

# INDUSTRY STANDARD

## NO. 13

### **MEDEVAC**

**16 June 2024**

## Table of Contents

|   |    |
|---|----|
| <b>Document Control Sheet</b> .....                                   | 3  |
| <b>List of abbreviations and definitions</b> .....                    | 4  |
| <b>Legal Regulations</b> .....  | 5  |
| <b>Related NOGEP Standards</b> .....                                  | 5  |
| 1. Summary .....  | 6  |
| 2. Objective .....  | 7  |
| 3. MEDEVAC .....  | 8  |
| 3.1 Request MEDEVAC by HMI/offshore nurse .....                       | 8  |
| 3.2 Consultation offshore nurse with back-up doctor .....             | 8  |
| 3.3 Decisions/actions by the back-up doctor .....                     | 8  |
| 3.3.1 MEDEVAC by a regular helicopter .....                           | 8  |
| 3.3.2 MEDEVAC coordinated by the Coastguard Centre.....               | 9  |
| 3.4 Communication and monitoring during patient/victim transport..... | 10 |
| 3.4.1 Consultation offshore nurse - back-up doctor .....              | 10 |
| 3.4.2 The Coastguard.....   | 10 |
| 3.4.3 The back-up doctor .....  | 11 |
| 3.4.4 The HMI .....   | 11 |
| 3.4.5 The office organization of the mining company .....             | 11 |
| 3.4.6 The office organization of the ‘contractor’ .....               | 12 |
| 3.5 Medically fit/unfit assessment .....                              | 12 |
| 3.6 Registrations.....  | 13 |
| Annex 1 Flowchart MEDEVAC Coastguard .....                            | 14 |
| Annex 2 Contact details Control Room Ambulance Care.....              | 15 |

## Document Control Sheet

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This document will be managed in accordance with NOGEP A Industry Standard No. 80 Standards and Document Control.

## List of abbreviations and definitions

|                              |  |
|------------------------------|--|
| Ambulance nurse              | Nurse onboard the SAR helicopter (flight nurse) or lifeboat.   |
| Back-up doctor               | The doctor on shore under whose direction the medical assistance is provided at an offshore mining installation.   |
| Company doctor               | Recognized medical specialist in the field of work and health.   |
| Third parties                | Services, resources (i.e. ships in the vicinity) that can be engaged by the Coastguard to provide assistance.  |
| First Aid responder          | The first aid worker on board an offshore mining installation, trained in accordance with NOGEP standards, who provides medical assistance to an offshore mining installation on the instructions of the back-up doctor. |
| HMI                          | 'Hoofd Mijnbouw Installatie' also known as Offshore Installation Manager (OIM), of the offshore mining installation from which the MEDEVAC takes place. Responsible for safety at the mining installation.               |
| KNRM                         | Royal Dutch Rescue Company   |
| KWC                          | Coastguard Coordination Centre   |
| LPA                          | National Protocol Ambulance Care   |
| MEDEVAC                      | Medical evacuation, i.e. the transport of an employee for primarily medical reasons from an offshore mining installation to shore for further treatment and recovery.  |
| Offshore nurse               | The BIG registered offshore nurse (also referred to as 'medic') on board an offshore mining installation who provides medical care on the instructions of the back-up doctor.  |
| MKA                          | Control Room Ambulance Care ('Meldkamer Ambulancezorg'), part of Regional Ambulance Service.   |
| Offshore mining installation | A mining installation within the meaning of Article 1, sub o, of the Mining Act, located in the territorial sea or the Dutch part of the continental shelf.  |
| OPPLAN-SAR                   | Operational Plan Search and Rescue. An operational plan drawn up by the Coastguard Centre in which the procedures are laid down for search and rescue at sea.  |
| Rescue boat                  | KNRM rescue boat, with on board certified first aid responders.  |
| Regular helicopter           | Helicopter deployed within the offshore industry.  |
| SAR helicopter               | Search and Rescue helicopter, deployed by the Coastguard.  |

|         |   |
|---------|---|
| Vantage | Software system that allows passengers to be booked on flights and, among other things, to register the POB (persons on board) on offshore installations. |
|---------|---|

