**SOP-GEN-030 Medical Care & Medics**


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## 1.0 Introduction

TDI-Brooks provides for the protection of seafarer's health and medical care while working on TDI-Brooks owned, operated or contracted vessels according to the following regulations, laws and requirements:

- ILO MLC 2006 Title 4
- Vanuatu Maritime Act CAP 131:
    - Regulations 53 & 63 and Paragraphs 127, 127A, 128 & 129

## 2.0 Responsibilities

Any injury or illness that is directly the result of work may receive medical coverage at TDI-Brooks' expense until the situation has been resolved.

TDI-Brooks will provide medical coverage for pre-existing conditions or illnesses, including dental that are not work related until such time is, he/ she is no longer under contract to us.

Once seafarers are no longer assigned to a ship and have returned home, follow up medical care for pre-existing conditions is their financial responsibility.

The seafarers are responsible for notifying their supervisors of any illnesses or injuries as soon as possible and notifying the Chief Mate (the HSE Officer aboard) of any need to seek medical treatment ashore as soon as such need is determined.

Illnesses where symptoms last more than 2 days, get worse or do not respond to medication should be reported to the supervisor as an incident.

## 3.0 Medical Disclosure Form

When signing on to a ship, the seafarer is requested to fill out a Confidential Medical Disclosure form describing any medical conditions that would assist a medical provider with his/ her treatment if the seafarer is unable to communicate such information.

This disclosure is to be submitted in a sealed envelope to the ship's Master before sailing and returned to the seafarer or shredded when he/ she signs off the vessel.

The envelope containing the Confidential Medical Disclosure form is only to be opened if the crewman is in need of urgent/ emergency medical treatment and is at the discretion of the Top side Officer of the Watch.

## 4.0 Illnesses and Injuries

There are three major categories of injuries or illnesses. They range from first aid to a full scale MEDEVAC and require different levels of response.

### 4.1 First Aid

**TDI-Brooks requires employees to complete an Employee Incident Report for all types of injuries/ illnesses, even those that seem minor.** Reporting provides support for the employee by establishing a record in case additional care is required later on.

Incident reports are to be turned in to the employee's supervisor. The supervisor will review the report and turn it in to the Chief Mate.

The Chief Mate will enter it as an incident in the Quality and Compliance computer based program and notify the office in the next daily report.

### 4.2 Non-Urgent Medical Treatment

Some issues, while not an emergency, do require an examination and possible treatment by a medical professional ashore. If you have a dental or medical issue that cannot be resolved on board, notify the Master or Master's designee as soon as possible.

It takes a lot of planning to arrange these visits. **Don't wait until you are pulling in to port to tell someone you need to see a medical professional**.

**If in doubt as to the urgency**, (infections, diabetic conditions, heart conditions, high blood pressure issues, etc.) **International SOS should be contacted for medical advice.** The **Vessel Medical Emergency Plan** with the ISOS contact information and the TDI-Brooks member number should be posted on the bridge.

The Chief Mate, (Safety Officer onboard), will enter it as an incident in the Quality and Compliance computer based program and notify the office via an email to the Port Captain and HSE Manager or in the next daily report.

### 4.3 Role of International SOS (ISOS)

**TDI International has contracted International SOS to provide routine and emergency advice from licensed medical doctors 24 hours a day via phone.**

If you have any doubt about how to care for a routine illness or injury, call ISOS for medical advice.

If an injury or illness looks as if it ***might*** lead to a condition requiring emergency medical treatment, call ISOS for medical advice.

ISOS can advise of the location of the nearest health care facilities that are capable of providing an international standard of care. ISOS can also arrange for shore side assistance in an emergency.

An incident report is required for all medical issues requiring a call to ISOS.

### 4.4 Emergency Medical Treatment/ Medevac

The project specific Medical Emergency Plan is to be followed as the primary guide.

In the absence of a project specific plan (such as transits between jobs) the **Vessel Emergency Medical Plan**, which includes medevac procedures, is to be followed.

### 4.5 Reporting Illness and Injuries

**TDI-Brooks expects all incidents, injuries and illnesses to be reported, no matter how small. This includes first aid treatment.**

## 5.0 Illness and Injury Prevention

The best way to treat illnesses and injuries is to prevent them from happening in the first place. Illness is best prevented through good personal hygiene, frequent handwashing, eating a balanced diet and getting sufficient rest.

Injury prevention is best accomplished by good housekeeping, maintenance of tools and equipment, proper training, using the right tool for the right job and using STOP WORK authority if you are unsure of your role in a task, if you see something that could potentially cause harm or you see another seafarer taking unacceptable risks. Proper use of a Job Safety Analysis before starting a task is meant to mitigate opportunities for injury during that task.

