

Revised Norwegian regulations – consequences for operations in Barents South as seen from Norwegian Board of Health Supervision

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A caveat on terminology

- Regulation **General expression on intervention by relevant (national) authorities**
- Regulation **Binding and often detailed legislation from EU (forordning)**
and
- Regulations **Binding Norwegian by-laws (forskrift)**

Norwegian Board of Health Supervision

- By legislation own supervisory authority
- Cooperating with and coordinated by Petroleum Safety Authority Norway (Petroleumstilsynet, www.ptil.no)
- Operational supervision by County Governor's Office, Rogaland
- Petroleum act and health legislation as basis
- Supervision concerning
 - Health care (excl. occupational medicine)
 - Medical emergency preparedness
 - Hygiene and contagious diseases (incl. food and potable water)

Norwegian petroleum regulations – development

- Until the petroleum act of 1985 – **prescriptive** requirements, mirroring land based regulations and maritime law
- Following the 1985-act a new set of regulations (1990/91) containing more **performance based** requirements
- The current petroleum act of 1996 made a solid platform to **unify** health related requirements with other safety and environmental related regulation
- As a result of the regulation reform of 2001, the health regulations were integrated into the total set of HSE regulations
- **Is this an improvement or a step backwards?**

Main traits in the development of petroleum health services since 1980

- From 1978 until about 1990: Health services as an additional tasks to operational activities
- From 1990 until 2001: Health services integrated into the operational concept
- From 2001: Health services integrated into the total HSE-organisation

- But still today health services are fragmented and barely visible
- Is there a Norwegian (or an European) standard to rely upon?
- Need for more detailed regulations? **We do not want it!!**

Framework HSE regulations

- Stating that land based health legislation is valid
- Thus standards shall be as in ordinary health care provision
- But hMS in land based industry is **HMS** in the petroleum industry
- **H** = occupational medicine, **acute medicine, general practice**

Section 12

The operator shall have an organisation in Norway that, on an independent basis, is capable of ensuring that petroleum activities are carried out in accordance with the regulations

Section 16

Health-related matters shall be safeguarded in a prudent manner during all phases of the offshore petroleum activities.

Management regulations

- Based upon the performance related requirements in the legislation every enterprise must elaborate criteria on prudent activities (sound professional performance)

Section 8

The responsible party shall set internal requirements that put regulatory requirements in concrete terms, and that contribute to achieving the objectives for health, safety and the environment, cf. Section 7 regarding objectives and strategies. If the internal requirements are expressed as functional requirements, achievement criteria shall be set.

The operator shall ensure agreement between its own requirements and between its own and other participants' requirements.

Activities regulations

- Chapter III related to health related issues

Section 8 (partly)

A physician shall have the professional responsibility for the health service.

The necessary number of nurses shall at all times be present on the facility to ensure prudent safeguarding of the health service's tasks.

The health service shall take a separate and independent position in health-related matters.

Section 10

The health service shall have a physician on-call at all times, who can be summoned to the facility on the shortest possible notice.

