



INFORMATION BULLETIN No. 148

Medical Care Onboard

Guidance and Instructions for Bahamas Recognised Organisations, Bahamas Approved Nautical Inspectors, Ship Owners, Managers, Masters, Seafarers, Recruitment & Placement Service and Duly Authorised Manning Agents

1. Purpose

- 1.1. This Bulletin provides all parties with guidance on the Bahamas' implementation of the International Labour Organisation (ILO) Maritime Labour Convention, 2006 (MLC 2006) requirements for medical care onboard.
- 1.2 This Bulletin should be read in conjunction with BMA Information Bulletins 127, 105, 115, 139 and 145.

2. Application and interpretation

This applies to all ships to which the MLC 2006 is applicable as determined by the BMA and outlined in BMA Information Bulletin 127

3. Medical care measures

The Company shall document its measures in relation to health protection and medical care, including essential dental care, for seafarers working onboard the ship.

4. Medical form

The medical form in Annex I shall be used by the master and person designated to provide medical care or medical first aid. When completed the the form and its contents must be kept confidential and must only be used to facilitate the treatment of seafarers.

5. Hospital

5.1 Ships carrying 15 or more persons and engaged in a voyage of more than three days' duration shall provide separate hospital accommodation to be used exclusively for medical purposes.

5.2 Additional guidelines relating to the hospital is outlined in BMA Information Bulletin 139.

6. Medical chest, medical equipment and medical documents

6.1.1 All ships shall carry a medicine chest, medical equipment and a medical guide which must be maintained and inspected at intervals not exceeding twelve (12) months.

6.1.2 The inspection can be carried out by a person duly certified by the medical authorities of a country with whom the Bahamas has a STCW Recognition Agreement.

6.1.3 The inspection must ensure that the labelling, expiry dates and conditions of storage of all medicines and directions for their use are checked and all equipment functioning as required.

6.2 The International Maritime Organisation (IMO)/ILO/World Health Organization (WHO) review of the international guidelines for medical stores remain under review and pending completion of this review the medical chest and medical equipment shall be as specified in the IMO/ILO/WHO *International Medical Guide for Ships Edition 3*.

- 6.3.1 The medical guides that must be kept on board shall be the most recent edition of:
- the *International Medical Guide for Ships*,
 - the *Medical First Aid Guide for Use in Accidents Involving Dangerous Goods*,
 - the Document for Guidance – An International Maritime Training Guide, and
 - the medical section of the *International Code of Signals*.
- 6.3.2 Where a cargo, which is classified dangerous, has not been included in the most recent edition of the *Medical First Aid Guide for Use in Accidents Involving Dangerous Goods*, the necessary information on the nature of the substances, the risks involved, the necessary personal protective devices, the relevant medical procedures and specific antidotes must be made available to the seafarers.
- 6.3.3 The antidotes and personal protective devices must be on board whenever dangerous goods are carried.
- 6.3.4 The information specified in Section 3 above must be integrated with the ship's policies and programmes on occupational safety and health.
- 6.3.5 All ships should carry a complete and up-to-date list of radio stations through which medical advice can be obtained. If the ship is equipped with a system of satellite communication, the ship should also carry an up-to-date and complete list of coast earth stations through which medical advice can be obtained.

7 Medical Doctor and persons designated to provide medical care or medical first aid

- 7.1 Ships carrying 100 or more persons and ordinarily engaged on international voyages of more than three (3) days' duration shall carry a qualified medical doctor who is responsible for providing medical care.
- 7.2.1 Ships, which do not carry a medical doctor shall be required to have either at least one designated seafarer on board who is in charge of medical care and administering medicine as part of their regular duties or if the ship is ordinarily capable of reaching qualified medical care and medical facilities within eight (8) hours, the ship shall have at least one (1) seafarer on board competent to provide medical first aid.

