

**Commonwealth of Dominica**



**Office of the Maritime Administrator**

**TO: ALL SHIPOWNERS, OPERATORS, MASTERS AND OFFICERS OF MERCHANT SHIPS, AND RECOGNIZED ORGANIZATIONS**

**SUBJECT: Medical Care on Board Ship and Ashore: Medicine Chest, Recordkeeping and Responsibilities and Training for Medical Care.**

**REFERENCE:**

- (a) **Maritime Labour Convention, Title 4**
- (b) **CDP 800 – Dominica Maritime Labour Compliance**
- (c) ***International Medical Guide for Ships, 3<sup>rd</sup> Edition 2007***
- (d) ***International Maritime Organization’s Medical First Aid Guide for Use in Accidents Involving Dangerous Goods (MFAG), 2010 Edition***
- (e) **MSC/Circ.1042**

**APPLICABILITY: All Dominica Flagged Vessels**

**PURPOSE:**

The Maritime Labour Convention, 2006 establishes standards for medical care on board ship and ashore. These standards are reflected in the Commonwealth of Dominica CDP 800 and CD-PL 08-13, as amended as promulgated by the Deputy Maritime Administrator.

This circular adopts, as guidance, the *Quantification Addendum: International Medical Guide for Ships, 3<sup>rd</sup> Edition*, published by the World Health Organization (WHO) and specifically addresses:

- **Ship's Medicine Chest:** the kinds and amounts of medicines, medical supplies, and equipment that should be considered for a ship's medicine chest, and requirements for their re-supply, replacement and disposal;
- **Recordkeeping:** requirements for inventorying and recording medicines, including controlled drugs;
- **Seafarer Injury and Illness Medical Record:** introduction of the form to facilitate the exchange of medical information between ship and shore;
- **Ship Master's Report Form:** to record each medical case managed on board; and
- **Responsibilities/Training:** owner/operator, Master and others with responsibilities for medical care.

## REQUIREMENTS:

### General

#### 1. Vessel's Medicine Chest

All vessels shall carry a medicine chest containing:

- a. Medical supplies and equipment (See section 3 below and Appendix 1); and
- b. The latest edition of applicable publications, forms and charts (See Appendix 2).

#### 2. Content of Medicine Chest

Except for ships carrying dangerous goods, the content of a ship's medicine chest is not mandated through any statutory requirement to which the Commonwealth of Dominica is a party.

However, guidance on the medicines and medical supplies that should be maintained on board is provided in the *International Medical Guide for Ships* and its *Quantification Addendum* published by the World Health Organization (WHO). This guidance, which is reproduced in Appendix 1, below, is well-accepted by the international maritime community and is recommended by the Maritime Labour Convention for consideration when determining the contents of the medicine chest and medical equipment.

#### 3. Carriage Requirements for Medicines and Medical Supplies

All vessels shall stock their medicine chest so that the inventory (types, dosage and quantities of medicines, medical supplies and equipment) is appropriate to the particular vessel's route, operation and number of person on board.

**All vessels of greater than 500 gross tonnage shall, in addition to any other requirement, provide commercially available first aid kits for their engine room and galley.**

Vessels, including passenger ships, carrying 100 or more persons and ordinarily engaged on international voyages of more than three (3) days' duration are required to carry a qualified medical doctor responsible for providing medical care. For mobile offshore drilling units and mobile offshore units, the requirement for a doctor may be met with a qualified medic or nurse where the unit is within helicopter range to shore medical services and facilities. The exact inventory of medicines, medical equipment and supplies should be determined by the ship owner or operator in consultation with a qualified medical professional, such as the ship's doctor or pharmacist.

The Commonwealth of Dominica Maritime Administration requires its vessels without a doctor on board, as outlined in the Ship-Specific Medicine Chest Inventory Guidelines in Table 1, below, to utilize the tables contained in Appendix 1 as guidance in establishing the contents of their medicine chest. The types, amounts and quantities indicated by these tables are expected to vary based on the vessel route, operation and number of persons on board. If there is any question about the appropriate types or quantities of medicines or supplies to be carried, the Administrator highly recommends the contents of the medicine chest be established by the ship owner or operator in consultation with a qualified medical practitioner or pharmacist.