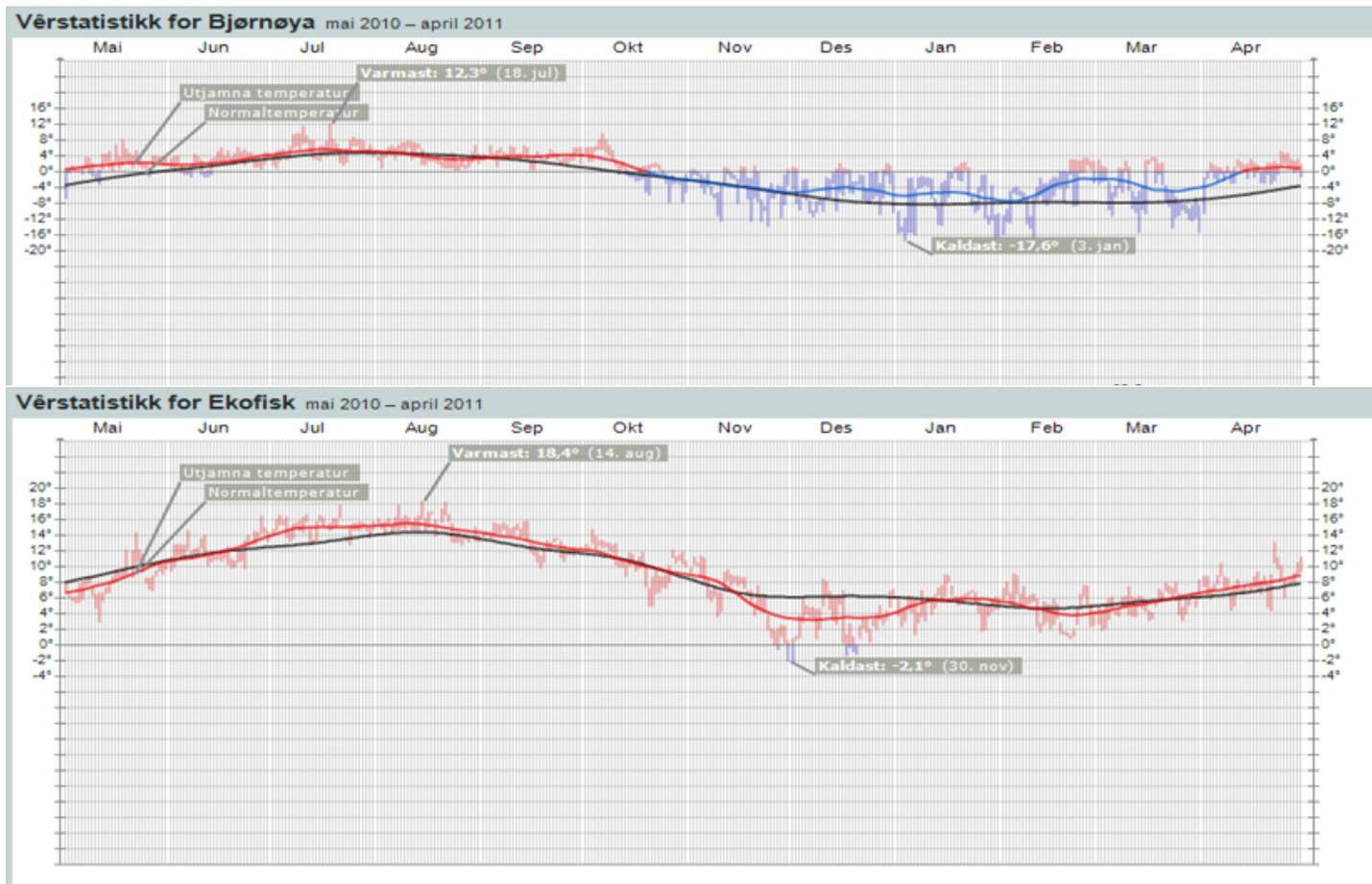
Section 12

The physician responsible for the health service on the facility shall have corresponding responsibility concerning communicable diseases as a district medical officer according to the Contagious Illness Protection Act with associated regulations.

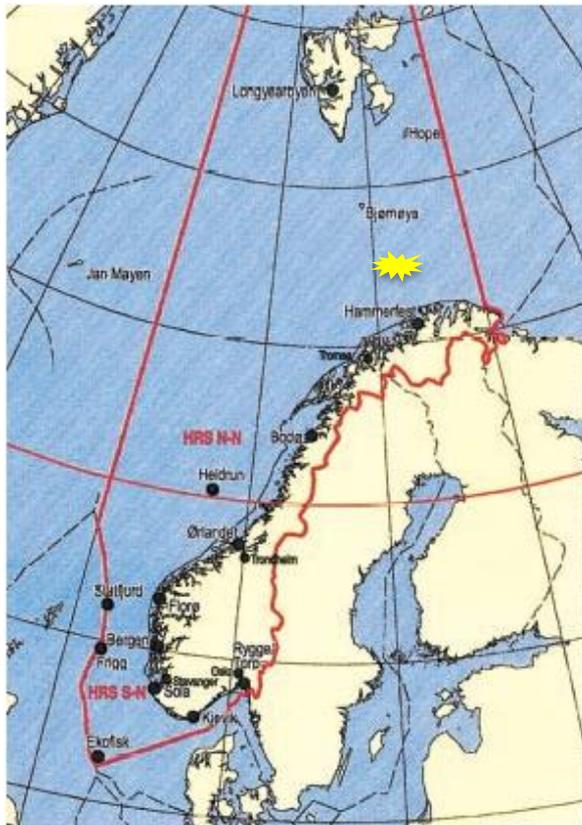
Tasks for "the responsible party" (Framework HSE, section 6)

- Present clear expectations towards own health services, including medical practitioners and subcontractors; often there will be a **need to clarify operational conditions**
- Those operational conditions must be **comparable to medical standards accepted by ordinary onshore medical provider**
- The responsible party may delegate tasks and buy services, but not get rid of the responsibility, thus a need for **strategic planning of health services**
- **Coordination with public providers** of health care, cf. framework HSE, section 20: *The operator's emergency preparedness measures shall be designed for coordination with public emergency preparedness resources.*

Barents South represents an extraordinary context – e.g. meteorological conditions



Cumbersome geography, scarce support



- **SAR-helicopters (with doctor)**
 - Banak (Sea King)
 - Longyearbyen (Super Puma)
- **Fixed wing ambulances (with nurse)**
 - Tromsø
 - Alta
 - Kirkenes
- **Coast Guard ship(s) (with doctor/nurse)**
 - KV Svalbard
- **Hospitals**
 - Hammerfest (local)
 - Kirkenes (local)
 - Tromsø (regional, university)

Closing advice

- Make early contact with the **regional health authorities**, that is Helse Nord RHF, Bodø
 - Responsible for **ensuring sufficient health services to the population**
 - Responsible for health care emergency planning, based upon risk analyses; therefore **share expectations based on risk analyses**
 - Responsible for ambulances (air, road and sea)
 - Owner of the specialised services in Tromsø (UNN) and Hammerfest/Kirkenes (Finnmark)
- Be aware that the requirement for tripartite cooperation known from the petroleum legislation in Norway does not apply to the planning of land based health services
- Try to include land based health services in **exercises**