Maritime & Coastguard Agency

MERCHANT SHIPPING NOTICE

MSN 1839 (M)

(Corrigendum)

MARITIME LABOUR CONVENTION, 2006
Medical Certification
Seafarer Medical Examination System and Medical and Eyesight Standards: Application of the Merchant Shipping (Maritime Labour Convention) (Medical Certification) Regulations 2010

Notice to all shipowners, ship operators and ship managers; employers of seafarers; master, officers and seafarers on sea-going ships ordinarily engaged in commercial operations

This Notice should be read with MIN 564 (M)

Summary

The following corrections should be noted to MSN 1839(M):

- All references to HWB lantern tests in MSN 1839 are replaced by a reference to the MCA Colour Assessment and Diagnosis (CAD) test.
- Annex B amended from Lantern test centres in Marine Offices to CAD test centre contact details
- Minor revisions to the medical fitness standards in Annex A.

1. Background

1.1 In 2018, the MCA will be ceasing to conduct Holmes Wright B Lantern (HWB) supplementary tests for colour vision. See MIN 564 (M) for the background to this change, and an explanation of the new arrangements.

1.2 In addition, the MCA Chief Medical Advisor has reviewed the medical fitness standards following enquiries from Approved Doctors and advice from experts. Minor amendments have been made to a small number of medical conditions. The most significant change is to the standard for renal or uretic calculus, which should allow for more seafarers to continue to work at sea.

2. List of corrections:

The following corrections are made to MSN 1839(M):

Summary: 3rd bullet point, final sub-bullet

- Addresses of *centres where MCA Colour Assessment and Diagnosis (CAD)* tests are held (Annex B).

1. Introduction

Paragraph 1.4

The opportunity has also been taken to make some minor corrections and updates to the medical standards at Annex A, and to update the list of *centres where seafarers can take a supplementary colour vision test at Annex B.*

5. Statutory Standards of Medical Fitness (Regulation 8)

Paragraph 5.3.2

5.3.2 A deck applicant who fails the Ishihara plate test may arrange for their colour vision to be re-tested at an MCA approved CAD test centre (listed at Annex B). The CAD test centre will charge a fee for the CAD test, which is payable directly to the test centre. Failure in this test will mean that a medical certificate may only be issued with a restriction precluding lookout duties at night. Trainee Deck officers however will be made permanently unfit. Other deck candidates applying for their first MCA Certificate of Competency (CoC), Able Seafarer Deck Certificate of Proficiency or Rating Certificate who have failed the Ishihara plate test will only be considered if they have subsequently passed the MCA HWB lantern or CAD test and hence carry no restriction on their seafarer medical certificates precluding lookout duties.

- Existing deck seafarers who have failed the Ishihara plate test but passed the MCA HWB lantern test and have evidence of this will still be considered to meet the colour vision standards and do not need to undertake a CAD test.
- Existing deck seafarers who have failed the Ishihara plate test and passed the HWB lantern test but do not have evidence of this will need to take the MCA CAD test. If they do not take the test, or fail it, they may continue working in their current roles. They will be given an ENG 1 noting that they do not meet the colour vision standards with an appropriate restriction.
- Existing deck seafarers who wish to qualify for an MCA CoC for the first time, or a higher CoC, will have to meet the colour vision standards (i.e. Ishihara plates or MCA CAD test passed, or provide evidence that they have previously passed the MCA HWB lantern test). Their seafarer medical certificate must not have any restriction on lookout duties.

After 5.3.4 add

5.3.5 Attending for a supplementary colour vision test:

The seafarer must take the following documents to the CAD test centre:

A referral document, which can be any one of the following;

- an ENG 3 form (MSF 4106)
- a letter from the Approved Doctor
- an ML5 form (MSF 4112)

- Application for a seafarer vision test sight test form (MSF 4100) if visual acuity and the Ishihara test were conducted by an optometrist

The seafarer will also need to take;

- Any normal glasses or contact lenses worn to correct for refractive errors **(colour correcting lenses or glasses are not permitted)**
- A statutorily issued form of photo identification document (ID) such as a passport, driving licence or seafarer discharge book. A photocopy or scanned copy is not acceptable.'

