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First Aid
F10 Notification

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Offshore Reg IMT Inspector
Paul Bradley

22nd August 2025

Dear Kate,

HEALTH AND SAFETY AT WORK ETC ACT 1974

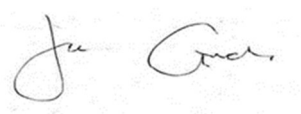
Following on from previous discussions with Wind & Marine Energy Team inspectors and HSE's Energy Division managers regarding first aid and F10 Notifications, I am now writing to you in your capacity as representative for the industry in order that you are able to provide a clear steer for your members and their contractors.

In Appendix (1), HSE's feedback follows recent inspections and investigations; Appendix (2) highlights relevant requirements of the Construction (Design and Management) Regulations 2015 in relation to Client, Principal Designer and Principal Contractor duties at the early stage of a wind farm project.

I would be grateful if you could share with your members the appendices to this letter which outlines HSE's feedback to the industry.

If you wish to discuss further, please contact me.

Yours sincerely



Jane Gordois
Principal Inspector - Wind and Marine Energy

Appendix (1)

Principles for Provision of First Aid for the Wind Industry

Background

This document sets out principles that HSE expects duty holders to adopt to ensure adequate provision of first aid and medical care to workers on onshore and offshore energy structures. It does not replace the requirements of industry guidelines.

Training

HSE considers that for a person to be fully trained they must have completed the GWO Enhanced First Aid (EFA) course, or equivalent. They should also be familiar with the use of the equipment likely to be found at their particular worksites. If the first aider has not been trained on the same equipment provided at their worksite (for example if they are a contractor who has been trained on different equipment used on their previous project), the duty holder should provide additional training on the specific equipment. In particular, this includes equipment used for pain relief and provision of oxygen, use of adjuncts to manage airways and stretchers.

Following the initial generic training, duty holders must provide structured on the job training to make up the assessed shortfall in their employees' competence. This will include practical application of equipment, for example, stretcher rescue.

Any additional training should be by suitably qualified persons and duty holders should have in place a process to monitor its effectiveness.

The training should be repeated at appropriate intervals to avoid skill fade over time, for example, depending on the frequency an individual carries out particular tasks or after a period of absence. HSE recommends that duty holders consider annual refresher training. However, the first aid needs assessment (FNA) may indicate more frequent refresher training is required to ensure individuals maintain their competence. This includes casualty evacuation.

HSE guidance document GEIS3, [Selecting a first-aid training provider: A guide for employers](#), will help duty holders identify and select a competent training provider to deliver the first aid training indicated by their FNA.

Number of trained persons

There should be a sufficient number of trained first aiders at the worksite available to respond promptly to an incident and administer appropriate first aid. The FNA should address the possibility of one or more trained persons being incapacitated by a single event. It should ensure that an appropriate number of other members of the work party are trained to administer first aid and manage the worksite to prevent, so far as is reasonably practicable, all trained persons becoming incapacitated by a single event.

Some duty holders require all members of any work party to be trained to EFA standards, while others specify a minimum number based on the size of the work party and the activities being undertaken. Duty holders must be able to demonstrate that they have a sufficient number of trained personnel at or near the worksite who can respond within an appropriate period of time.

Location of equipment

The FNA should identify medication and equipment that must be available at the worksite to enable immediate lifesaving intervention, such as in the case of cardiac arrest or major bleeding. The location

of the equipment should be clearly marked with signage and be known by all members of the work party. Duty holders should test the suitability of the locations through drills and exercises. The location of emergency equipment should always be accessible.

Other equipment that may be required in response to a medical emergency should be so located as to be available at the scene of the incident within a period of time appropriate to the nature of the injury, as identified in the FNA.

Risk-based approach

Duty holders should take a risk-based approach to their FNA and consider the foreseeable emergencies and likely hazards to which a work party would be exposed. For example, it may be found that a party performing non-intrusive work on the transition piece, are not exposed to the same hazards as a party working in the nacelle generator space. However, a FNA requires duty holders to consider illness as well as injury, which could happen to any person, regardless of their work location.

HSE's expectations on pain relief, oxygen and airways management

As part of the FNA, duty holders should have identified that the EFA qualification should ensure first aiders are trained in providing effective pain relief, oxygen administration and advanced airway management techniques (including during casualty evacuation). ¹

Duty holders should consider how oxygen will be given in an emergency. This includes the amount required and the locations within the energy structure in which it may be required, including small and awkward spaces.

Provision of additional medical support

The FNA should consider how long it could take to access additional medical support where needed. If evacuation could be delayed, the duty holder should consider whether to provide additional support where GWO EFA (or equivalent) qualified first aiders may not possess sufficient skills to maintain a casualty over a prolonged period. This may necessitate provision of a person with a qualification equivalent to an offshore medic as defined under the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989.

In certain circumstances, where access to emergency services may be delayed, whether onshore or offshore, the duty holder should consider whether access to an emergency doctor service (not necessarily the NHS) is needed to remotely support the emergency response. This could be the equivalent of a 'topside' doctor supervising the work of offshore first aiders and offshore medics under the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989. The topside doctor could also be involved in communicating with emergency services to ensure an appropriately equipped team can be despatched.