**Table 1**

**Dominica Ship-Specific Medicine Chest Inventory Guidelines for Vessels Without a Doctor on Board**

<b>Vessel</b>	<b>WHO Category</b>
Oceangoing ships	Category A
Coastal, Great Lakes or nearby foreign port with voyages not more than 24 hours from port of call	Category B
Fishing vessels <ul style="list-style-type: none"><li>• On extended voyages (more than seven (7) days)</li><li>• On voyages of seven (7) days or less and in close proximity to a port of call</li></ul>	Category B Category C
Yachts <ul style="list-style-type: none"><li>• On voyages more than 60 miles from safe harbor</li><li>• On voyages 60 miles or less from safe harbor</li></ul>	Category B Category C
Ro-Ro Passenger Ships not normally carrying a medical	Category B and

doctor	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 qualified medical practitioner or pharmacist to establish inventory

#### **4. Medicines for Ships Carrying Dangerous Cargoes**

Ships, including ferries, carrying dangerous cargoes or their residues, shall, in addition, 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). Medicines and equipment already available in the IMGS list may be counted toward the MFAG numerical requirement, if appropriate. They should be stored and registered together with the regular medicines and medical supplies carried on board.

Where a cargo which is classified as dangerous has not been included in the most recent edition of MFAG, the necessary information on the nature of the substances, the risks involved, the necessary personal protective devices, the relevant medical procedures and specific antidotes should be made available to the seafarers via the ship's occupational safety and health policies.

For a listing of medicines and supplies, refer to MFAG Volume III which is required to be maintained on board.

#### **5. Medicines for Passenger Ships**

There is a high risk of medical emergency occurring aboard any passenger ship even for those cruising just a few hours. To facilitate care of passengers on these types of ships that do not normally carry a medical doctor, particularly ro-ro passenger ships, an Emergency Medical Kit should be carried. See MSC/Circ.1042 for additional guidance.

The Emergency Medical Kit/Bag should be labeled:

“The medicines in this bag are to be used by a qualified medical practitioner or a registered general nurse, a qualified paramedic or ship personnel in charge of medical care on board the ship or under telemedical advice/prescription by a Telemedical Advice Services (TMAS).”

#### **6. Equivalencies**

In recognition that other administrations have established standards for ships' medicine chests, the Commonwealth of Dominica Maritime Administration shall consider these standards to be in compliance with the Administration's requirements, provided the inventories are effectively equivalent to or exceed WHO (and IMO for IMDG) standards.

## **7. Controlled Drugs**

Controlled drugs are drugs that are graded according to the harmfulness attributed to the drug when it is misused. For this purpose, there are three (3) drug categories:

- Class A includes heroin, morphine, and opium;
- Class B includes barbiturates and codeine; and
- Class C includes, among other drugs, anabolic steroids.

A ship must not carry excess quantities of Class A or Class C drugs unless authorized by the Administration. Morphine Sulphate is the only Class A drug authorized to be carried on board Dominica flagged ships.

Some countries do not allow the sale of controlled drugs to ship not registered in that country; therefore, shipmanagers are encouraged to become familiar with the controlled drug distribution laws in the countries where their ships are trading and to communicate directly with the cognizant authorities to learn of the opinions available for the procurement and delivery of controlled drugs to ships operating in these areas.

Controlled drugs shall be kept in the Master's safe or behind a double-lock system.

## **8. Medicine Supply, Labeling, Re-supply, Replacement and Storage**

All medicines are to be supplied in standard small packages, and to the extent possible, in single dose portions. The prescribed active ingredients and strengths shall be observed.

Medical instructions and, if necessary, the medicine labeling shall 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 shall be available on board the vessel.

Medicines and medical equipment shall be re-supplied as necessary.

Medicines with expiration dates shall be replaced at the earliest possible date after the expiration date, and in any case within three (3) months of the expiration date. Once replaced, expired medicines should be removed from the vessel and disposed of in accordance with section 9 below. It should be noted that some countries impose fines on ships entering their territory with expired medicinal items on board.