Annex A medical and eyesight standards for seafarers

Those medical standards that have been amended are included in the Table of Standards (Amendments), Annex A (amended) to this corrigendum. *Amendments are in italics.* For unamended standards, refer to the full Table of Standards in MSN 1839(M) of July 2014.

A revised Appendix 1 to Annex A is also attached.
Appendix 2 to Annex A is unchanged – see MGN 1839(M) of July 2014.

Annex B

Annex B has been completely replaced. **This is included in this notice and provides the contact and booking details for MCA Colour Assessment and Diagnosis (CAD) Test Centres**. CAD testing will not be undertaken at Marine Offices or conducted by MCA personnel. Only CAD tests conducted by centres approved by the MCA will be accepted.

More Information

Seafarer Safety & Health Branch
Maritime and Coastguard Agency
Bay 2/17
Spring Place
105 Commercial Road
Southampton
SO15 1EG

Tel : +44 (0) 203 8172835
e-mail: seafarer.sh@mcga.gov.uk

Website Address: www.gov.uk/government/organisations/maritime-and-coastguard-agency

General Enquiries: infoline@mcga.gov.uk

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telephone numbers are correct at time of publishing

Safer Lives, Safer Ships, Cleaner Seas

Annex A (Amended)

TABLE OF STANDARDS (*AMENDMENTS*)

Ref No	Condition	Rationale, risk basis/Justification	Advice to seafarers and maritime industry. Preventative measures	New diagnosis or current condition (see note 11 above)	Fitness category after investigation/resolution Reasonable adjustments
6.0	**DISEASES OF THE NERVOUS SYSTEM**				
6.2	**Syncope** and other disturbances of consciousness **AD Guidance 7**	Recurrence causing injury or loss of control		**3** - until investigated and control of underlying condition demonstrated	Simple faint (see AD guidance): **1** - unless frequent attacks lead to incapacity, then **3** - until resolved or treated Loss of consciousness or altered awareness with no high risk markers (see AD guidance): **2** -Time limited and restricted to UK near-coastal waters and no lone watchkeeping, then if no recurrences after 3 months (deck or engine room personnel) or 4 weeks (other) - **1** Loss of consciousness or altered awareness with high risk markers (see AD guidance) **3** - pending investigation and treatment. (a) No cause found: **3** - 6 months with no recurrence, then **2** - time limited for six months and restricted to UK near-coastal waters and no lone watchkeeping. After one year with no recurrences - **1** (b) Cause found and successfully treated: **3** - for one month, then **2** - time limited for three months and restricted to UK near-coastal waters and no lone watchkeeping; then if *no* recurrences or treatment problems - **1** Loss of consciousness or altered consciousness with seizure markers (see AD guidance) Go to 6.3 or 6.4 **See AD Guidance 7**

7.0	**CARDIO-VASCULAR SYSTEM**				
7.1	**Heart** - congenital and valve disease, including surgery for these conditions. Heart murmurs not previously investigated **AD Guidance 9**	Risk of progression, limitations on exercise. Bacterial endocarditis risk	Advice on prophylaxis for infections	**3** - until investigated or treated	Heart murmurs **1** - where unaccompanied by other heart abnormalities AND considered benign by a specialist cardiologist following examination. Other conditions: Case by case assessment based on specialist - **S** Consider implications of any prescribed prophylactic antibiotics. **4** - if exercise tolerance limited OR episodes of incapacity occur. *See AD Guidance 15 if antithrombotic medication used.* Surveillance may be needed
7.2	**Hypertension** **AD Guidance 8**	Risk factor for ischaemic heart disease, eye and kidney damage and stroke. Risk of acute hypertensive episodes	Screening at medical. Early assessment/treatment of raised blood pressure	**Normally 3** - if >170 systolic or >100 diastolic mm Hg until investigated and treated in accordance with British Hypertension Society (or other appropriate) Guidelines.	**1** - if lowest reading is (a) <140 systolic and <90 diastolic mm Hg OR (b) <150 systolic and <95 diastolic mm Hg, under regular surveillance, compliant with recommended treatment and free from side effects. **1 time limited or 3** - if additional surveillance needed to ensure level remains <170 systolic and <100 diastolic mm Hg **4** - if *persistently* >170 systolic or > 100 diastolic mm Hg with or without treatment. Case by case assessment to include side effects of condition and treatment. **Surveillance required C.** **See AD Guidance 8**
7.9	**Deep vein thrombosis/ pulmonary embolus** **AD Guidance 15**	Risk of pulmonary embolus from deep vein thrombosis - causing sudden loss of capability, recurrence and temporary limitations on mobility. Risk of recurrence of embolus. Risk of bleeding from anti-coagulant treatment.		**3 - until investigated and treated**	1 - if full recovery AND off anticoagulants Case by case assessment on return to duties after treatment completed. Consider fitness for long haul air travel. *2 – If on long term anticoagulants with <2% risk of further DVT or PE, see AD Guidance 15.* 4 - if recurrent OR persistent OR on *permanent* anticoagulants *with >2% risk of further DVT or PE.*