## Legal Regulations

|           |                        |
|-----------|------------------------|
| Article 3 | Working Conditions Act |
|-----------|------------------------|

## Related NOGEP Standards

|             |                                      |
|-------------|--------------------------------------|
| Standard 10 | First aid on mining installations    |
| Standard 11 | Offshore Medical Examination         |
| Standard 86 | Reporting of Incidents and Accidents |

## 1. Summary

While on an offshore mining installation, people can become ill or injured. For the initial medical care or first aid, at least two first aiders certified on the basis of NOGEP Standards are present at every offshore mining installation.

However, it is possible that the patient/victim's condition is so serious that more intensive medical care/guidance from a doctor or care by admission to a healthcare institution is necessary. In that case, the patient/victim should be evacuated from the mining installation and taken to shore.

In order to make such an evacuation as safe and efficient as possible, this Standard describes the steps that must be taken in this process and establishes the tasks, responsibilities and competencies. The Standard describes the process from the moment a decision has to be made whether an evacuation should take place, until the actual evacuation has taken place.

When it comes to emergency medical assistance, this standard is not an isolated procedure, but forms part of a (care) chain. That is why there is always coordination with these external chain partners when reviewing or adapting this standard.

## 2. Objective

The objective of this Standard is to establish duties, competencies and responsibilities in the decision-making and execution of a medical evacuation from an offshore mining installation. This, in consultation and coordination with the chain partners in emergency medical care in the North Sea.

This standard describes the implementation of a MEDEVAC and the step by step working method of the persons involved in the evacuation.

### 3. MEDEVAC

This chapter describes the procedure to be followed if it is necessary to determine whether MEDEVAC is necessary, the urgency of the MEDEVAC and the actual MEDEVAC.

Annex 1 of this Standard contains a flow chart with the procedures in urgent situations.

#### 3.1 Request MEDEVAC by HMI/offshore nurse

The HMI or offshore nurse must always work with the back-up doctor for the implementation of a MEDEVAC. The back-up doctor makes the decision to MEDEVAC.

**If it is absolutely clear that urgent medical attention is needed, an HMI or offshore nurse may decide to make a MEDEVAC advance notice to the Coastguard to save time - pending decision by the back-up doctor.**

**If -for any reason- the request is made by anyone (including an 'offshore medic') who is not a registered (BIG) nurse, he/she has to clearly state that they are not a registered nurse/medical professional when contacting the back-up doctor to avoid possible confusion and misunderstanding.**

#### 3.2 Consultation offshore nurse<sup>1</sup> with back-up doctor

- The offshore nurse contacts the back-up doctor for a situation outline and determination of the severity/urgency of the patient/victim;
- The back-up doctor determines whether MEDEVAC is necessary;
- The back-up doctor determines the urgency of the request and also whether:
- The MEDEVAC can be performed by a regular helicopter (in time and quality supervision);  
or
- If the MEDEVAC must be performed by the SAR helicopter with a SAR-flight nurse under the direction of the Coastguard Centre (in which case it is deemed a 112 emergency situation);

#### 3.3 Decisions/actions by the back-up doctor

##### 3.3.1 MEDEVAC by a regular helicopter

Decisions/actions by the back-up doctor in case the MEDEVAC is performed by a regular helicopter:

- Advises the HMI to perform the MEDEVAC in accordance with his/her judgment and advice;

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<sup>1</sup> Where in this chapter "offshore nurse" is mentioned, this can also be taken as: First Aid responder or HMI (if no offshore nurse is present.)