All medicines shall be stored in accordance with the manufacturer's recommendation.

All medicines and medical devices shall be stored under lock and key.

## **9. Disposal of Medicines and Medical Supplies**

Medicines and medical supplies shall 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.

Disposal of Non-Controlled Medications and Medical Supplies:

1. Expired medicines and medical supplies should be:
  - a. Returned to the supplier where possible; or
  - b. Sent to an approved shoreside contractor for disposal.
2. If disposal under 9.1 is not possible, expired medicines and medical supplies may be incinerated at sea where a vessel has in place a written waste disposal policy and program that includes incineration at appropriate temperatures by exclusively authorized personnel. Records of such incinerated medicines and medical supplied shall be kept as part of the medical inventory.
3. It should be noted that there are licensed pharmaceutical distribution centers that handle the supply and disposal of prescription and non-prescription medications for marine vessels on a global basis. The Administrator recommends use of these companies for a vessel that regularly encounters problems with locating shoreside facilities able to accept such waste.

Disposal of Controlled Drugs

1. There are various methods for disposing of controlled drugs lawfully. They include: 1) giving them to a person who may lawfully supply them,

such as a qualified doctor or pharmacist; 2) incineration; 3) waste encapsulation; and 4) inertization.

2. Whatever method of disposing of a controlled drug is utilized by a Dominica flagged vessel, the following conditions must be met:
  - a. The method must be properly implemented; and
  - b. The entire process from unpacking throughout the final destruction of the controlled drug must be witnessed by at least two (2) persons and documented in the Controlled Drugs Register.

## **10. Carriage of Defibrillators**

There is no statutory requirement under international or national legislation for ships to carry defibrillators. It is accordingly a matter for individual operators to decide whether or not to include a defibrillator with the medical stores or doctor's bag.

If a defibrillator is carried, the Administration recommends that procedures be in place to ensure regular maintenance of the equipment (in accordance with manufacturer's instructions), and adequate training for the first aid providers, including regular refresher training (at least every five (5) years). Training should also particularly cover care of the patient after defibrillation, bearing in mind that immediate hospitalization may not be possible.

## **11. Inspection and Certification Requirements**

MLC Standard A4.1.4(a) requires regular inspection by the competent authority of the ship's medicine chest which is to be conducted at regular intervals not exceeding 12 months. In this regard, shipowners may rely upon the inspection and certification of medicine chests by a pharmacist/pharmacy providing this service that has been approved by the competent authority in which it is located.

Inspection and certification of the medicine chest can be carried out on board or remotely. Where physical attendance on board is not feasible, the Master shall:

- Ensure that the medicines and supplies packaging are not damaged and the medical equipment is usable and free from damage;
- Provide to the entity conducting the inspection the updated medicine list required in paragraph 3 below;
- Provide information to the entity conducting the inspection whether

the ship falls into WHO Category A, B, or C based on ship type and distance from shore (see section 3, Table 1 above) and whether the medicine chest is stocked in accordance with the recommendations contained in Appendix 1 of this circular or with other guidance. In either case, the recommendations/guidance on which the medicine chest is based shall be identified and forwarded to the entity conducting the inspection;

- Confirm with the entity conducting the inspection the number of persons allowed on board by the safety equipment certificate; and
- Inform the entity conducting the inspection of whether the vessel carries dangerous goods/chemicals.

The Master shall instruct the entity conducting the inspection to review the information provided in paragraph 2 above. If the review shows the medicine chest is stocked so that the inventory is appropriate to the particular vessel's route, operation and number of persons on board, then documentation certifying that this is the case shall be obtained from the entity conducting the inspection. Such documentation shall include a statement that all required contents of the medicine chest are present and will not expire during the period covered by the issued documentation. The documentation (which may or may not take the form of a certificate) shall also include, to the extent possible:

- IMO Number;
- Name of the Vessel;
- Registry of Vessel;
- Unique document/certificate serial number/ID code; and
- Dates of issuance and expiry.