8.0	**RESPIRATORY SYSTEM**	(Consider fitness to wear breathing apparatus if this forms part of emergency duties)			
8.5	**Pneumothorax –** spontaneous *or* traumatic	Acute disability from recurrence		**3** – *normally* for 12 months after initial episode *or shorter duration as advised by specialist*	Based on advice of treating specialist - **S** **4** - after recurrent episodes unless pleurectomy or pleurodesis performed

10.0	**GENITO-URINARY CONDITIONS**				
10.5	**Renal or ureteric calculus, *symptomatic or asymptomatic***	Pain and disability from renal colic	Advice on fluid intake	**3** - until investigated and treated	**1 –** *following case-by-case assessment by specialist if stone free, with normal renal function and metabolic evaluation including 24 hour urine collection, without recurrence. If remains stone free after 2 years, repeat scan 5 yearly.* Consider **2** - if concern about ability to work in tropics or under high temperature conditions. Case by case assessment for UK near-coastal duties. **4** - if recurrent stone formation

11.0	**PREGNANCY**				
11.1	**Pregnancy**	Complications, late limitations on mobility. Risk to mother and child in the event of premature delivery at sea	Advice on risks and limitations in advance and during early stages of pregnancy	Uncomplicated pregnancy - See Marine Guidance Note *MGN 522* Abnormal - 3 on diagnosis	Case by case assessment if there are risk factors or complications. Seafarer must make informed personal decision about excess risks from premature delivery at sea.

13.0	**MUSCULO-SKELETAL**				
13.3	**Limb prosthesis**	Mobility limitation affecting normal or emergency duties.			4 - normally but consider 2 - if general fitness requirements at Appendix 2 are fully met. Arrangements for fitting prosthesis in emergency must be confirmed *1 - in exceptional cases where all fitness requirements demonstrably met without prosthesis*

EYESIGHT STANDARDS FOR SEAFARERS

GENERAL

Eyesight testing is carried out at every seafarer medical examination.

No person should be accepted for training or sea service if irremediable morbid condition of either eye, or the lids of either eye, is present and liable to the risk of aggravation or recurrence.

Binocular vision is normally required for all categories of seafarers. Case by case assessment may be appropriate in certain circumstances. See AD Guidance 14.

In all cases where visual aids (spectacles or contact lenses) are required for the efficient performance of duties, a spare pair must be carried when seafaring. Where different visual aids are used for distant and near vision, a spare pair of each must be carried.

Individuals who wish to go to sea as deck or engineer personnel or who are considering dual qualifications are strongly advised to have their eyes tested by an optometrist before embarking on their career, in view of the particular importance for them of good sight.

