



MLN 4.1

Revision No 2

DEPARTMENT OF ECONOMIC DEVELOPMENT

MLC Title 4.1 Medical care on board ship and ashore

This MLN provides guidance on compliance with Isle of Man (IOM) regulations which give effect to MLC 2006 Title 4.1. Implementation of these guidelines will be taken as evidence of compliance with the Isle of Man regulations.

The guidelines do not preclude the shipowner from demonstrating an equivalent or higher standard as an "alternative method" of evidence of compliance.

Documents referred to in this notice:

MR001, MR002, OD001, MSN006, IMGS, SCMG, ICS, MFAG, IAMSAR, SAR;

Merchant Shipping (Medical Stores) regulations 2001 (SD 735/01);

MSN 006 Merchant Shipping Medical Stores Requirements;

Maritime Labour Convention 2006.

Most regulations and notices are available on the Isle of Man Government website: www.iomshipregistry.com or by contacting marine.survey@gov.im

Provision of Medical Care

1. The shipowner shall provide medical and essential dental care at no cost to seafarers. In general, the seafarer should have health care as comparable as possible to that generally available to workers ashore.
2. Only ships with 100 or more persons on board engaged on international voyages of more than 3 days duration are required to carry a medical doctor. Ships that are capable of reaching medical facilities within eight hours should have at least one designated seafarer with STCW A-VI/4.1 approved medical first-aid training. All other ships should have at least one designated seafarer for medical care approved to STCW A-VI/4.2.
3. Vessels must carry the appropriate radio equipment for the size of ship, and be able to receive medical advice from coast radio stations and shore services where medical advice can be obtained.
Radio Medical Advice is available to all ships at sea by contacting HM Coastguard. Advice is provided by two UK designated centres at Aberdeen Royal Infirmary and Queen Alexandra Hospital, Portsmouth, but initial contact should be made with the Coastguard.

4. Shipowners should provide information on preventative measures such as health promotion and health education programmes to seafarers and can refer to information regarding health promotion and education activities which are available through several industry publications. For example see:

www.seafarershealth.org

www.dft.gov.uk/mca/min375a.pdf

5. The shipowner should refer to information regarding occupational accidents, diseases, and fatalities which are available through the IOMSR annual report, flag State and industry publications, in order to integrate lessons learned.
6. The Isle of Man Merchant Shipping (Medical Stores) regulations 2001 states the requirements for medicines, medical supplies, the storage of medicines and the requirements for inspecting medical stores. Further guidance on these regulations are stated in Manx Shipping Notice MSN 006.

Publications

7. Vessels must maintain current copies of the following publications onboard for assistance in developing medical help and evacuation programs:
 - International Medical Guide for Ships or the Ship Captain's Medical Guide;
 - International Code of Signals as required by SOLAS Chapter V regulation 21; and
 - for vessels carrying dangerous goods (in packaged or bulk form) must also carry the 'Medical First Aid Guide for Use in Accidents Involving Dangerous Goods'.
8. The *Master's Medical Report (IOM form MR001 or shipowners equivalent)*, *Patient Health Status Form (IOM form MR002)*, and *Report of Occupational Disease (IOM form OD001)* should be available onboard. Note that the information collected on these forms remains confidential and should not be communicated with anyone who is not involved with the medical care of the seafarer.

MR001 – Ship Master's Medical Report Form

9. The purpose of MR001 is to capture a sufficiently comprehensive record of every medical case on board and thereafter it shall be safely filed in the ships medical log. The form records the initial onboard report details on the front page and continues on the back page with any telemedical details that may have been requested by the ship,(applicable radio logs may be attached as relevant medical records).It concludes with a report from the examining doctor where the seafarer needs to be seen by a doctor. On ships that carry a doctor this may be an onboard visit but more likely will be a visit to a doctor onshore. Shipowners may use their own Medical Report form(s) so long as they contain, as a minimum, the information in MR001.

MR002 – Patient Health Status Form

10. This form is used when an injured or sick seafarer requires medical evacuation and provides the most important and immediate details of the patient that will be relevant to the medivac service and/or the onshore medical facility. In preparation for

evacuation the completed MR002, the seafarer's medical records (if available) and any other necessary documentation such as passport can be placed in a (plastic) envelope ready to be sent with them.

OD001 – Report of Occupational Disease

11. There is a legal requirement to report any occupational disease occurring on a Manx vessel to the IOMSR. Information on the reporting of occupational diseases can be found in Title 4.3 guidelines.

Medical Care Ashore

12. Seafarers have the right to visit a medical doctor or dentist without delay in ports of call where practical. '*Where practical*' relates to the availability of medical facilities and not the convenience of the ship.
13. The shipowner should assist seafarers suffering from disease in gaining admission to medical facilities for care.