The documentation/certificate shall be signed and stamped by the entity conducting the inspection who full name and title shall appear on the documentation/certificate.

Should the results of the review show that the medicine chest is not appropriate to the particular vessel's route, operation or number of persons on board, the Master shall take corrective action. Signed and stamped documentation from the entity conducting the inspection (whose full name shall appear on the documentation/certification) shall be obtained by the Master once the medicine chest is deemed appropriate by the entity conducting the inspection.

Flag State annual inspections shall also be used to verify that medicine chests are adequate and have been certified within the last 12 months.

## **12. Recordkeeping Requirements**



## **Inventory of Medicines**

A list of medicines and medical supplies shall be maintained on board Dominica flagged 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. The medicine chest shall be inventoried no less than once a year. All items contained in the medicine chest should have an expiration date and should be re-supplied as necessary by the expiry date.

### **13. Seafarer Injury and Illness Medical Record**

The Master or designated and certified on board “medical care provider” shall complete the form *Injury and Illness Medical Record* (CDVR 5012), to the extent possible, whenever treatment of a seafarer on board a vessel needs to be rendered on shore. The purpose of this form, CDVR-5012, is to facilitate the exchange of medical and related information concerning individual seafarers between the vessel and shore in cases of illness or injury. Ship owner/operator forms that serve the same purpose and are part of an electronic recordkeeping system may be utilized in lieu of CDVR 5012.

This form shall be kept confidential and shall be used only to facilitate the treatment of seafarers. As such, it shall be:

- Used to transmit information in the evacuation of a seafarer;
- Provided to shoreside medical personnel either filled out in part or full, as applicable, or forwarded to shoreside medical personnel as a blank form to be completed and returned to the vessel upon examination of the seafarer;
- Provided in copy to the seafarer upon request;
- Kept with the seafarer’s medical records while in board the vessel or ashore by the Shipowner when the seafarer leave the ship; and
- Forwarded as a copy to the Office of the Deputy Maritime Administrator when a *Report of Personnel Injury or Loss of Life* is filed.

The Seafarer Injury and Illness Medical Record shall be kept by the Shipowner for a period of two (2) years.

### **14. Ship Master’s Report Form**

Assisted by the ship’s doctor or crew members assigned to basic medical duties, the

ship's Master shall complete the *Ship Master's Report Form* as provided in CDVR-5013 for each medical case managed on board that is the result of a seafarer being injured or ill for 72 hours or more in duration, or requires medical advice or assistance from a medical facility or practitioner ashore. This form shall be filed in the ship's medical log with the *Seafarer Injury and Illness Medical Record* (CDVR 5012).

The Ship Master's Report shall be kept by the Shipowner for a period of two (2) years.

### **15. Medical Log**

Each vessel shall keep a medical log book wherein shall be entered every case of illness or injury happening to any member of the crew, passenger or other persons engaged in the business of the vessel; the nature thereof; and the medical treatment.

### **16. Controlled Drug Register**

A register of controlled drugs must be maintained by the Master.

Controlled drugs must be entered into the controlled drugs register on reception by the vessel. The information logged shall include the type, quantity, supplier name and date received.

The following shall also be recorded in the Controlled Drugs Register:

- The doses given, including the name of the person ordering the dose, the name of the person giving it and the name of the person receiving it;
- Date and time when a dose is lost or spoiled (e.g., broken ampoule, drug prepared, but not injected, etc.);
- A running count of remaining stocks, updated after each use;
- A count, made at least weekly, of remaining ampoules, tablets, etc. in store, to be checked against records of use and the running count; and
- Information on disposal, including method, drug type, amount, date, time, receipts and witness documentation, including signatures (e.g., control signature form).

The register of controlled drugs shall be kept for a period of two (2) years after the date of last entry.

### **17. Electronic Records**

All records required under this section may be kept and managed electronically.

## **18. Responsibilities and Training**

The vessel owner/operator is ultimately responsible for the content of the medicine chest on board a vessel and, therefore when putting together the medicine chest, should seek qualified medical consulting, particularly when considering travel to areas with certain medical risks (e.g., malaria).

