

Submission to Australian Maritime Safety Authority (AMSA) on Marine Order 9 (MO9)

Proposed changes to Marine Order 09

Submitted on 18 September 2017

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1 Introduction

This submission is made on behalf of Maritime Industry Australia Ltd (MIAL), previously known as the Australian Shipowners Association (ASA). MIAL represents Australian companies which own or operate: international and domestic trading ships; floating production storage and offloading units; cruise ships; offshore oil and gas support vessels; domestic towage and salvage tugs; scientific research vessels; dredges; workboats; utility vessels and ferries.

MIAL also represents employers of Australian and international maritime labour and operators of vessels under Australian and foreign flags.

MIAL represents the collective interests of maritime businesses, primarily those operating vessels or facilities from Australia. MIAL is uniquely positioned to provide dedicated maritime expertise and advice, and is driven to promote a sustainable, vibrant and competitive Australian maritime industry and to expand the Australian maritime cluster.

2 Executive Summary

MIAL members support the proposed changes to Marine Order 9 (MO9) to update and clarify text in the document and the change to Marine Order 76 for consistency and ease of reference.

MIAL has identified some areas of the AMSA Standards for Medical Examination of Seafarers and Coastal Pilots (the AMSA Standards) in which alternative wording is suggested. These suggested changes can be found in [Attachment A](#), with changes tracked in the version of the document provided for consultation.

The Seafarer Medical is a vital part of safety at sea. MIAL members rely on this medical as a source of information in emergencies and to help them proactively manage risks at sea. It was notable that feedback from MIAL members across Australia was almost universally focused on two issues – medication, and diabetes/hypertension, suggesting that these aspects of the medical are seen as safety risks right across the maritime industry. As a result, MIAL members have identified three areas where MO9 and supporting documents could be varied to achieve better outcomes. They are:

- Management of diabetes and hypertension
- Management of information about medication, dosing, withdrawal and side-effects medication withdrawal
- Assessment rigour

[Attachment A](#) includes suggested changes to key clauses covered in this submission.

3 Seafarer Medical Issues

3.1 Diabetes and hypertension

As noted in the AMSA Guide at 13.1, the International Labour Organization (ILO) and the World Health Organization (WHO) have produced Guidelines on Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers which preclude persons with Insulin Dependent Diabetes Mellitus (IDDM) from serving at sea.

While [Attachment A](#) includes suggested changes to the language of the AMSA Standards that would increase the rigour around the assessment of the fitness for work of applicants with diabetes, MIAL members support a review of the impact of making these or similar changes to the AMSA Standard that more closely reflect the ILO/WHO standard. MIAL is cognisant of the potential impact of any changes on individual employment and industry resourcing. However, it is clear from MIAL's consultation that there is widespread concern about whether the impact of diabetes and hypertension, especially where both are present, is so significant that it makes shipboard life unsafe for both the applicant, crew, potential passengers and the environment.

3.2 Medication

Section 11.1 of the AMSA Standards deals with prescribed over the counter medications. MIAL members have reported issues with the way in which the risk of certain medication types is treated and in the way vital information about medications is included on the AMSA Medical Certificate.

Certain classes of medications are known to carry a high risk of detrimental effects on the patient when discontinued and/or commenced. These include some anti-depressants and anti-psychotics. Such medications should:

- a) Be disclosed to the employer on the Medical Certificate
- b) Require notification to the employer if there is a risk to the applicant or crew if pharmaceutical regime is changed for any reason.

This will allow employers to put appropriate risk mitigation strategies in place if required and to proactively manage working conditions for that applicant if appropriate. Employers should also be aware of psychotropic medications and narcotics being brought on board a vessel.

Another risk that is introduced by not including medications on a medical certification is for emergency care provided to the applicant. Emergency care could result in adverse reactions with the unknown and undeclared medications taken by the applicant.

MIAL does not support the removal of the requirement for medications to be included on a medical certificate (11.1.8 of the Standards). While the removal of this requirement may be appropriate in the future, maritime employers are not convinced that the AMSA Guide is being applied fully and correctly at present. Until this is case, the safeguard of listing medications on the medical certificate should not be removed.

MIAL would suggest that further consultation with medical experts over which classes of medications may pose a risk to the individual and crewmates during withdrawal take place as not all the medications listed in Table 3 of the AMSA Standards may warrant listing on the Medical Certificate.

The other issue is the commencement or termination of medications in this class where the side-effects are significant enough to cause a risk to the individual and other crew. Anti-psychotics and some anti-depressants may fall into this category. These should also be noted on the medical certificate.

3.3 Assessment rigour

MIAL members have expressed concerns over the rigour of the medical assessments conducted by both Australian and overseas medical practitioners. The issue of each Medical Inspector's full appreciation of the environmental and physical requirements of sea service and of the important safety role held by every crew member is an ongoing one, evidenced by incidents over previous years. MIAL is keen to explore ways in which this knowledge can be strengthened and reinforced through the AMSA Guide and through other means.

Some suggested changes would include:

- enumerating further on the types of medical issue that might lead to a restricted certificate. The proposed AMSA Guide already includes the following: *"(i.e. not fit for lookout duties during the hours of darkness, must not operate lifting appliance, etc.)."* A table of further examples (as well as the potential medical triggers for them) could be very useful in increasing the use of restricted medicals where they are appropriate.
- The current language of Part B – Medical Standards (1) Overview is preferred as it emphasises the significance of medical fitness. Language such as the following should be retained or included elsewhere: *"The Medical Inspectors should make a comprehensive*

medical assessment of overall health in the knowledge that errors or omissions of a critical task in some jobs can lead to serious consequences in terms of human health and life, environmental impact and/or major property loss. The critical time needed for treatment/access to appropriate land-based care is also a consideration when determining fitness.”

- The Medical Examination could include a clear direction for the Medical Inspector to ask the applicant about pre-existing conditions, current ailments and recent medical treatment, and to record the applicant’s answers, including if none are disclosed.

4 Conclusion

MIAL supports the updating of Marine Order 9. However, suggested changes to the AMSA Standards would strengthen the correct application of the AMSA Standards. Areas where MIAL members have expressed significant safety concerns are around:

- Management of diabetes and hypertension
- Management of information about medication, dosing, withdrawal and side-effects
medication withdrawal
- Assessment rigour

Where AMSA is unable to adopt the changes requested by MIAL members or where further discussion/information is required, MIAL would strongly support the establishment of a targeted temporary working group on individual issues. This should in no way detract from the level of urgency expressed by MIAL members around the changes outlined above.

MIAL would welcome further discussion of any issues raised by this feedback.