- If necessary, inform the receiving hospital/care provider about the patient/victim and the expected time of arrival;
- Requests and consults with the Control Room Ambulance Care (MKA) Noord Holland for an ambulance at De Kooy airport Den Helder<sup>2</sup>, only if he/she deems this necessary, taking MKA Triage and LPA (National Protocol Ambulance Care) into account and only if the patient requires 'Ambulancezorg' during transport;
- In some situations, the patient has to go to shore urgently, but does not require ambulance care: if the patient can be transported to the hospital after arrival at the airport by regular car, the mining company can arrange (often through the HMI, offshore nurse or radio operator) transportation (i.e. a taxi).
- Determines whether medical supervision is necessary;
- Before departure, informs the crew member who takes over the care of the patient/victim about his/her condition during the transport;
- Determines whether one or more regular passengers can fly along (not for specific guidance);
- Maintains contact with the offshore nurse.

### 3.3.2 MEDEVAC coordinated by the Coastguard Centre – SAR-helicopter

Decisions/actions by the back-up doctor in case the MEDEVAC (in his/her opinion) must be performed with the SAR helicopter and coordinated under the direction of the Coastguard Centre:

- Determines the urgency of the MEDEVAC (as soon as possible, 112 situations only);
- Acts in accordance with the latest version of the Coastguard flow chart for MEDEVACS in the North Sea, see Annex 1 to this standard.
- Contacts the Coastguard Centre, communicates the urgency of MEDEVAC and provides the name/location of the relevant offshore mining installation (possibly the name of the mining company/drilling contractor);
- Discusses which evacuation option is most effective (SAR helicopter, rescue boat);
- Requests to perform the MEDEVAC;
- Consults with the relevant Control Room Ambulance Care (MKA) about the destination (which hospital is most suited or whether there is room for the patient/victim) and transfers the care to the Control Room Ambulance Care nurse;
- Immediately afterwards informs the Control Room Ambulance Care about the chosen destination;
- Contacts (if possible) the ambulance/flight-nurse of the SAR helicopter for information transfer/briefing;

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<sup>2</sup> If the patient can be transported to the hospital by regular car, the mining company often arranges transport (i.e. taxi) through the HMI, offshore nurse or radio operator.

- In some situations, the patient has to go to shore urgently, but does not require ambulance care: if the patient can be transported to the hospital after arrival at the airport by regular car, the mining company will organise (often through the HMI, offshore nurse or radio operator) transportation (i.e. a taxi).
- Determines whether aftercare for patient/victim or crew is necessary or desirable.

### **3.4 Communication and monitoring during patient/victim transport**

#### **3.4.1 Consultation offshore nurse - back-up doctor**

The offshore nurse keeps in touch with the back-up doctor and consults with him about:

- The condition of the patient/victim, any medication to be administered and treatment to be given up to the moment of departure of the patient/victim from the offshore mining installation;
- The times of arrival and departure of the helicopter or other means by which the MEDEVAC is performed.

Medication may be administered according to LPA (National Protocol Ambulance Care) by an authorized and competent offshore nurse, according to his/her recorded instructions. This should be discussed with the back-up doctor as soon as possible.

If treatment is initiated in accordance with the LPA, there must always be a transfer of care. This can only be done by another medical or nursing professional. In this case, nursing supervision will always be necessary by and during transport (degree of urgency and means of transport are separate from this).

The Offshore nurse should provide the SAR flight nurse with both an oral and a written handover (form) of essential patient data and treatment information whenever possible. Preferably this written handover is using a preset format as mutually agreed on by Nogepe back-up doctors and the SAR Helicopter operator's medical staff. This form should also be send to the back-up doctor.

#### **3.4.2 The Coastguard**

Directs the implementation of the MEDEVAC and coordinates its logistics. Among other things, by informing the HMI about:

- The times of arrival and departure of the helicopter or other means by which the MEDEVAC is carried out;
- Any other logistical details.

### 3.4.3 The back-up doctor

Acts for SAR Medevacs in accordance with the most recent version of the Coastguard flowchart for performing MEDEVACS in the North Sea (Annex 1).

In that context, informs, consults and maintains contact with:

- Coastguard Coordination Centre;
- Control Room Ambulance Care (MKA);
- The ambulance nurse of the SAR helicopter;
- Offshore nurse/HMI on board;
- Mining company office organization, if necessary, regarding the implementation of the MEDEVAC , and not regarding medical content.

