medication
Absorbed Tetanus Vaccine 0.5ml
Adcortyl in Orabase 10mg
Adrenaline 1 in 1,000 Injection 1ml
Adrenaline Mini-I-Jet Injection 1 in 10,000 10ml
Amoxycillin Capsules 250mg
Anthisan Cream 30g
Anusol HC Suppositories
Atenolol Tablets 50mg
Augmentin Tablets 375mg
Beclomethasone 100µg M.D.I.
Benzyl Penicillin for Injection 600mg
Betadine Surgical Scrub 500ml
Betnovate Ointment 30g
Bonjela 15g
Calcium Chloride 10% Mini-I-Jet Injection 10ml
Calcium Gluconate Gel and Injection (available as Hydroflouric Acid Burn Kit)
Cavit OP
Cephalexin Capsules 250ml
Cerumol Ear Drops 11ml
Chloramphenicol 5mg/ml drops (minims)
Chlorhexidine 20% Solution (Hibiscrub) 500ml
Chlorpheniramine Tablets 4mg
Chlorpromazine Injection 50mg
Chlorpromazine Tablets 25mg
Ciproflaxin Tablets 250mg
Codeine Linctus 100ml

Medication
Crotamiton 10% Lotion 100ml
Daktacort Cream 30g
Diazepam Injection 10mg
Diazepam Rectal 10mg
Diazepam Tablets 5mg
Dicyclomine (Dicycloverine) Hydrochloride 20mg
Domperidone Tablets 10mg
Droperidol Injection 10mg
Econazole Nitrate 1% (Gyno-Pevaryl Combipack)
Ephedrine Nasal Drops 0.5% 10ml
Erythromycin Tablets 250mg
Ethanol 70% Proof Spirit Bottle
Ethyl chloride spray 50ml
Fucidic Acid Drops 1% (Fucithalmic)
Gaviscon Liquid 500ml
Gaviscon Tablets
Gentisone HC Drops 10ml
Glucose 50% Injection 50ml
Glycerin Suppositories
Hepsal 5ml
Ibuprofen Cream 30g
Karvol Capsules OP
Lidocaine 2% Mini-I-Jet 100mg in 5ml
Loratadine Tablets 10mg
Malathion Lotion 0.5% 200ml
Metroclopramide Injection 10mg
Migraleve Duopak (buclizine, codeine, paracetamol)
Milton 300ml

Medication
Morphine Sulphate Min-I-Jet Injection 20mg
Mouthwash Effervescent Tablets OP
MSSU Kit
Multistix OP
Naloxone Min-I-Jet Injection 0.4mg
Nifedipine Capsules 10mg
Optrex Emergency Eye Wash 110ml
Optrex Lotion and Bath 500ml
Pethidine Injection 100mg
Povidone Iodine 10% 30ml
Prochlorperazine Injection 12.5mg
Prochlorperazine Tablets 5mg
Procyclidine Injection 10mg
Pseudoephedrine Hydrochloride Tablets (Sudafed) to mk
Ranitidine Tablets 150mg
Silver Sulphadiazine Cream 1% (flamazine) 50g
Sodium Bicarbonate 8.4% Mini-I-Jet Injection 50ml
Sodium Nitrite Injection 3% 10ml
Solpadeine Soluble Tablets (paracetamol, caffeine, codeine)
Spacer Inhaler, large volume device (if no nebuliser available)
STD Kit
Sudafed Tablets box of 12
Synometrine Injection 1ml (Ergometrine maleate and oxytocin)
Talcum powder
Tetanus Immunoglobulin Injection OP
Tisept Sachets 25ml
Triimethroprim Tablets 200mg
Zolpidem Tartrate Tablets 5mg

E Other Items removed from 1st Edition (2000) List

Item
GAUZE SWABS, 7.5cm square, sterile in packs of 5
COTTON WOOL BALLS, sterile 25g packs
PARAFFIN GAUZE DRESSING, Packs of 10. Size 10 x 10cm
PERMEABLE SPRAY DRESSING, 110ml
ELASTICATED TUBULAR BANDAGE, 10m rolls, Size D, E & F. Each size.
TUBULAR BANDAGE APPLICATOR, Size F
SOFT CERVICAL COLLARS, Short, regular, tall. Each size.
SAND BAG MEDICAL
KED splint instead of long spinal board
GAS POWERED RESUSCITATION DEVICES, adult with masks.
ENTONOX DELIVERY SYSTEM, including pressure gauge, demand value and key. D size.
SPARE ENTONOX CYLINDERS, D size.
ENDOTRACHEAL TUBES, cuffed, c/w connector. Sizes 7.5, 8.5, 9. Each size.
Endotracheal tube cuffed c/w connector size 6 (for intubation via nose). And size 7 and 8 more suitable for female and male.
Ringer lactat 500ml
Natriumbicarbonat 4.2 % 500ml
Mannitol 20 % 500ml
Haemacel 500ml
Splints, INFLATABLE, set.
Eye rod, glass
Electric ear syringe
Steriliser, wet heat type with drying cycle
Autoclave pouches – medium, roll
Autoclave tape, 19mm x 55m, roll
Needle holder, KILNER, Mayo – Hegar or similar 5-7”
Dissecting forceps, Metal, toothed, 5”
Artery forceps, Mosquito, Spencer Wells or similar, V
Scissors, Stainless steel, S/S 6”

Item
Bandage scissors, Lister angled, stainless steel, 7” or similar
Scapel, Disposable, sterile, individually wrapped, No 11 and 15 of each size
Towel clamp, Jones 3.5” or similar
Silver probe 6”
Spirit lamp, glass 50ml
Methylated spirits, 500ml
Instrument tray, stainless steel, 12” x 10” x 2”
Surgical gloves, disposable, sterile, individually wrapped pairs, Size 7.5, Also size 7 and 8
Examination gloves, disposable, large size + box medium
Surgical drapes, disposable, sterile, individually wrapped, 36” x 36”
Gallipots, disposable, sterile, individually wrapped
Lotion bowl, stainless steel, 8” diameter
Plastic measuring jug, 0.5 l, graduated
Kidney dish, stainless steel, 8”
Ice bag
Tablet measuring device
Capsule measuring device
Bottles, plastic, disposable for dispensing tablets or capsules
Bottles, plastic, disposable for dispensing liquids, 100ml
Disposable box for used needles etc.

Appendices A, B and C are also available to download as xml – see OGUK website at www.oilandgasuk.co.uk for details.

oilandgasuk.co.uk/guidelines

OGUK Guidelines
Member companies dedicate specialist resources and technical expertise in developing these guidelines with Oil & Gas UK with a commitment to work together, continually reviewing and improving the performance of all offshore operations.

Guidelines are free for our members and can be purchased by non-members.

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