

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**

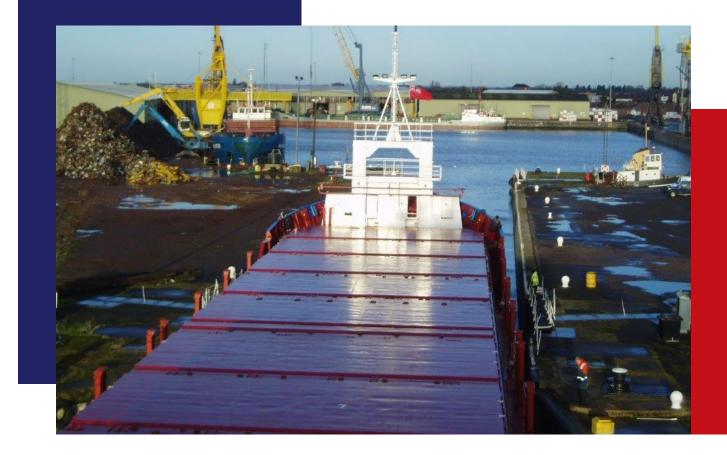
Equipment and drugs stipulated in MSN 1905 (M+F) Ships hospital – which is a cabin with hospital bed and private facilities, holds lockers for medication and oxygen equipment. Third party support

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

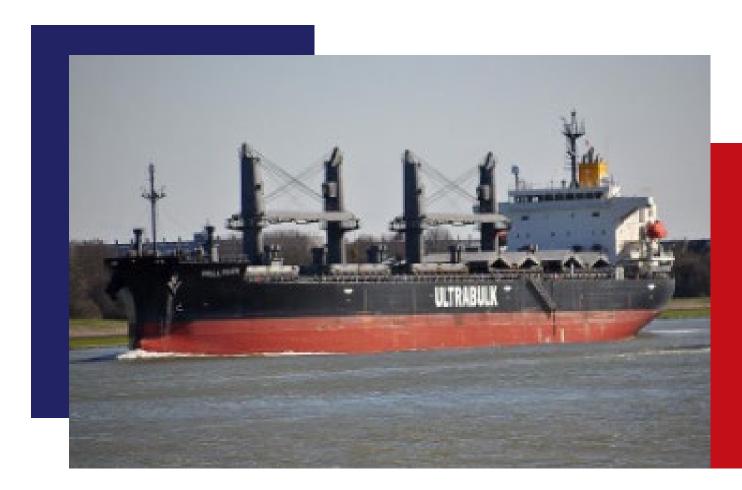
On the plus side, since 2017, they now have to do a three day refresher on the Medical Care Onboard every five years prior to that it was a one-off course

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

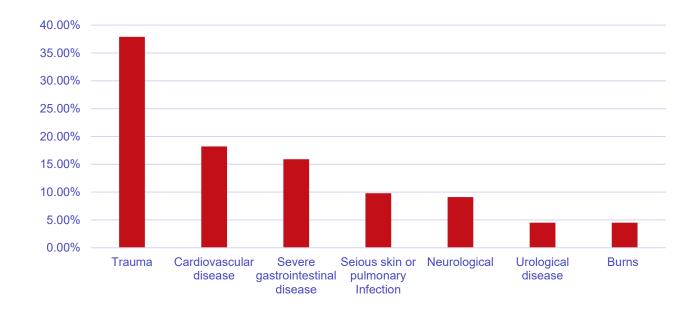
133 (28.6%) – At least one serious medical emergency at sea that had led to emergency port call, course deviation or evacuation.

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



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

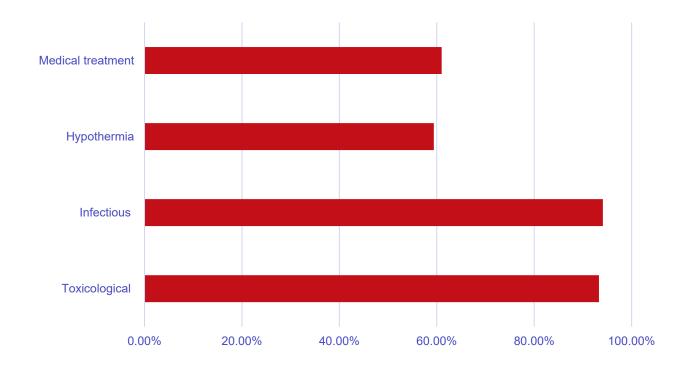
## **Medical Emergencies Reported**





# **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?