The back-up doctor is responsible for the patient until the handover ('zorgoverdracht') to a qualified medical professional such as the SAR-Ambulance-nurse has taken place.

### 3.4.4 The HMI

- Consults and maintains contact with the offshore nurse and/or back-up doctor;
- Keeps in touch with the Coastguard Centre (KWC) about logistics, helicopter arrival times;
- If necessary, organizes (non-medical) supervision of a patient and/or taxi transport from the airport;
- Informs the office organization of the mining company through internal reporting procedures;
- Ensures that the individual involved is marked 'red' in Vantage if he/she meets the criteria mentioned in paragraph 3.5. A new medical certificate, issued after the date of the medevac is required in order to return to work.

### 3.4.5 The office organization of the mining company

- Informs the patient/victim's family if it is their 'own' employee and the patient/victim has given (advance) permission for this;
- Organizes the patient's transport home after hospital treatment;
- Sends, if necessary, a representative to De Kooy Airport in Den Helder;
- Informs the contractor company if the patient/victim is a hired employee;
- Informs State Supervision of Mines (SodM) in case of a MEDEVAC via the Coastguard (see NOGEP A Standard 86).

### 3.4.6 The office organization of the 'contractor'

- Informs the patient/victim's family if it is their 'own' employee;
- Sends, if necessary, a representative to De Kooij Airport in Den Helder;

### 3.5 Medically fit/unfit assessment

In case of any MEDEVAC, where:

the individual needs to visit any hospital or

the individual needs to visit any medical specialist (but not a dentist or general practitioner) or

the medevac is carried out by SAR-Helicopter,

the patient/victim being evacuated, will be marked 'red' in Vantage. He/she will need a new medical certificate dated after the date the medevac took place, to return to work.

In these cases a NOGEP A registered medical examiner has to determine, after a new medical assessment in accordance with NOGEP A Standard 11, whether or not the evacuated person is 'medically fit' to return to work safely on a mining installation and he/she will issue a new medical certificate.

This assessment, as per common medical practise, can not be made by a doctor who has been involved with the medevac of the patient.

This assessment is independent from any assessment by a company doctor (Arbo-Bedrijfsarts) who, at the request of the employer of the person concerned, determines whether the person is able to perform his/her (possibly replacement) work/job. This company appointed doctor cannot, for the same patient, also fulfil the role of the NOGEP A registered medical examiner who will assess the fitness to safely work offshore based on standard 11.

After a medevac, the patient needs to be informed about requiring a new medical, when he/she deems his/herself fit for work.

Transportation to the mining installation is the responsibility of the respective commissioning mining company.

### 3.6 Registrations<sup>3</sup>

- a) The offshore nurse records the events on board the offshore mining installation (incident reporting via HMI to office organization) and fully updates their own medical records, in accordance with instructions and requirements;
- b) The offshore nurse -when applicable- records the handover (form) of essential patient data and treatment information and adds this form to the medical records of the patient.
- c) The company doctor records the events/decisions/actions in a patient/victim's medical file.
- d) He/she also records in the person registration system whether or not the patient/victim concerned is 'medically fit' to be transported to the mining installation.
- e) All parties involved must identify deviations from the procedure or specifics (no personal information) for the purpose of identification and evaluation in the MEDEVAC chain consultation.

By all registrations and communications regarding medical evacuations, it must be ensured that the medical confidentiality of the evacuee is guaranteed. This means: No personal names, no abbreviations, no diagnosis and/or specific destinations may be mentioned in company documents. Nothing that can be traced back to a person or condition.

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<sup>3</sup> Use any available forms for this per company, back-up doctor, executing the evacuation.

## Annex 1 Flowchart MEDEVAC Coastguard

Version 4 March 2022

(1) It concerns urgent medical care.

(2) A HMI or a 1<sup>st</sup> responsible person or an offshore nurse may make an advance MEDEVAC notice to the Coastguard Centre (KWC). The SAR- heli already starts up in order to save time, but only receives the final assignment from the back-up doctor.

