



ST. VINCENT AND THE GRENADINES

MARITIME ADMINISTRATION

CIRCULAR N° ILO 001- Rev. 2

MEDICINE CHEST ON BOARD

MEDICINES, EQUIPMENT, MATERIALS, INSTRUMENTS, RECORDKEEPING AND CERTIFICATION

**TO: SHIP OWNERS, SHIPS OPERATORS AND MANAGERS,
MASTERS AND SEAFARERS, ROs, FLAG STATE
SURVEYORS,**

APPLICABLE TO: All vessels as described below, without a doctor on board

ENTRY INTO FORCE: Date of issue of this Circular.

Monaco, 12 December 2022

General

The International Labour Organization (ILO) recommends for an approved medicine chest, with readily understandable instructions, to be on every ship without a doctor on board.

It is assumed that the officer who has the responsibility for the care and treatment of seamen aboard a merchant vessel will have had training in the administration and use of the recommended medicines.

Carriage requirements

Saint Vincent and the Grenadines Maritime Administration requires every ship to carry and maintain an adequate medicine chest.

All vessels must carry a medicine chest containing: medical supplies and equipment in accordance with the following requirements:

- All medicine listed in the **Recommended List, in the quantity set out in Annex 3** [Recommended quantities of medicines for the third edition of the International Medical Guide for Ships published by the World Health Organization (WHO)] to the **Quantification Addendum**. This publication could be down-loaded from the WHO website:
<http://www.who.int/iris/handle/10665/44341>
- All equipment, materials and instruments listed in the **Recommended List**, in the quantity set out in the List of Recommended Medicines and Equipment set

out in Chapter 33 of the International Medical Guide for Ships published by the WHO. This publication could be down-loaded from the WHO website: <http://www.who.int/iris/handle/10665/43814>

Vessels with a Doctor on Board

Vessels, including passenger ships, carrying 100 or more persons and ordinarily engaged on international voyages of more than three days duration are required to carry a qualified medical doctor responsible for providing medical care.

In the case where a doctor is present on board, the quantity and type of medicine to be kept is at the discretion of the doctor and falls within his/her authority and responsibility. For mobile offshore drilling units and mobile offshore units, the requirement for a doctor on board may be met with a qualified medic or nurse where the unit is within helicopter range to shore medical services and facilities.

Vessels without a Doctor on Board

It is recommended that vessels without a doctor on board establish the contents of their medicine chest, using as guidance the table below.

If there is any question about the appropriate types or quantities of medicines or supplies to be carried, particularly when considering travel to areas where certain medical risks exist (e.g. cholera, malaria), this Administration recommends the owner/ship's operator to establish medicine chest contents following consultation with a pharmacist or pharmacy approved by the competent authority in which they are located.

Ship-Specific Medicine Chest Inventory Guidelines for Vessels without a Doctor on Board

Vessel	WHO Category
Oceangoing ships	Category A
Vessels that are engaged in coastal trade and not more than 24 hours from the home port or a port of call.	Category B
Ro-Ro Passenger Ships not normally carrying a medical doctor	Category B and Emergency Medical Kit per MSC/Circ. 1042
Mobile and immobile floating production, storage and offloading units (FPSOs) and floating storage units (FSUs)	Seek advice of a pharmacist or pharmacy in order to establish inventory
Commercial Yachts: on voyages more than 60 NM from safe haven.....	Category B
on voyages 60 NM or less from safe haven.....	Category C
Pleasure/private yachts, ships employed in inland navigation, tugs operating in harbour areas	Excluded from the requirements of this circular

Medicines for Ships Carrying Dangerous Cargoes

Ships carrying dangerous cargoes or their residues, must additionally comply with the International Maritime Dangerous Goods (IMDG) Code and the guidance in the latest edition of Medical First Aid Guide for Use in Accidents Involving Dangerous Goods (MFAG). For a listing of medicines and supplies, refer to MFAG, which is required to be maintained on board and can be found in the IMDG Code Supplement.

First Aid Kit on board

All vessels greater than 500 gross tons must, in addition to any other requirement, provide commercially available First Aid Kits for their engine room and galley.

The First Aid Kits should include the following items, kept in a portable waterproof container:

- (1) 4 x triangular bandages
- (2) 6 x medium sterile bandages with unmedicated dressings
- (3) 2 x large sterile bandages with unmedicated dressings
- (4) 2 x extra large unmedicated dressings
- (5) 6 medium safety pins, rustless
- (6) 20 assorted elastic adhesive dressings medicated
- (7) 2 x sterile eye pads with attachment
- (8) 2 x packages containing sterile gauze swabs
- (9) 5 pairs large size disposable latex-free examination gloves
- (10) sterile eye wash in eye wash bottle

Medical publication

The latest edition of the following publications should be kept on board:

- International Medical Guide for Ships (IMGS), World Health Organization,
- Quantification Addendum, International Medical Guide for Ships, 3 Edition, World Health Organization,
- Medical First Aid Guide for Use in Accidents Involving Dangerous Goods (MFAG).