## 6.0 First Aid Kits/ Medicine Chest

Multiple first aid kits are placed throughout the vessels for the treatment of first aid type injuries. These kits contain basic items like bandages, antiseptics, antibiotic topical cream, cold packs and finger splints. First aid kits are routinely inspected by the crew and restocked as needed. All injuries should be reported to your supervisor, even small ones.

TDI-Brooks uses ANSI/ ISEA Z308.1-2015 as a guideline for what first aid supplies should be made available on the vessel. That does not mean every first aid kit should be stocked with this exact number of supplies. **Table 6.1** lists the minimum requirement for an ANSI approved first aid kit in a hazardous environment.

We recommend the vessels not allow the total first aid supplies to get below this number and to arrange resupply with adequate time to reach the vessel.

### *6.1 ANSI Recommended Contents for First Aid Kits*

| **ANSI Z308.1-2015 Minimum Contents for Class B (Industrial) First Aid Kits** | | | |
|---|---|---|---|
| **Item** | **Min. Quantity** | **Min. Size or volume** | |
| | | (U.S.) | (Metric) |
| Adhesive Bandage | 50 | 1 x 3 inch | 2.5 x 7.5 cm |
| Adhesive Tape | 2 | 2.5 yd (total) | 2.3 m |

| | | | |
|---|---|---|---|
| Antibiotic Application | 25 | 1/57 oz | .5 g |
| Antiseptic | 50 | 1/57 oz | .5 g |
| Breathing Barrier | 1 | | |
| Burn Dressing (gel soaked) | 2 | 4 x 4 in | 10 x 10 cm |
| Cold Pack | 2 | 1/32 oz | 0.9 g |
| Eye Covering (with means of attachment) | 2 | 2.9 sq. in. | 19 sq. cm |
| Eye/ Skin Wash* | 4 fl. oz. total | | 118.3 mL |
| First Aid Guide | 1 | N/A | N/A |
| Hand Sanitizer | 10 | 1/32 oz | 0.9 g |
| Medical Exam Gloves | 4 pair | N/A | N/A |
| Roller Bandage (2 inch) | 2 | 2 in x 4 yd | 5 cm x 3.66 cm |
| Roller Bandage (4 inch) | 1 | 4 in x 4 yd | 10 cm x 3.66 cm |
| Scissors | 1 | N/A | N/A |
| Splint | 1 | 4 x 24 in | 10.2 x 61 cm |
| Sterile Pad | 4 | 3 x 3 in | 7.5 x 7.5 cm |
| Tourniquet | 1 | 1 in (width) | 2.5 cm (width) |
| Trauma Pad | 4 | 5 x 9 in | 12.7 x 22.9 cm |
| Triangular Bandage | 2 | 40 x 40 x 56 in | 101 x 101 x 142 cm |

**Table 5.1**

## 7.0 Over the Counter Medications

Each vessel maintains a stock of common medications available to the general public without a prescription. These would include items to treat common temporary issues like nausea, diarrhea, upset stomach, heartburn, low grade fever, general muscle pain and cold and flu symptoms.

It is recommended that these items be controlled, and a log kept of their use and by whom. As the on board HSE Officer, the Chief Mate is in charge of these medications and ensuring they are stored and dispensed in a responsible manner.

## 8.0 Prescription Drugs

TDI-Brooks does not keep prescription grade medications on board any vessel. Seafarers are required to bring any prescription medications they take in sufficient quantity to last well beyond their anticipated departure from the vessel. Medications requiring refrigeration need to be disclosed to the Chief Mate and stored in such a way as to protect the medication without interfering with the storage of food.

Seafarers who are taking medications or have chronic illness that could affect their ability to work safely are encouraged to notify the Chief Mate of the issue and describe in the Medical Statement any details that would assist in their treatment during an emergency.

## 9.0 Definitions

**First Aid**- 29 CFR 1904.7(b)(5)(ii) **Only** the following may be considered first aid treatment:

1. Non-prescription medication at non-prescription strength
2. Tetanus immunizations
3. Cleaning, flushing or soaking wounds on the surface of the skin
4. Wound coverings such as gauze pads or Band-Aids
5. Hot or cold therapy
6. Non-rigid means of support such as elastic bandages or flexible arm slings
7. Temporary immobilization devices used solely to transport an accident victim (backboards, neck collars, splints)
8. Drilling a fingernail or toenail to relieve pressure or draining fluid from a blister
9. Eye patches
10. Removing foreign material from the eye using irrigation, tweezers or cotton swabs
11. Finger guards

**Medical Treatment**- Any treatment beyond first aid as defined by the regulation. It does NOT include visits to a physician or medical center for evaluation of an injury. It does NOT include diagnostic procedures such as x-rays, blood tests or CAT scans.

**Recordable**- A term used by OSHA to determine if an injury or illness should be recorded as part of OSHA record keeping requirements. 29 CFR 1904.7(a) is used as a guideline by many of our clients.