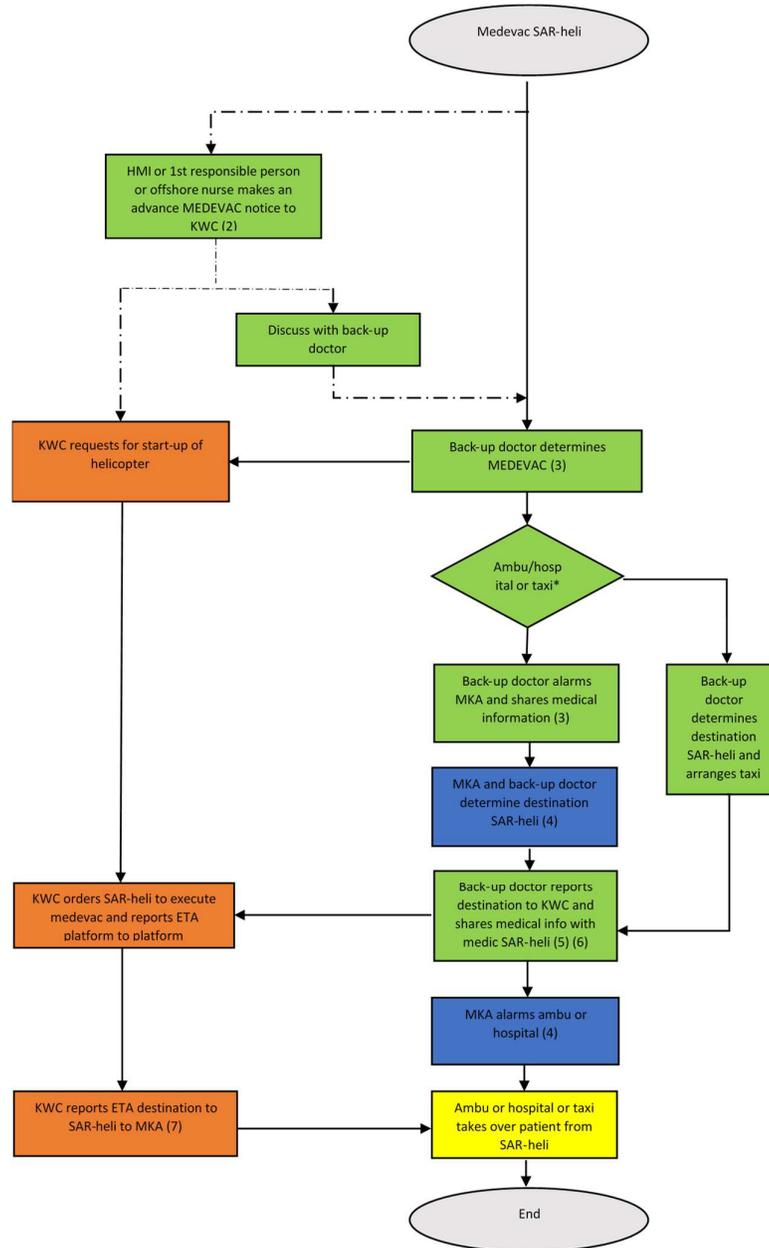
(3) The back-up doctor determines if a MEDEVAC with SAR-heli is necessary, and the follow-up: Is this directly to a hospital or ambulance (in consultancy with the MKA) or by taxi to a first aid post.

(4) Choice for a helispot/airport or directly to a hospital. In case of helispot/airport, the MKA alarms an ambulance and the hospital.

(5) The back-up doctor reports the destination of the patient to the KWC.

(6) If there is time left, the KWC may establish contact between back-up doctor and SAR-heli ambu nurse to exchange medical information.

(7) In case the follow up is by ambulance or to hospital, the KWC reports the ETA of the SAR-heli to the MKA. The KWC is



This flowchart is managed by the Coastguard. The latest version as published by the Coastguard is leading.

## **Annex 2 Contact details Control Room Ambulance Care (MKA's)**

This annex (confidential) is only provided to back-up doctors registered with the Coastguard.