

Maritime & Coastguard Agency

Medical Care Onboard Expectations and Limitations

Michael Jubb 21/09/2022

About Me

Head of nautical Examiners

- First went to sea 1981
- Master Mariner Certificate of Competency
- Master for 14 years
- Worked on many ship types
- Deep sea and in offshore industry
- Have required medical care onboard
- Have dealt with medical emergencies





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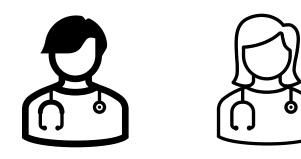




About you

Approved MCA Doctors

- Years of training
- Theoretical and Practical
- Worked in hospitals and GP surgeries
- Dealing with patients on daily basis







Typical cruise ship medical facilities

Royal Caribbean Website

1–3 doctors and 3-5 nurses onboard every ship. 24/7 cover

Requires to maintain Advanced Cardiac Life Support (ACLS) training Medical facilities

Cardiac monitors, defibrillators, ventilators, x-ray machines and processors, laboratory equipment, acute care medications and variety of minor surgical and orthopedic supplies. Third party support

Online informational sources, 24-hour support from shore side

medical professionals for additional assistance.



Typical deep sea cargo ship medical facilities

Crew

Holder of proficiency in medical care onboard certificate for crew of 15 -20.

Medical facilities

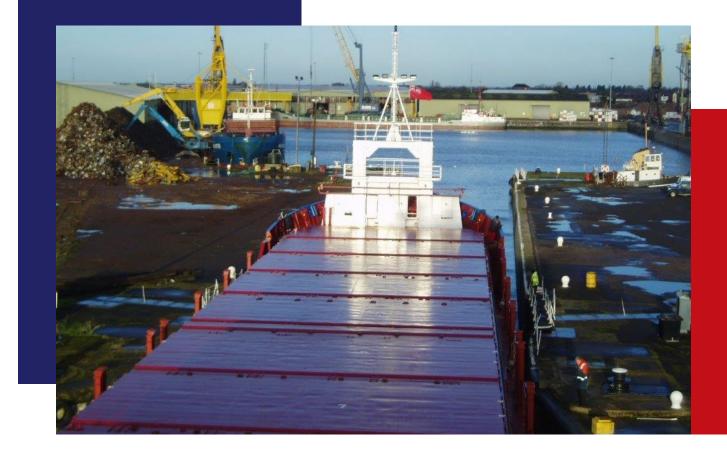
Equipment and drugs stipulated in MSN 1905 (M+F) Ships hospital – which is a cabin with hospital bed and private facilities, holds lockers for medication and oxygen equipment. Third party support

Support from shore side medical professionals for additional assistance.



Could you do the job of a Ships Master?

- Manoeuvre a huge Ship
- Calculate stability of mega cruise ship
- Plan voyage weather, currents and load line zones
- Calculate position by stars
- Identify ships by light
 configuration or sound signals
- Navigate by radar alone in fog
 I am guessing for the majority the answer is no!





What about after few days at training course



Lets say training by:

- Someone holding a officer of the watch certification
- Using a bath tub as the sea
- A plastic model as the ship
- A few one hour theory sessions

We can support you with:

- A text book
- The ability to call a Master mariner on a crackly telephone line if comms permit

Could I do your Job?

Of Course Not



What if you give me?

- Half a day elementary first aid training course
- Four days medical first aid training course
- Five days proficiency in medical care onboard course
- A copy of the ship Captains medical Guide
- The medical supplies and equipment detailed in MSN 1905
- The ability to telephone a doctor on a crackly phone line, probably not with the patient in front of me.





Proficiency in Medical Care Onboard Course

AIM - Give seafarers designated to provide medical care onboard the essential education and training to meet requirements in

- STCW Table A-VI/4.2
- **Function: Medical Care**

Competence: Provide medical care to the sick and injured whilst they remain onboard Participate in co-ordinated schemes for medical assistance to ships.

Three Outcomes:

- 1. Understand how to participate in co-ordinated provision of medical care onboard
- 2. Assess and provide care to an ill person onboard
- 3. Assess and provide care to an injured casualty onboard

All of this in at least 35 hours over 4.5 days with 35% devoted to practical exercises



MSN 1905 (M+F) Amend 2 – Ship's Medical Stores

Minimum requirements for medical stores for UK ships under Regulations and covers:

- The definitions of categories of vessel for the purposes of the Regulations
- Annex 1 Medical Stores required and recommended additional equipment for workers
- Annex 2 Additional requirements for passenger vessels Doctor's Bag
- Annex 3 First Aid Kits
- Annex 4 Advice on medicines to be carried on ships transporting dangerous substances
- Annex 5 Medical guides to be carried and Telemedical Advisory Services
- Annex 6 Guide to use of medicines
- Annex 7 Special Requisition form for obtaining controlled drugs
- Annex 8 Completion of the controlled drugs register



Could I now do your Job?