Medical Assistance to Other Ships and International Cooperation

14. The shipowner should provide guidance for rendering aid to other vessels in distress. Guidance can be obtained from the *International Convention on Maritime Search and Rescue, 1979*, as amended, and the *International Aeronautical and Maritime Search and Rescue (IAMSAR) Manual*. These publications, if applicable, should be on board the ship.

SHIP MASTER'S MEDICAL REPORT FORM

(When completed, the contents of this form shall be kept confidential and shall only be used to facilitate the treatment of the patient)

Date of report _____

Ship's identity and navigation status

Vessel Name:

Owner:

Name & address of on-shore agent:

Position (latitude, longitude) at onset of illness:

Destination and ETA (expected time of arrival):

The patient and the medical problem

Surname and first name:

Sex: Male Female

Date of birth (dd/mm/yy):

Nationality:

Seafarer registration number:

Shipboard job title:

Hour and date when taken off work:

Hour and date when returned to work:

Injury or illness

Hour and date of injury or onset of illness:

Hour and date of first examination or treatment:

Location on ship where injury occurred:

Circumstances of injury:

Symptoms:

Findings of physical examination:

Overall clinical impression before treatment:

Treatment given on board:

Overall clinical impression after treatment:

Masters signature:

Telemedical consultation

Hour and date of initial contact

Mode of communication (radio, telephone, fax, other)

Surname and first name of telemedical consultant

Details of telemedical advice given

To the Examining Doctor

Please see this patient and complete this section of the form. Return original to ships Master (or agent)

Diagnosis

Treatment (Please specify exactly all medicines to be taken including the generic name of the medicine, the required dose, frequency of the dose, the manner in which it should be taken and any other treatments required)

Should he see another doctor? No Yes When?

Contagious or infectious disease? No Yes Are any precautions necessary for other crew members?

Estimated duration of illness (days)

Fit for work now

Fit for work from Date:

Fit for restrictive work What restrictions?

Unfit for work For how many days?

Bed rest necessary For how many days?

Recommended to be signed off

• and be repatriated Is air transport recommended?

• and go to hospital

The patient was seen on (date) Charge

• in the doctors office Payment received Yes No

• on board

• Elsewhere Please specify

Doctors name, address and telephone number

Doctors signature:

N.B. Attach all relevant medical reports to this form

Patient Health Status Form

To accompany patient being evacuated

Surname and first name

Age (years)

Sex

Time (hour) and date

Vital signs

Blood pressure (systolic/diastolic)

Pulse (beats per min)

Body temperature (oral), note F or C

Presenting medical problem

Symptoms, site(s) of pain or injury, time of onset, duration of problem, contributing factors

Treatment given (medication, dressings, etc)

Telemedical advice received

Other current medical problems

Past history of significant medical problems

Current medication being taken (generic **and** brand names; dosage; time of last dose)

When completed, the contents of this form shall be kept confidential and shall only be used to facilitate the treatment of the patient

REPORT OF A CASE OF OCCUPATIONAL DISEASE

For IOM Registered Vessels



This form must be completed by an employer or other responsible person

Part A

About you

What is your full name?

What is your job title?

What are your contact details?

Tel:

Fax:

Email:

About your organisation

What is the name of your organisation?

What is its address and postcode?

What is the name of the vessel?

What type of vessel is it?

Where does it operate to and from?

Part B

About the affected person

What is their full name?

What is their date of birth?

What is their job title?

Are they

Male?

Female?

Is the affected person (tick one box)

one of your employees?

on a training scheme? Give details:

on work experience?

Employed by someone else?

Give details:

Other? Give details:

Part C

The disease you are reporting

Please give:

- The name of the disease, and the type of work it is associated with; **or**
- The name and number of the disease (See IOM MLN 4.3(E))

What is the date of the statement of the doctor who first diagnosed or confirmed the disease?

What is the name and address of the doctor?

Part D

Describing the work that led to the disease

Please describe any work done by the affected person which might have led to them getting the disease.

If the disease is thought to have been caused by exposure to an agent at work (e.g. a specified chemical) please state what the agent is.

Give any other information which is relevant.

Continue your description here if necessary

Part E

Your signature

Signature

Date

If returning by post or fax, please ensure that the form is signed. Alternatively, if returning by E-mail please type your name in the signature box.

Send the completed form to:

E-mail marine.survey@gov.im

Fax +44(0)1624 688501

Mail address: Isle of Man Ship Registry
Department of Economic Development
St Georges Court,
Upper Church Street,
Douglas,
Isle of Man,
British Isles
IM1 1EX

For official use

Ref No.

Entered by: