

MEDICAL INCIDENTS

SASAR responds to two types of Medical Incidents:

- ✓ **MEDICO,**
- ✓ **MEDEVAC.**

MEDICO is Medical advice, an exchange of medical information and recommended treatment for sick or injured persons where treatment cannot be administered directly by prescribing medical personnel.

Medical evacuation (MEDEVAC) of a seriously ill or injured person on board a vessel at sea, in SASAR's SRR, will only be carried out by SASAR when, the person's condition requires that medical treatment is obtained sooner than when the vessel could be able to get the casualty to a suitable medical facility.

NOTE: ALL COMMUNICABLE DISEASE RELATED INCIDENTS MUST BE ESCALATED TO THE MRCC CHIEF AND DEPUTY CHIEF OPERATIONS OFFICER OF SAMSA

REFERENCES

- ✓ MARINE NOTICE 25 of 2014 for MEDEVACS RELATNG TO POSSIBLE INFECTIOUS DISEASES
- ✓ IMO MSC.1/Circ.1218 15 December 2006 – GUIDANCE ON EXCHANGE OF MEDICAL INFORMATION BETWEEN TELEMEDICAL ASSISTANCE SERVICES (TMAS) INVOLVED IN INTERNATIONAL SAR OPERATIONS
- ✓ IMO MSC/Circ.960 20 June 2000 – MEDICAL ASSISTANCE AT SEA
- ✓ IMO MSC.1/Circ.1366 24 May 2010 – MEDICAL ASSISTANCE AT SEA – YACHT RACING
- ✓ IMO RESOLUTION A.920(22) – Adopted on 29 November 2001 - REVIEW OF SAFETY MEASURES AND PROCEDURES FOR THE TREATMENT OF PERSONS RESCUED AT SEA
- ✓ IMO ANNEX 34 RESOLUTION MSC.167(78) – Adopted on 20 May 2004 - GUIDELINES ON THE TREATMENT OF PERSONS RESCUED AT SEA
- ✓ IAMSAR MANUAL VOLUME II 2016 EDITION CHAPTER 1 PARA 1.4 MEDICAL ASSISTANCE TO VESSELS
- ✓ IMO CIRC.3639 29 April 2016 - Telemedical Assistance Services (TMAS) questionnaire
- ✓ IMO MSC/MSC.1/Circ.1218 15 December 2006 - GUIDANCE ON EXCHANGE OF MEDICAL INFORMATION BETWEEN TELEMEDICAL ASSISTANCE SERVICES (TMAS) INVOLVED IN INTERNATIONAL SAR OPERATIONS
- ✓ RESOURCES CALL OUT SOG

ALL OTHER UPDATED GUIDEDANCE AND REGULATIONS THAT ARE IN FORCE AT ANY GIVEN STAGE

INCIDENT CONSIDERATIONS

- ✓ The vessel and the Cape Metro Doctor should be connected. This could be done by direct communication (e.g email, cell phone) or through Cape Town Radio.
- ✓ If the vessel has already obtained medical advice from international medical advisor like CIRM, the Metro Doctor should be contacted for a second opinion depending on the type of illness or injury, e.g illness that may be related to communicable diseases or severe injuries that may require professional advice on how to evacuate the injured person.
- ✓ The Master must submit a TMAS form if language difficulties are experienced.
- ✓ Request feedback from the Cape Metro Doctor. MEDICO might become a MEDEVAC.
- ✓ When the Metro Doctor recommend the removal of the casualty from the vessel the MRCC must confirm the urgency of the evacuation. The urgency of the casualty removal shall have a great impact on how SASAR responds to each incident. MRCC shall consider all recommendations by the Metro Doctor, e.g the preferred method of removal shall be by the fastest method available such as a Helicopter, unless the Metro Doctor provides a different opinion.
- ✓ Issue broadcasts requesting other vessels in the vicinity with a doctor or medical facilities onboard to assist.
- ✓ MRCC and Metro Ops to ensure that medical teams are alerted as per Doctor's recommendations.
- ✓ MRCC to notify NSRI ASR of any possible Air MEDEVAC.
- ✓ Vessel owners of vessels on international voyage to appoint a local RSA Agent.
- ✓ ISPS to be submitted for in case of OPL operations or if vessel may be required to enter port. MEDEVAC must be stated on ISPS. Only applies to vessels on international voyage.
- SAR Air resources (SAAF or Private) shall be tasked depending on the Cape Metro Doctor's recommendation for an Air MEDEVAC.
- ✓ Obtain Weather on Scene at disembarkation point. Ensure that SRU is kept updated on the weather at the disembarkation point.
- ✓ SMC to establish a RENDEZVOUS (RV) POSITION based on the particular helicopter or rescue vessel's range. Master must provide an ETA at the RV position based on BEST SPEED in the prevailing circumstances and conditions.
- ✓ MRCC shall inform the RSC in whose Area the MEDEVAC shall be done of the MEDEVAC ASAP irrespective of the distance offshore in order to allow the RSC opportunity to prepare if required. Handover of Incident Coordination

shall be done when the coordinating MRCC SMC is satisfied that the required attention shall be given to the MEDEVAC Operation.

- ✓ Confirm co-ordination with RSC SMC by means of written correspondence e.g. email. MRCC shall continue to monitor the progress of the MEDEVAC and:
 - Ensure that the RSC, or Vessel Agent if applicable, Inform Port health, customs and immigration.
 - Consider safety of disembarkation and unnecessary risk. Ensure that risks are mitigated.
 - Determine the most suitable means to effect evacuation considering the time element involved, SRU's and environmental conditions.
 - Would there be difficulty when hoisting from the vessel due to cranes, masts etc on the vessel.
 - Could the hoist process be dangerous due to tangling with ropes or cables?
 - Consider the pitching and rolling of the vessel
 - Enquire whether there is a landing pad on board the vessel and if so, request the landing deck particulars and photo.
 - Consider inter-agency co-operation, e.g. NSRI team on other SRU like Port Boat (Tug / Pilot)
 - Where would your point of delivery be ashore – hospital /ambulance?
 - Should isolation of casualty be required, due to infectious disease complication, as advised by the Metro doctor, ensure that arrangements are made by agent/owners and Port Health and Health Department are in agreement.
 - Have you determined the vessels ETA at the nearest port?
 - Air Resources to have marine band radio.
 - Would the injured / ill crewmember require a stretcher on hoisting?
 - Request injured / ill crewmember status at present and periodically thereafter with updated vessel positions and weather.
- ✓ Ensure that the relevant Incident Reports are generated/obtained.