

Managing Medical Emergencies at Sea: Risks and Responses

Maritime emergencies of all types and magnitude occur on a regular basis. From ship wrecks to piracy, from fire to a medical emergency, there are many situations that can arise on board that pose a risk to the seafarer, the ship itself, the ship owner and insurance company and the environment. The first six months of 2017 saw a total of 87 piracy incidents reported to the IMB Piracy Reporting Centre. A total of 63 crewmembers have been taken hostage so far this year whilst 41 have been kidnapped from their vessels, three injured and two killed. In the same period there were a total of 70 incidents of ship wreck, floundering, grounding and collision. However figures for the annual number of calls made from ships to the Norwegian authorities show that the need for medical assistance is by far the most common reason that ships need external help and support. In 2014, 2379 calls out of a total of 6056 were for medical assistance. This may be for single or multiple casualties, for injury or illness, for passengers or crew. The volume of calls to Telemedical Assistance Services (TMAS) remain constant with a significant proportion requiring medical evacuation.

Just recently there were articles published about the premature labor of a lady on board a Color Line ferry last August¹ and about the helicopter evacuation of a person on board a DFDS ferry in November².



A workshop in February 2015, organized by the International Maritime Health Association (IMHA) and sponsored by the ITF Seafarer's Trust, reviewed current experiences and identified challenges in the practical handling of a medical emergency at sea. A consensus was achieved and this was published as in IMHA position paper later that year³. It was noted that the training of ship's officers, the information available to them on board in terms of the International Medical Guide for Ships or national equivalent, and the equipment and

¹ <http://www.magasinetpax.no/lille-karl-ble-fodt-pa-color-fantasy/>

² <https://www.bt.dk/danmark/drama-paa-oslofaergen-midt-i-oeresund-redningshelikopter-sendt-afsted-person-bragt>

³ <http://imha.net/images/stories/2015-02WS-LONDON.pdf>

medication on board were all far from optimal. The role of TMAS was also discussed and challenges to providing such a service were identified. It was agreed that ideally the management of such a situation should be a seamless process with full integration of all components to ensure that the management of a medical incident is optimal. The workshop also recognized that the management of a medical incident is itself part of a larger medical system which may include medical selection of seafarers, health and safety at sea, health promotion, medical incident management, TMAS support, evacuation if required, shore based care, repatriation and rehabilitation.

A major part of the health and safety at sea system mentioned above is the risk management system that should be in place to assess the risk of an accident or illness occurring and to ensure the appropriate operational planning that will reduce the likelihood of such an incident occurring and mitigate the effect of such an incident should it occur. In other sectors of the maritime industry such risk assessment is more formally developed and within the shipping industry we may well be able to learn from experiences within the offshore petroleum industry and the military services.

There are many factors involved in risk management, from regulation⁴ to TMAS to training, the safety and effectiveness of medical evacuation, to port health care and repatriation. At the same time the ethics of the situation must be taken into consideration and the confidentiality of the seafarer maintained.

The impact of a medical emergency on board a vessel can be huge in terms of both personal and operational 'cost'. How best to manage this must include a discussion on how best to prevent it and mitigate the effects – the noble art of risk management. As is often the case in the field of maritime and occupational medicine there are more questions than answers but in Elsinore we hope to present a review and suggestions for the way forward. I look forward to seeing you there!

⁴ Carter T, Stannard SL. Healthcare at sea: are regulations a guarantee of minimum standards or a barrier to improved practice: *International Maritime Health*: 2014; 65, 4: 1–4