The Master is responsible for keeping and managing medical supplies kept on board to ensure that medications are properly dispensed and that records are kept of their disposition. This responsibility may be delegated to a properly trained and certified crew member.

The Administration requires vessels which do not carry a medical doctor to have on board:

- One (1) certified seafarer “Medical Care Person in Charge” responsible for medical care and administering medicines as part of their regular duties; and
- One (1) certified seafarer “Medical First Aid Provider” designated to undertake the duties of providing immediate first aid in case of injury or illness aboard ship.

A single individual may serve in both capacities, provided he/she holds two (2) certifications.

Seafarers in charge of medical care or first aid shall report to the master on health-related conditions on board, and shall present the medical logbook to the master on request.

Seafarers on board whom are designated to provide medical care or first aid shall have training as required by the International Convention on Standards of Training, Certification and Watchkeeping, 1978, as amended, (STCW). The training should be based on the contents of the most recent editions of the IMGS, MFAG and the medical sections of the *International Code of Signals* (published by the IMO). Such persons should undergo refresher training approximately every five (5) years to ensure proper utilization of all medicines or medical supplies on board.

This certification is not required of, nor will it be issued to ship’s doctors or ship’s nurses. It shall be the responsibility of the shipowner or operator to verify the validity of such person’s medical certification.

Full use of all available (24-hour per day) medical advice by radio or radiotelephone

shall be made by the Master or other persons designated with responsibilities for medical care or first aid. Seafarers with such responsibilities shall be instructed in the use of the vessel's medical guide and the medical section of the most recent edition of the *International Code of Signals* to enable them to understand the types of information needed by the advising doctor as well as the advice received.

However, well-trained crew members are not medically qualified. A doctor should always be consulted about serious illness or injury when any doubt exists about the action to take in treating a patient.

## **19. International Health Regulations**

As of June 15 2007 the WHO International Health Regulations (2005) ("IHR (2005)"), have introduced new certification procedures for ships. The new certificates are entitled Ship Sanitation Control Exemption Certificate/Ship Sanitation Control Certificate ("Ship Sanitation Certificates" or "SSC"). These SSC replace previous Deratting/Deratting Exemption Certificates ("DC/DEC") provided for under the 1969 Regulations.

The IHR (2005) provide a code of procedures and practices for preventing the transboundary spread of infectious disease. Article 37 of the regulations requires, in general, a Master of a ship arriving from a foreign port to provide a State that is a Party to IHR (2005) with a Maritime Declaration of Health (MDH) prior to arrival in port. The MDH contains a series of health-related questions, including those addressing illness, death and sanitary measures on board, to which a Master must attest.

Dominica Maritime Administration is not party to IHR (2005). The Administration has, however, provided a model MDH in Appendix 2 of this Circular for use by vessels registered with Dominica that call on ports where an MDH is required.

## **20. Pest Management**

The presence of insects, rodents and other pests shall be controlled to prevent transmission of illness and disease to seafarers and other person on board a vessel.

In controlling pests, it is important to note that very few pesticides are suitable for use against all kinds of pests that may occur on board or in different parts of the ship. It is therefore necessary to consider the pesticides individually and utilize them in accordance with manufacturer instructions and as recommended in the IMDG Code Supplement, *Revised Recommendations on the Safe Use of Pesticides in Ships*. In developing a pest control strategy, cruise ships and commercial yachts may also want to consider recommendations regarding pest control contained in

section 8 of the United States Centers for Disease Control and Prevention, *Vessel Sanitation Program Operations Manual*.

## **21. Mosquito Protection**

Ships regularly trading to mosquito-infested ports shall be fitted with appropriate devices (e.g., nets, screens) as prophylaxes against mosquitos and carry mosquito and anti-malarial medications. The quantity and formulation (depending on area of travel) of the anti-malarial medications shall be adequate to protect all crew before, during and after the arrival/departure of the vessel to and from the malaria endemic area. Mosquito repellent should be in quantity of at least one per crew member.