Medicine Supply, Labelling, Storage and Disposal

All medicines must be supplied in standard small packages, and to the extent possible, in single dose portions.

Medical instructions and, if necessary, the medicine labelling is to be in English and a language understood by the crew, if not English.

Sufficient reference material or product use and identification cards related to the medicines carried must be available on board the vessel.

All medicines must be stored in accordance with the manufacturer's recommendation. Medicines with expiration dates must be replaced as soon as possible and in any case within three (3) months of expiry. Medicines and medical supplies should be disposed of properly in accordance with all applicable local and national laws and regulations of the State in which disposal is occurring and any applicable international requirements.

Recordkeeping Requirements

Inventory of medicines and medical supplies list must be maintained on board the vessels. The list must be regularly updated and contain for each item the expiry date, storage conditions, quantities remaining after purchase or use, and disposal information.

In addition, each vessel must keep a medical log book wherein must be entered every case of illness or injury to the crew, passenger or other persons on board. The nature of illness or injury and the medical treatment given should be recorded as well. A register of controlled drugs must be maintained by the Master. It should contain information, why, when and in what quantity the Master purchased a controlled drug and similarly the history of the dispensing or disposal of those controlled drugs.

Inspection and Certification Requirements

MLC Standard A4.1.4(a) requires regular inspection by the competent authority of the ship's medicine chest which must be conducted at regular intervals not exceeding 12 months.

Shipowners/Ships operators may rely upon the inspection and certification of medicine chests by a pharmacist or pharmacy providing this service that has been approved by the competent authority in which they are located.

This Administration requires a Certificate of Inspection for the medicine chest by a pharmacist or pharmacy as evidence that the medicine chest has been examined and complies with this circular. Validity of such certificate shall not exceed one year.

Inspection and certification of the vessel medicine chest by a qualified pharmacist or pharmacy may be conducted remotely. The certificate should be signed and stamped by the entity conducting the inspection (onboard or remotely) whose full name and title shall appear on the certificate.

Ship Sanitation Control Exemption Certificate/Ship Sanitation Control Certificate

The International Health Regulations (IHR) provides a code that includes procedures and practices for preventing the transboundary spread of infectious disease.

Prior to arrival in port, IHR Article 37 generally requires that the Master of a vessel arriving from a foreign port provide a State that is a Party to IHR with a Maritime Declaration of Health (MDH). The MDH contains a series of health-related questions that address illness, death, and sanitary measures on board, to which a Master must attest.

Helpful guidance for preparing and performing vessels' inspections, completing the certificates, and applying public health measures within the IHR is also in the WHO "Handbook for Inspection of Ships and Issuance of Ship Sanitation Certificates".-This publication could be down-loaded from the WHO website:

<https://www.who.int/publications/i/item/9789241580496>

Annex to this circular

IMO Circulars: MSC/Circ.1042 and MSC/Circ.1172

Revision history:

Rev 2, completely revised



Ref. T2/6.01

MSC/Circ.1042
28 May 2002

**LIST OF CONTENTS OF THE “EMERGENCY MEDICAL KIT/BAG” AND MEDICAL
CONSIDERATION FOR ITS USE ON RO-RO PASSENGER SHIPS NOT
NORMALLY CARRYING A MEDICAL DOCTOR**

- 1 The Maritime Safety Committee (MSC), at its seventy-fifth session, 15 to 24 May 2002, recalled that, in paragraph 1.3.3 of chapter 1 of the Annex to the International Convention on Maritime Search and Rescue (SAR), 1979, as amended, the term “Search and Rescue” was defined as “the performance of distress monitoring, communication, co-ordination and search and rescue functions, including provision of **medical advice, initial medical assistance, or medical evacuation**, through the use of public and private resources including co-operating aircraft, vessels and other craft and installations”.
- 2 Having considered the recommendations of the Sub-Committee on Radiocommunications and Search and Rescue (COMSAR), at its sixth session (18 to 22 February 2002), MSC 75 approved the List of contents of the “Emergency Medical Kit/Bag” and Medical considerations for its use on ro-ro passenger ships not normally carrying a medical doctor, as set out in the annex.
- 3 Member Governments are invited to bring the annexed Medical considerations and the List of contents of the “Emergency Medical Kit/Bag” to the attention of SAR service providers, shipowners, ship operators, ship masters and others concerned.
- 4 Member Governments are invited to report on their experience gained in the use of the “Emergency Medical Kit/Bag” to the Organization.

