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MSC/Circ.1042
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**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 Dipropionate (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.	