Element nl
Vereniging voor energie van Nederlandse bodem

INDUSTRY STANDARD NO.

013

MEDEVAC

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THIS DOCUMENT WILL BE MANAGED IN ACCORDANCE WITH ELEMENT NL (NOGEPA) INDUSTRY STANDARD NO. 080 STANDARDS AND DOCUMENT CONTROL.

LIST OF ABBREVIATIONS AND DEFINITIONS

Ambulance nurse	Nurse onboard the SAR helicopter (SAR 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 Element NL (NOGEPA) Industry 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 Netherlands Rescue Institution
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.
MOC	Maritime Operation Centre (Coastguard)
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
SAR-Medevac	Medical evacuation by SAR helicopter
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 ELEMENT NL INDUSTRY (NOGEPA) STANDARDS

Standard No. 010	First aid on mining installations
Standard No. 011	Offshore Medical Examination
Standard No. 086	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 Element NL (NOGEPA) Industry Standards are present at every offshore mining installation.

However, it is possible that the patient/victim's condition is more serious that more intensive medical care/guidance from a doctor or care by admission to a healthcare institution is required. Or other certain medical problems can only be treated onshore. 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, how urgent the evacuation is, up to the point 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 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 SAR-Medevac 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 very urgent medical attention is needed right away, only an HMI or offshore nurse (BIG) may decide to make a MEDEVAC advance notice to the Coastguard to save time - pending decision by the back-up doctor.

3.2 CONSULTATION OFFSHORE NURSE[1] 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 a MEDEVAC is required;
- The back-up doctor determines the urgency of the request and also whether:
- 1) If the MEDEVAC must be performed IMMEDIATELY by the SAR helicopter with a SAR-flight nurse under the direction of the Maritime Operation Centre (MOC) Coastguard, in which case it is deemed a 112-emergency situation); OR
- 2) If the MEDEVAC must be performed WITHIN AN AGREED TIMEFRAME by the SAR helicopter with a SAR flight nurse under the direction of the Maritime Operation Centre (MOC) Coastguard (in which case it is still deemed a 112-emergency situation - with an *adjusted response* time); OR
- 3) The MEDEVAC can be performed by a regular helicopter (in time and quality supervision and can meet the operators safety requirements for the evacuation);
- If -for any reason- the request is made by anyone else, 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.

1 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.)

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;
- If necessary, inform the receiving hospital/care provider about the patient/victim and the expected time of arrival (if possible);If HMI and/or the helicopter operator require more precise information on the patient status and if he/she poses a risk to the safe execution of the flight, the back-up doctor can be asked to get into direct contact with the operator to discuss further details and requirements. In this case the HMI coordinates and initiates this contact.

- 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: requests and consults with the Control Room Ambulance Care (MKA) Noord Holland for an ambulance at De Kooy airport Den Helder[2], 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 must 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 Maritime Operation Centre (MOC) Coastguard -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 MOC:

- Determines the urgency of the MEDEVAC: as soon as possible-immediately OR within an agreed-on timeframe);

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

- Acts in accordance with the latest/actual version of the Coastguard flow chart for MEDEVACS in the North Sea (see Annex 1 to this standard)
- First contacts the MOC, 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);
- In case of a MEDEVAC that allows for a timeframe to be agreed on, contacts the SAR-nurse of the SAR Helicopter that will be tasked with the Medevac by the MOC, for information transfer/briefing and to together agree on the exact time of the MEDEVAC
- Requests the Coastguard to perform the MEDEVAC immediately OR at the agreed time.
- Contacts (if possible) the /SAR-flight-nurse of the SAR helicopter tasked for information transfer/briefing in case of immediate flight/no previous contact;
- 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/her 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 (BIG), 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.

This handover is to use the latest version of the format as mutually agreed on by Element NL back-up doctors and the SAR Helicopter operator's medical staff. This form should also be sent 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:

- The Maritime Operation Centre (MOC) Coastguard
- The SAR flight 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-flight-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 Maritime Operation Centre (MOC) Coastguard about logistics, helicopter arrival times;
- If asked/required by the helicopter operator, coordinates contact between the operators (medical) officer and the back-up doctor to discuss potential risk and enable the helicopter commander to assess the situation and base his/hers decision on that information.
- 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;
- In case of SAR Medevac, confirms the individual is marked ‘red’ in Vantage;
- Assures that anyone who meets the criteria mentioned in paragraph 5.3 will be re-assessed and issued a new medical certificate before returning offshore;
- Informs State Supervision of Mines (SodM) in case of a MEDEVAC via the Coastguard (see Element NL (NOGEPA) Industry Standard N0. 086).

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 the 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 Element NL registered medical examiner has to determine, after a new medical assessment in accordance with the Element NL (NOGEPA) Industry Standard N0. 011, 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, cannot 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 Element NL 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[3]

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.