ANNEX

MEDICAL CONSIDERATIONS FOR THE USE OF THE “EMERGENCY MEDICAL KIT/BAG” ON RO-RO PASSENGER SHIPS, NOT NORMALLY CARRYING A MEDICAL DOCTOR

1 Apart from the list of contents for an “Emergency Medical Kit/Bag” to be used by a medical doctor on board certain ro-ro passenger ships, the following medical considerations should be taken into account for its use on board:

- .1 there is a high risk of a medical emergency occurring aboard any passenger ship even those cruising for a few hours only, particularly ro-ro ships and similar ferries carrying large numbers of passengers, because of the large scale of ages and possible previous illness of passengers;
- .2 many of these medical emergencies require treatment by a medical doctor either on board among the passengers or in the nearest hospital ashore;
- .3 evacuation of a person in medical emergency, even by helicopter, will be unduly time consuming and be associated with avoidable risks for the person to be evacuated;
- .4 the IMO/ILO/WHO current regulations do not fully address this risk of medical emergencies aboard passenger ships **as they only regard health and safety of the seafarers considered as workers**;
- .5 when there is no medical doctor among the crew (if not “100 or more seafarers and ordinarily engaged on international voyages of more than three days” – ILO Convention No.164 – Art. 8), the master is responsible for medical care on board the ship (as he/she is on board any merchant or fishing vessel – ILO Convention No.164 – Art.9);
- .6 according to the 1978 STCW Convention, as amended, “the personnel designated to ensure the responsibility of medical care onboard” must follow and validate a medical training to be able to perform a medical examination or a teleconsultation with a TeleMedical Advice Service (TMAS), and to provide medical and nursing care under medical advice;
- .7 MSC/Circ.960 on Medical assistance at sea recommends MRCCs to co-operate with TMASs to facilitate and to improve medical assistance at sea and SAR services;
- .8 whenever the master facing a medical emergency onboard can do it, he might call for a doctor possibly present among the passengers. Such a medical competency and action will improve the efficiency of the medical care rendered to the injured/ill passenger, provided that:
 - .1 calling for a doctor should not delay the first-aid care to be rendered by the ship personnel while waiting for the doctor arrival; and

- .2 the master should take all reasonable steps to check the qualification of an individual who presents him/herself as a physician before allowing him/her rendering medical care to the patient;
- .9 the need for an “ Emergency Medical Kit/Bag ” is evident to facilitate the doctor’s action in an emergency because the patient must be treated “ on the spot ” before being transferred to the ship hospital for further medical care;
- .10 such an “Emergency Medical Kit/Bag” should:
 - .1 be portable;
 - .2 include any essential medicine and medical equipment to cope with a medical emergency on the spot, and guidance on their use;
 - .3 be kept securely;
 - .4 be labelled as follows: “The medicines in this bag are to be used by a qualified medical practitioner or a registered general nurse, a qualified paramedic or a ship personnel in charge of the medical care on board under the direct supervision of a medical practitioner on board the ship or under telemedical advice/prescription by a TeleMedical Advice Service (TMAS)”;
 - .5 be maintained by the master or under his responsibility with a regular accounting of its content; any drugs or piece of equipment used in an emergency should be accounted for and replaced, and appropriate records should be kept, as required by national laws; and
- .11 in any case, regarding the IMO (STCW)/ILO regulations, the master remains the only person responsible for the final decision (care on board, diversion of the ship, medical evacuation). However, at any time, he/she can get telemedical advice from a TMAS either to confirm the passenger – doctor action or to help the nurse, paramedic or ship personnel in rendering the best possible medical care. An official TMAS teleconsultation provides protection for the patient, the ship’s master and the passenger physician.

2 The list of contents for the “Emergency Medical Kit/Bag” for the use on certain ro-ro passenger ships without a medical doctor on board is set out in the appendix.