- 7.2.2 Persons in charge of medical care on board who are not qualified medical doctors shall have satisfactorily completed training in medical care that meets the requirements of the Seafarers' Training, Certification and Watchkeeping Code (STCW Code). Seafarers designated to provide medical first aid shall have satisfactorily completed training in medical first aid that meets the requirements of the STCW Code. Seafarers with responsibility for medical care or medical first aid on board must be instructed in the use of the ship's medical guide and the medical section of the most recent edition of the International Code of Signals.
- 7.2.3 Persons referred to in 7.2.1 and 7.2.2 above and other seafarers with medical assigned tasks shall undergo, at intervals not exceeding five (5) years intervals, refresher courses to enable them to maintain and increase their knowledge and skills and to keep up- to-date with new developments. Documentary evidence of this refresher training shall be maintained

8. Revision History

Rev.0 (31 August 2012)– First issue

ANNEX I - Medical Examination Form**CONFIDENTIAL FORM**Pre-sea Exam Periodic Exam

Name (last, first, middle): _____

Date of birth (day/month/year): _____ / _____ / _____ Sex: male femaleHome address: _____

Identity document No.: _____

Type of ship (e.g. container, tanker, passenger, fishing): _____

Trade area (e.g., coastal, tropical, worldwide): _____

Examinee's personal declaration*(Assistance should be offered by medical staff)*

Have you ever had any of the following conditions:

Condition	Yes	No	Condition	Yes	No
1. Eye/vision problem	<input type="checkbox"/>	<input type="checkbox"/>	18. Sleeping problems	<input type="checkbox"/>	<input type="checkbox"/>
2. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	19. Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>
3. Heart/vascular disease	<input type="checkbox"/>	<input type="checkbox"/>	20. Operation/surgery	<input type="checkbox"/>	<input type="checkbox"/>
4. Heart surgery	<input type="checkbox"/>	<input type="checkbox"/>	21. Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>
5. Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	22. Dizziness/fainting	<input type="checkbox"/>	<input type="checkbox"/>
6. Asthma/bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	23. Loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>
7. Blood disorder	<input type="checkbox"/>	<input type="checkbox"/>	24. Psychiatric problems	<input type="checkbox"/>	<input type="checkbox"/>
8. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	25. Depression	<input type="checkbox"/>	<input type="checkbox"/>

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|------------------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|
| 9. Thyroid problem | <input type="checkbox"/> | <input type="checkbox"/> | 26. Attempted suicide | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Digestive disorder | <input type="checkbox"/> | <input type="checkbox"/> | 27. Loss of memory | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Kidney problem | <input type="checkbox"/> | <input type="checkbox"/> | 28. Balance problem | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Skin problem | <input type="checkbox"/> | <input type="checkbox"/> | 29. Severe headaches | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Allergies | <input type="checkbox"/> | <input type="checkbox"/> | 30. Ear/nose/throat problems | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Infectious/contagious diseases | <input type="checkbox"/> | <input type="checkbox"/> | 31. Restricted mobility | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Hernia | <input type="checkbox"/> | <input type="checkbox"/> | 32. Back problems | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Genital disorders | <input type="checkbox"/> | <input type="checkbox"/> | 33. Amputation | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Pregnancy | <input type="checkbox"/> | <input type="checkbox"/> | 34. Fractures/dislocations | <input type="checkbox"/> | <input type="checkbox"/> |

If any of the above questions were answered "yes," please give details.

Additional questions

- | | Yes | No |
|---|--------------------------|--------------------------|
| 35. Have you ever been signed off as sick or repatriated from a ship? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Have you ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Have you ever been declared unfit for sea duty? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Has your medical certificate ever been restricted or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Are you aware that you have any medical problems, diseases or illnesses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Do you feel healthy and fit to perform the duties of your designated position/occupation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Are you allergic to any medications? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments.

42. Are you taking any non-prescription or prescription medications?

If yes, please list the medications taken and the purpose(s) and dosage(s).

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: _____

Date (day/month/year): _____ / _____ / _____

Witnessed by: *(Signature)* _____

Name: *(Typed or printed)* _____

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. _____ (the approved medical practitioner carrying out the medical examinations).

Signature of examinee: _____

Date (day/month/year): _____ / _____ / _____

Witnessed by: *(Signature)* _____

Name: *(Typed or printed)* _____