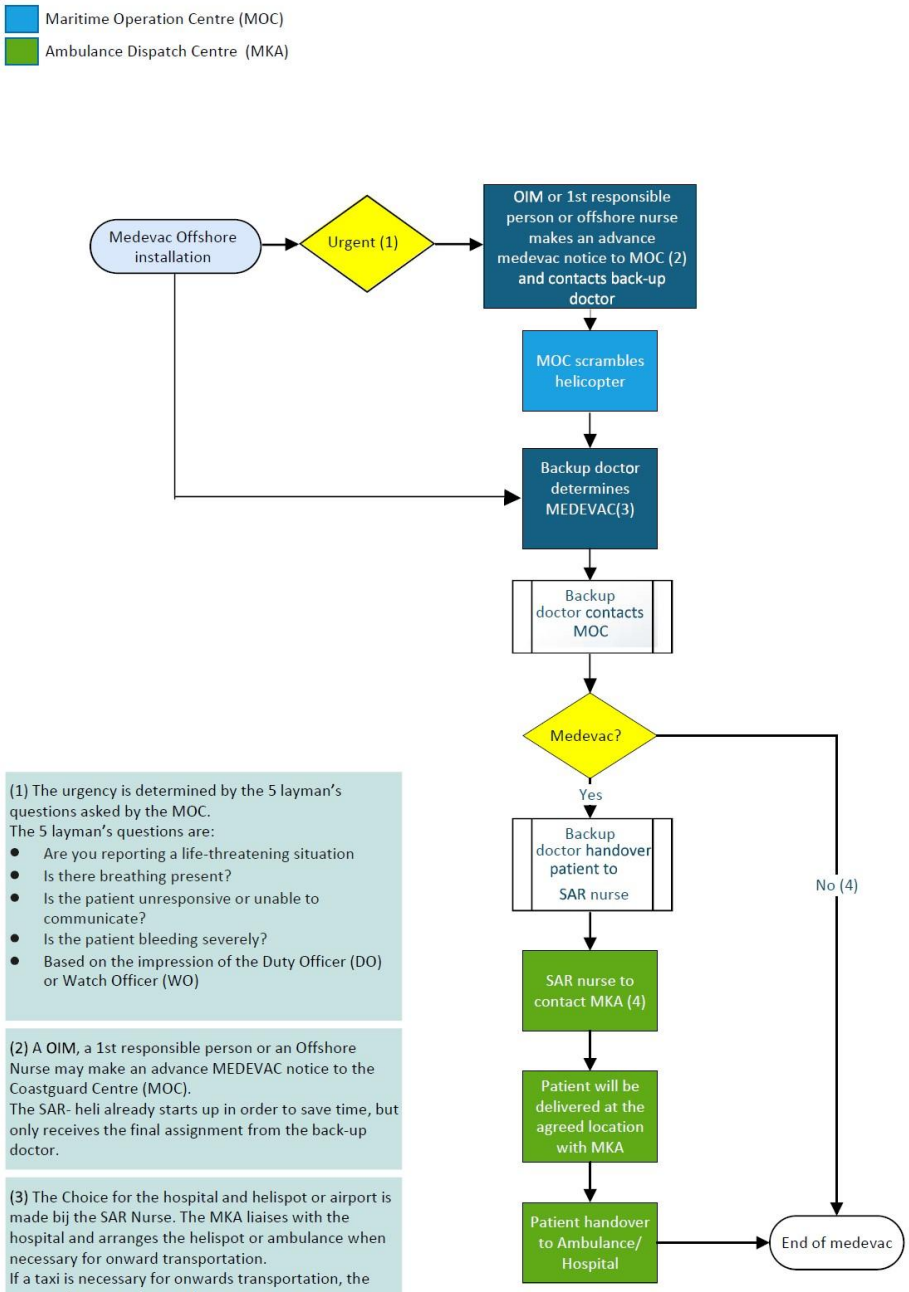
By all registrations and communications regarding medical evacuations, it must be ensured that the medical confidentiality of the evacuee is guaranteed. This means: No personal names, no abbreviations, no diagnosis and/or specific destinations may be mentioned in company documents. Nothing that can be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

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

ANNEX 1 FLOWCHART OFFSHORE MEDEVAC (COASTGUARD)

THIS FLOWCHART IS MANAGED BY THE COASTGUARD. THE LATEST VERSION AS PUBLISHED BY THE COASTGUARD IS LEADING.

FLOWCHART Offshore Medevac
Versie 1.1 DD. 26-03-2026



(1) The urgency is determined by the 5 layman's questions asked by the MOC.
The 5 layman's questions are:

- Are you reporting a life-threatening situation
- Is there breathing present?
- Is the patient unresponsive or unable to communicate?
- Is the patient bleeding severely?
- Based on the impression of the Duty Officer (DO) or Watch Officer (WO)

(2) A OIM, a 1st responsible person or an Offshore Nurse may make an advance MEDEVAC notice to the Coastguard Centre (MOC).
The SAR- heli already starts up in order to save time, but only receives the final assignment from the back-up doctor.

(3) The Choice for the hospital and helispot or airport is made bij the SAR Nurse. The MKA liaises with the hospital and arranges the helispot or ambulance when necessary for onward transportation.
If a taxi is necessary for onwards transportation, the MOC will arrange this via the requesting company.

(4) When the Back-up doctor determines that a medevac is not necessary and the helicopter is already scrambled, the MOC will cancel the SAR helicopter