APPENDIX

**List of contents of the
"EMERGENCY MEDICAL KIT/BAG" FOR RO- RO PASSENGER SHIPS
NOT NORMALLY CARRYING A MEDICAL DOCTOR**

1 – Medical Equipment	
Airway – Ventilation	
Oxygen giving set – (small portable)	1
Manual Resuscitator : (bag-valve – mask-resuscitator complete with oxygen reservoir and facemasks in 2 sizes)	1
Guedel Airway	in 3 sizes
Nebulizer with aerosol mask and oxygen tubing	1
Manual suction pump with :	
Yankauer suction catheters	2
Flexible catheters FG 14 size	2
Laryngoscope with Mc.Intosh spatula small, medium, large	
Endotracheal tubes	range of sizes
Magill-forceps	1
Flexible introducer for endotracheal tube	1
Diagnostic	
Anaeroid Sphygmomanometer	1
Stethoscope	1
Diagnostic penlight	1
Blood test sticks-glucose	1 set
Blood lancets-sterile	1 set
Electro Cardiogram Monitor with telemetry facility	*
Automatic External Defibrillator (AED)	*
Infusion - Injection	
Disposable infusion set	2
IV indwelling cannulas (G 16,18,20)	2 of each
Adhesive dressing for indwelling cannulas	2
Disposable syringes 2,5,10 ml	2 of each
Sterile disposable Needles	6 (various sizes)
Tourniquet	1
"Sharps" disposable box	1
Sterile/antiseptic swabs	5
Miscellaneous	
Scissors (EMT shears)	1
Disposable gloves	2 pairs
Thoracic drainage set + dual suction and discharge valve	*

* Recommended depending on risk assessment, taking account of e.g. length of voyage.
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2 - Medicines	
Cardiovascular	
Atropine (1mg ampoule)	3
Adrenaline/Epinephrine (1 mg/1ml ampoule)	5
Adrenaline/Epinephrine (10 mg/1ml ampoule)	5
Furosémide (20 mg ampoule)	4
Glyceryl trinitrate (spray)	1
Anti-Arrhythmics (If ECG monitoring available):	
Digoxin, Lidocaïne, Amiodarone, Adenosine, Magnesium Sulphate	*
Beta Blockers :	
Propranolol or equivalent (ampoule)	1
Anti-Hypertension :	
Urapidil (ampoule)	1
Anticoagulants / Thrombolytics	
Heparin or alternative (ampoule)	1
Acetyl salicylic acid (250 – 500 mg)	1
Respiratory	
Salbutamol aerosol inhaler unit	1
Salbutamol for nebulisation (5 mg ampoule)	5
Beclomethasone Diproponate (Aerosol Inhaler)	1
Aminophylline and/or Salbutamol (IV) (ampoule)	1
Steroids	
Methylprednisolone (250 mg)/ Hydrocortisone (100 mg) (ampoule)	1
Antihistamines	
Promethazine or equivalent (25 mg ampoule)	1
Analgesics	
Morphine sulphate (10 mg ampoule)	3
Ketamine (50mg ampoule)	2
Tramadol or alternative (100 mg ampoule)	2
Sedatives	
Diazepam injection (10 mg ampoule) or equivalent	2
Neuroleptic: chlorpromazine (25 mg ampoule) or equivalent	2
Naloxone injection (0.4 mg ampoule)	*
Antiemetic	
Metoclopramide .(10 mg ampoule) or equivalent	1
IV Anesthetics	
Etomidate (20 mg ampoule) or equivalent	2
Midazolam (10 mg ampoule)	2
Suxamethonium (100 mg ampoule)	1

* Recommended item
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2 - Medicines	
IV Fluids	
Ringer solution or NaCl solution 0,9%	1000 ml
HEA or Modified Gelatine Infusion Solution (for plasma substitution)	1000 ml
Hypertonic Glucose for IV infusion (30% - 50%)	
Hypertonic Glucose for IV infusion (30% - 50%)	50 ml
Physiologic saline (10 ml ampoule)	2
3 - First Aid Kit	
- one to be included or attached to the Emergency Medical Kit/Bag	
- contents as defined in national regulations.	



Ref. T2-OSS/1.4

MSC/Circ.1172
23 May 2005

IDENTIFICATION OF PASSENGER SHIPS, OTHER THAN RO-RO PASSENGER SHIPS, WHICH SHOULD BENEFIT FROM BEING EQUIPPED WITH THE EMERGENCY MEDICAL KIT/BAG (EMK)

1 The Sub-Committee on Radiocommunications and Search and Rescue (COMSAR), at its ninth session (7 to 10 February 2005), agreed that following decision of MSC 78 should be brought to the attention of Member Governments:

“Passenger ships, other than ro-ro passenger ships, not carrying a medical doctor on board but carrying more than 100 passengers on a route which would make the response time for a medical intervention from ashore longer than 30 minutes, should benefit from being equipped with the emergency medical kit/bag (EMK).”

2 The Maritime Safety Committee (MSC), at its eightieth session (11 to 20 May 2005), adopted the aforementioned additional guidance and invited Member Governments to bring it to the attention of all concerned.

3 This circular supplements MSC/Circ.1042 on List of contents of the “Emergency medical kit/bag” and medical consideration for its use on ro-ro passenger ships not normally carrying a medical doctor.