Following an incident, duty holders should consider the mental wellbeing of the first responders who have dealt with it.

¹ If a duty holder is concerned that the EF Aider has received insufficient training e.g., pain management, they should verify with the training provider and if they still have concerns should communicate those to GWO who have oversight of the training standard. The duty holder is ultimately responsible for identifying a competent training provider, and as the GWO administer the standard, if they identify evidence of non-compliance then they should raise those concerns with GWO.

Appendix (2)

CONSTRUCTION (DESIGN AND MANAGEMENT) REGULATIONS 2015 (CDM 2015)

F10 NOTIFICATIONS

Background

HSE's interventions in the wind sector over the last year-and-a-half revealed a need to increase awareness amongst CDM clients about the legal requirement to notify HSE as soon as practicable before the construction phase begins if their wind farm construction project is going to be of a scale which is notifiable. Most wind farm projects will meet the notification threshold. It is recognised that suitable and sufficient resource input from competent parties at the pre-construction phase generates health and safety benefits in the construction phase.

Relevant legal provisions

The Health and Safety at Work etc. Act 1974 and the Construction (Design and Management) Regulations 2015 (CDM 2015) set out requirements for identifying and assessing risk, and the principles to be adopted to prevent risk resulting in harm to persons. The principles are applicable in both major hazard control and occupational safety management.

Regulation 4(1) of CDM 2015 imposes a duty on the client to make suitable arrangements for managing a project, including the allocation of sufficient time and other resources.

Regulation 5(1) of CDM 2015 imposes a duty on the client to appoint a principal designer (PD) and a principal contractor (PC) as soon as practicable, and in any event, before the construction phase begins. If the client fails to make these appointments, they must fulfil the duties of the PD and PC as set out in regulations 5(3) and 5(4) respectively.

Regulation 6 of CDM 2015 sets out the responsibility for notification. A construction project is notifiable if the construction work is expected to:

- last longer than 30 working days and have more than 20 workers working at the same time at any point on the project; or,
- exceed 500 person days.

Where a project is notifiable, the client must give notice in writing to the Executive as soon as is practicable before the construction phase begins.

HSE's expectations

HSE's interpretation of the legal requirements is that clients should submit an F10, [HSE - F10 - Notification of Construction Project](#) without delay, at the commencement of a project to build a wind farm, regardless of whether concept drawings have been produced, or layout, grid connection, infrastructure etc. has been decided.

Regulations 4(1) and 5 have important implications for clients when routinely updating the F10 notification process, with the particulars specified in Schedule 1 of CDM 2015 as until the PD and PC is appointed, the client must undertake these CDM roles from the inception of the project.

Until the PC has estimated the period of time required to complete the work, it is for the client to determine what is the reasonable timescale and they should source professional advice from a party with suitable and sufficient skills, knowledge and experience, where required.

These decisions are at the core of project management. The consequences of early decisions have significant effects on workers' health and safety across the full life cycle of a wind farm. Additionally, the need for costly retrofits and increased risks to workers should be avoided through allocation of suitable and sufficient resource in the pre-construction phase.

HSE's Wind and Marine Energy strategy

The framework provided by the general principles of prevention² is a key inspection topic for the Wind and Marine Energy team.

Prompt notification of wind farm construction projects at an early stage in the design process will assist HSE in engaging with clients/the project team at an appropriate stage/point.

HSE will continue to sample compliance with statutory requirements, good practice standards and industry guidance.

Cost recovery applies to all pre-construction interventions at onshore wind projects and offshore wind or marine projects. Time spent on pre-construction interventions (including those at early concept stages) will be charged for.

Action required

When submitting the F10 form, if the PD and/or PC has not yet been appointed, the client should input their own details as PD and PC. The free text box can be used to enter details about the project, including that the PD and/or PC has not yet been appointed.

The F10 should be a live document. It should be updated as and when CDM 2015 Schedule 1 details require amendment.

Clients should ensure all relevant project team members are trained and understand the CDM 2015 requirements, particularly when an F10 notification is necessary. Training helps the team identify changes or risks that might require F10 updates and keeps everyone aware of compliance criteria.

While the responsibility for completing and submitting an F10 notification lies with the client, when there is a failure to submit, the PD and PC may also be held accountable as they have duties under regulations 9(1) and 15(1) respectively to ensure the client is fully aware of their own duties under CDM 2015.

During the construction phase, an up-to-date copy of the F10 notice must be displayed in the construction site office, so it is accessible to anyone working on the site.

If it has been noted by the project team (client, PD or PC) that the F10 has not been submitted, then HSE are likely to make reasonable and relevant enquires as to why the project was not initially notified.

When completing the F10, HSE requests that the key words 'wind farm' are used in the 'project description' box for all notifiable works, whether onshore or offshore works, at any stage of a wind farm life cycle.

I trust the above information is clear and can be readily understood among your members, several of whom were informally consulted to assist in its preparation.

² Schedule 1 of the Management of Health and Safety at Work Regulations 1999