COLOUR VISION

Deck officers and ratings - Colour vision should be tested by the Approved Doctor with Ishihara plates, using the introductory plate, and all the transformation and vanishing plates. Those used should be recorded on the medical report form (ENG 2). Candidates who fail the Ishihara colour plate test may apply to one of the MCA's nominated Colour Assessment and Diagnosis (CAD) test centres listed at Annex C to this MSN, to have their colour vision re-tested by undertaking a CAD Test. Refer to AD Guidance 14

Electro Technical Officers (ETO) - should have their colour vision tested by the Approved Doctor using Ishihara plates (as for deck department). Those who fail the Ishihara test may apply to any registered optician for confirmatory testing using the Farnsworth D15 test or City University test. Refer to AD Guidance 14

Engineer and radio department personnel should have their colour vision tested by the Approved Doctor using Ishihara plates (as for deck department). Those who fail the Ishihara test may apply to any registered optician for confirmatory testing using the Farnsworth D15 test or City University test. Refer to AD Guidance 14

In all cases where a follow-up test has been undertaken, a report showing the result must be returned to the Approved Doctor, on the basis of which he/she will decide whether it is appropriate to fail the candidate or issue a full or restricted medical certificate, reflecting the duties the seafarer will be required to undertake.

Any decision relating to subsequent colour vision testing should be officially recorded by the CAD test centre or optometrist and retained by the seafarer with the ENG 1 to avoid the necessity for repeated secondary testing.

Other personnel should be tested for colour vision, where relevant for the duties to be undertaken, using the Ishihara plates.

Table - SUMMARY OF STANDARDS REQUIRED

Category of Seafarer	Basic Visual Acuity Standard (unaided)		Higher Visual Acuity Standard (aided if necessary)		Near Vision (both eyes together aided or unaided)	Colour Vision	Visual Field
Deck or dual career	Better eye 6/60	Other eye 6/60	Better eye 6/6	Other eye 6/12	N8	Ishihara or CAD	No pathological field defect
Engineer/ Radio	6/60		6/18	6/18	N8	Ishihara or Farnsworth D15 or City University	Sufficient to undertake duties efficiently
Others	Sufficient to undertake duties efficiently						
Those who become monocular in service with no evidence of progressive eye disease in the remaining eye							
Deck	6/60	-	6/6	-	N8	Ishihara or CAD	No pathological field defect
Eng/Radio	6/60	-	6/9	-	N8	Ishihara or Farnsworth D15 or City University	Sufficient to undertake duties efficiently
Others	Sufficient to undertake duties efficiently						
There should be a sufficient period of adaptation after becoming monocular to enable stairs to be descended rapidly and safely.							

Notes

1. No diplopia, congenital night blindness, retinitis pigmentosa or any other serious or progressive eye disease is permitted.

2. If bifocal glasses are worn there should be a period of adaptation first because of the risk of falls.

3. Where glasses or contact lenses are needed to meet the vision standard, a spare pair (distance and near vision if necessary) should be carried.

4. Aids to colour vision e.g. red-tinted x-chroma, chromas lenses and chromagen lenses are not permitted.

5. Seafarers who suffer pathological field defects should have a field of vision at least 120^{o} in the horizontal measured by the Goldman perimeter using the iii/4 setting (or equivalent perimetry). In addition there should be no significant defect in the binocular field which encroaches within 20^{o} of fixation above or below the meridian. Homonymous or bitemporal defects which come close to fixation whether hemianopic or quadrantopic are not accepted.

Annex B

MCA Colour Assessment and Diagnosis (CAD) Test Centres

The seafarer should contact the test centre directly to make a booking for a test. There will be a charge for the test which the seafarer will need to pay directly to the test centre.

City, University of London
Colour Research Laboratory
Northampton Square
London
EC1V 0HB
colourvision@city.ac.uk
Direct booking and payment via website: http://www.city.ac.uk/avot

The AMS (London)
Aeromedical Centre
22 Upper Wimpole Street
London
W1G 6NB
Tel: 01293 775336
Email for bookings: reception@amsgatwick.com

University of Bradford
School of Optometry & Vision Science
Phoenix South West
Shearbridge Road
Bradford
BD7 1DP
Tel : 01274 234648 or 01274 234649 (eye clinic reception)
Email for bookings: d.mckeefry@bradford.ac.uk

School of Psychology
William Guild Building
Room G35
Kings College University of Aberdeen
Aberdeen
AB24 3FX
Tel: 01224 272387
Email for bookings: vision@abdn.ac.uk