

# safetyfocus

The Confidential Hazardous Incident Reporting Programme – CHIRP – is an independent system for all those involved in the maritime industry to report incidents of concern. CHIRP's Maritime Advisory Board has joined forces with *Safety at Sea* to provide regular insights into topical safety issues.

**CHIRP**  
www.chirp.co.uk

## Thinking outside the 'medical' box

**Professor Tim Carter**, CHIRP Maritime Advisory Board

► **At a seminar of mid-career officers** I was recently describing my historical work on seafarers' health. I outlined the challenges in times past of handling medical emergencies at sea. Then the conversation turned to the officers' recent experiences of serious injuries and illness on board, and to their views on the conduct of drills to improve the initial phases of casualty management.

All were concerned about their lack of preparedness. Examples emerged of chaotic drills and poor casualty management. Interestingly, most did not see casualty management as an integral part of the ship's safety management system. They held it instead in another mental compartment labelled 'medical'.

### Inconsistent regulation

Training in first aid and medical care is an element of STCW, but it is easily seen as remote from the practice of safe seamanship and as simply a ritual needed for certification. Standards of training vary markedly between academies and even more between countries. Unless it includes good hands-on simulation of emergencies, it can do little to prepare an officer for a situation that only rarely confronts them during their career at sea.

Ships are required to have a dedicated area for treating and nursing the ill and injured. They must also carry medical stores and a medical guide, with officers given the privilege of prescribing medications that on shore only health professionals administer.

Yet as the boundaries set by international conventions are imprecise and outdated, requirements again vary between flag states. Many countries base training around the medical stores and guide specified for their flag. This may be of limited relevance where seafarers serve on ships of a different flag.



First aid drills can improve risk awareness

concerned – even the heavy seafarer, who may then take their weight more seriously!

Another key aspect of the initial stages of casualty management is the adequacy of communications. Links from the scene of the event to the bridge are key to summoning assistance and medical equipment.

External advice from a telemedical/radio-medical advisory service (TMAS) may be needed and contact details must be to hand. The TMAS doctor will need a clear description of the incident and injuries, as well as information on symptoms, signs, and clinical measurements. A major casualty may affect schedules, so land-based company staff will have to be contacted. It will also be important to decide how to tell the person's family of the incident and plans for case management.

If the worst happens, officers and crew trained to work as a team during medical emergency drills will perform better. The officer responsible for medical care needs the space to take their duties seriously and to ensure he or she and the crew are familiar with the initial responses to medical emergencies and the later stages of care on board.

It is revealing that incidents involving casualty management have rarely been referred to Maritime CHIRP. This may reflect a failure to recognise that this is an integral part of any ship's safety system. It also means that seafarers are unable to learn lessons that could help improve responses and reduce death and disability. You could change this! ◀

Good safety management can reduce the frequency of emergencies from injury, while valid fitness criteria can help limit predictable recurrences of acute illness. But both will still happen – and often when least expected and in the least accessible parts of the ship.

### Preparing for the unexpected

How can preparedness be improved? Like all other aspects of risk management at sea, the answers lie in preparing for the unexpected before it happens. When they join a ship, officers with medical care responsibilities need time to familiarise themselves with the equipment, medications, and facilities on board. If these differ markedly from those they are used to, then they may need induction training, something very few countries stipulate.

Crews need to undertake first aid drills, especially on the early stages of responding to a serious injury, which can have the incidental benefit of increasing awareness of workplace risks. Evacuating a heavy crew member from a confined space where protective equipment must be worn and transporting them, after an initial assessment of their injuries, to the treatment area is a good reality check for all

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Published online 17/05/2016

### Contact

It is generally accepted that for every accident there are numerous near misses. Using a centralised and respected scheme such as CHIRP ([www.chirp.co.uk](http://www.chirp.co.uk)), observations can be sent to [reports@chirp.co.uk](mailto:reports@chirp.co.uk). These confidential reports are released to a wider audience, with anonymity retained throughout. Through this process, seafarers can initiate change and improve safety standards and design.