Of Course Not but that is what a Ship's Master has

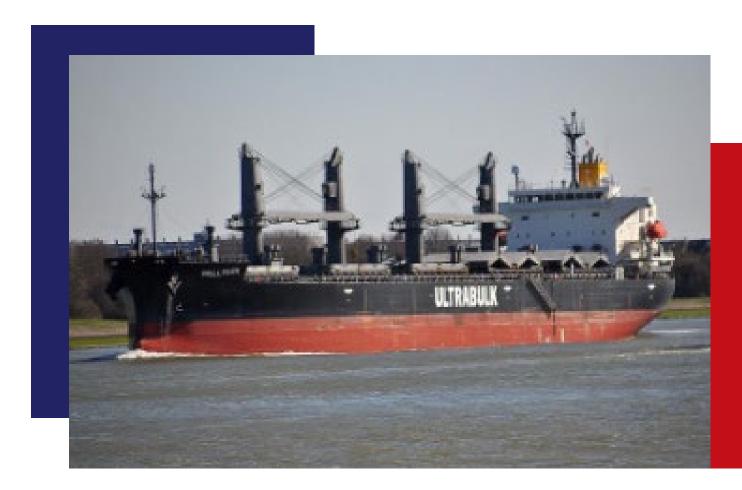
On the plus side, since 2017, they now have to do a three day refresher on the Medical Care Onboard every five years prior to that it was a one-off course

I did my original in 1988 and first refresher in 2016



Consider this

Deep sea ship Minimum Crew: 15 Panama to Perth 13000 Nautical Miles 40 days at sea





Disaster strikes



Mid Pacific – Thousands of miles from anywhere the Chief Officer has a severe stroke No ambulances, helicopters, ships with doctors - Just the Master with a 5 day Medical Course. No clot busting drugs, CT scanners, MRI

The Chief Officer needs 24 hours a day nursing Crew is pushed to limit - lost 4 of 15 (Chief Officer + 3 carers) Crew do their best without feeding tubes, drink thickeners, physio, salt, OTs, statins and maybe antiplatelets. Morale/mental health is rock bottom – there is little they can do for a close colleague they have lived and worked with for months. Vessel can divert to New Zealand but still two weeks away.



Comparison

Consider that the receptionist at your surgery has a heart attack or other acute illness.

Now consider looking after them with the resources and people you have available in the surgery for days on end.

Oh and of course – you have to continue with the day job!



Ref: Oldenburg et al. Journal of Occupational Medicine and Toxicology

Nautical Officers at Sea: Emergency experience and need for medical training

2006-2013 465 Ships Officers on medical refresher course at Hamburg Institute for Occupational and Maritime Medicine

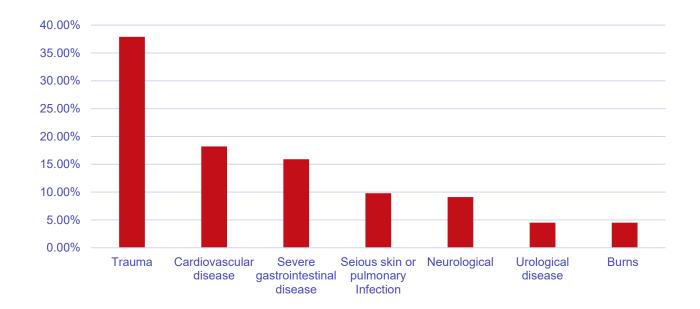
133 (28.6%) – At least one serious medical emergency at sea that had led to emergency port call, course deviation or evacuation.

They also answered 18 basic medical questions prior to the course.



Ref: Oldenburg et al. Journal of Occupational Medicine and Toxicology

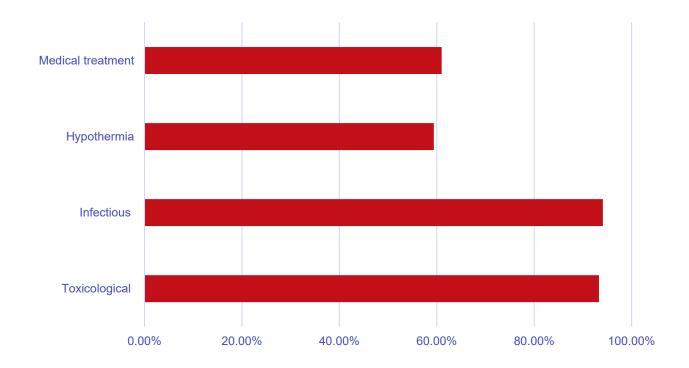
Medical Emergencies Reported





Ref: Oldenburg et al. Journal of Occupational Medicine and Toxicology

Officers performance on basic medical questions Average score 70.7% Range: 26.8% - 100%





My experiences

First trip at 16 – Chief Steward did medical it was his first trip as Chief Steward dealt with:

- Shingles
- Minimal Change Nephrotic Syndrome
- Boiler falling off messroom bulkhead (wall) and pouring engineer boiling water over

Second trip just after I went home, second officer died after allergic reaction to penicillin

As Master my ships always had medic onboard but: 2 x heart attacks – 1 fatal and 1 where defib worked. (Did you know that defibs are not required – just recommended!)

Working in North Sea, 23 year old – 23 stone industrial worker onboard – incident. Helicopter denied by shore side doctor. Used crew change helicopter – ambulance cancelled by shore side doctor – flown to hospital and survived but was heart issue.

Client rep had mental breakdown onboard



Consider this

Prevention is better than cure

So when someone presents the wrong side of borderline – what are you going to do?