**Reportable**- Any event resulting in the death or in-patient hospitalization of an employee, any amputation or loss of an eye [29 CFR 1904.39(a)]. Reporting to regulatory authorities including Flag States is the responsibility of the Port Captain and/ or his delegate.

## 10.0 Medics & Medic Policy Review Meeting

At times, a client will hire a medic for the duration of a project. **Before the project begins, the HSE Officer (Chief Mate) or Party Chief needs to review TDI-Brooks**

**expectations and procedures in a Medic Policy Review meeting.** This meeting to be entered into the Quality and Compliance module with the signed form attached.

A medic who is hired for a project is expected to bring all necessary emergency medical supplies (crash kit) which may include medical oxygen, prescription level or controlled medications and the syringes/ IV's etc. with which to administer them. The medic is to remove all these items from the vessel at the end of the job as no one else aboard is qualified or licensed to use them.

## 11.0 Medical Waste Disposal

The World Health Organization (WHO) defines health care waste as waste generated by health care activities. This includes a wide range of materials including sharps, blood or other body fluids sufficient to be wrung out of a medical dressing, chemicals, pharmaceuticals, medical devices and radioactive materials.

TDI-Brooks vessels do not generate medical or biohazardous waste. **Any medic that generates this type of waste is responsible for its proper disposal at the end of the job. The medic shall supply TDI-Brooks with documentation of proper disposal.**

## 12.0 Recordable Events

TDI-Brooks and most of their clients follow the OSHA recordable policy. It is important that the medic understand what determines if an event is recordable and when appropriate, use alternative, non- recordable treatments.

Review the OSHA definitions of first aid with the medic prior to the start of the project. The medic is expected to consult with the HSE Officer before administering any treatment beyond first aid.

Some work related illnesses and injuries are considered "recordable". These events are defined as serious enough to cause an employee to lose consciousness, miss days of work, render him or her incapable of performing their regular job duties (modified work), require medical treatment or result in a significant diagnosed injury or illness.

Not understanding the criteria for recordable events can result in small injuries being classified as recordable or serious events. Medical professionals not trained in occupational medicine will habitually prescribe medications (recordable) for minor

injuries without considering equally effective over the counter alternatives (non-recordable).

It is the HSE Officer's responsibility to consult with the medical professional to see if a non-recordable option for treatment is appropriate**. However, the employee's welfare is the priority at all times.** See the following examples.

[Continued on next page]

| Recordable (Medical Treatment) | Non-recordable (First Aid) |
|---|---|
| prescription medications OR over the counter medicines given at prescription strength | over the counter pain medications at regular strength and intervals |
| an injection of any kind other than tetanus vaccine | tetanus immunization injection |
| prescription antibiotic ointment | over the counter antibiotic ointment |
| superglue, staples or stitches to close a wound | butterfly bandages, Steri-Strips® or Band Aids® to close a wound |
| a plaster cast to stabilize an injury | elastic bandages or wraps to stabilize an injury |
| applying fluorescent dye in the eye to detect a foreign object or injury | using irrigation, a cotton swab or tweezers to remove a foreign object or material from the eye |
| giving fluids intravenously for relief of heat stress | drinking fluids for relief of heat stress |

**Table 1**

In addition to the methods described in Table 1, the following treatments are the only other treatments considered first aid according to 29 CFR 1904.7.

## First Aid

| |
|---|
| cleaning, flushing, soaking sounds on the surface of the skin |
| using hot or cold therapy |
| drilling a fingernail or toenail to relieve pressure, or draining fluid from a blister |
| using eye patches |
| using temporary immobilizing devices while transporting an accident victim |
| using finger guards |
| using massages |

**Table 2**

Over the counter medications are considered first aid UNLESS **the amount taken at one time** exceeds the normal dose. Over the counter medication is considered medical treatment if a medical professional gives it as a prescription or recommends it

be taken at prescription dosage. See Table 3 for a guideline to recordable dosages for common medications.

**Prescription Dosage Chart**

**Dose = amount taken at one time**

| Normal Dose | Recordable (Medical Treatment) |
|---|---|
| **Common name**: Ibuprofen<br>**Brand Names:** Advil, Motrin | More than 467 mg |
| **Common name:** Diphenhydramine<br>**Brand Names:** Benadryl, Simply Sleep, ZzzQuil, Banophen, AllerMax, Dormin, Genahist, Nytol, Unisom, Sominex | More than 50 mg |
| **Common name:** Naproxen Sodium<br>**Brand Names:** Aleve, Anaprox, Naprelan, Naprosyn, Treximet, Vimovo | More than 220 mg |
| **Common name:** Acetaminaphen, Parecetamol<br>**Brand Names:** Tylenol | more than 1,000 mg |
| **Common name:** Ketoprofen<br>**Brand Names:** Orudus KT, Actron, Orudis, Oruvail | More than 25 mg |

**Table 3**