The WHO provides International Health Regulations and Guide to Ship Sanitation within which are ship designer and constructor guidelines for control of insects, more particularly for sleeping quarters, mess rooms, and dining rooms, indoor recreational areas, as well as all food spaces, where vessels are in transit in areas where flies and mosquitos are prevalent. Control measures that may be employed by the Master and crew are also provided.

See CD-PL 07-13 which also addresses the requirement for such devices, and Table 1 of this Circular below for the types and quantities of anti-malarial medication to be carried. Notwithstanding, the quantity and formulation (depending on area of travel) of the anti-malarial medications shall be adequate to protect all crew before, during and after the arrival/departure of the vessel to and from the malaria endemic area.

**Appendix 1 – Inventory Guidelines for Medicines and Medical Supplies for Ships without a Doctor on Board**  
**Table 1**

**Recommended Quantities of Medicines for Ships Without a Doctor on Board**

(WHO Quantification Addendum to be used in conjunction with the *International Medical Guide for Ships, 3<sup>rd</sup> Edition*)

Category A: Oceangoing ships. Stock levels are based on a six (6) months' supply.

Category B: Vessels engaged in coastal trade or going to nearby ports that travel no more than 24 hours from port of call. Stock levels are based on a six (6) months' supply.

Category C: Fishing vessels and private craft usually travelling no more than a few hours from home port or a port of call. The assumed duration of each trip is up to 3-4 weeks.

<u>Name</u>	<u>Form</u> <sup>5</sup>	<u>Strength</u>	<u>Indication</u> <sup>6</sup>	<u>Quantities per 10 Crew</u> <sup>7</sup>			<u>Notes</u>
				<u>A</u>	<u>B</u>	<u>C</u>	
Acetylsalicylic acid	Tab	300 mg	Pain, fever, blood clots	50	50	-	
Aciclovir	Tab	400 mg	Herpes simples/zoster	70+	35+	-	
Adrenaline	Amp	1 mg/ml	Anaphylaxis	10+	5+	5+	
Amoxicillin + clavulanic acid	Tab	875 mg/125 mg	Infections	20	10	-	
Artemether	Amp	80 mg/ml	Malaria treatment	12+	12+	-	
Artemether + lumefantrine	Tab	20 mg/120 mg	Malaria treatment	24+	24+	-	Double if crew size >30
Atropine	Amp	1.2 mg/ml	MI/organophosphate poisoning	10+	5+	-	Double if carrying organophosphates
Azithromycin	Tab	500 mg	Infections	10+	5+	-	
Ceftriaxone	Amp	1 g	Infections	15	5+	-	
Cetirizine	Tab	10 mg	Hay fever/hives/dermatitis	30+	30+	-	

Charcoal, activated	Powder		Poisoning	120 g+	120 g+	-	
Ciprofloxacin	Tab	250 mg	Infections	20+	10+	-	Double if crew size >30
Cloves, oil of	Liq		Toothache	10 ml	10 ml+	-	
Dexamethasone	Amp	4 mg/ml	Severe asthma/anaphylaxis	3	1	-	
Diazepam	Tab	5 mg	Alcohol withdrawal	50+	20+	-	
Docusate with senna	Tab	50 mg/8 mg	Constipation	30+	-	-	
Doxycycline	Tab	100 mg	Infections	10	-	-	
Ethanol, hand cleanser	Gel	70%	Hand cleaning	500 ml	500ml+	100ml+	
Ethanol	Liq	70%	Disinfect instruments	500 ml	100 ml	-	
Fluorescein	Eye strips	1%	Detect corneal damage	20+	20+	-	
Furosemide	Amp	40 mg/4 ml	Pulmonary edema	5+	5+	-	
Glucagon	Amp	1 mg	Hypoglycemia	1+	1+	-	
Haloperidol	Amp	5 mg/ml	Psychosis/severe agitation	5	5+	-	
Hydrocortisone	Crm	1%	Allergy/inflammatory skin	2x30 g	1x30 g	-	One (1) tube per patient
Ibuprofen	Tab	400 mg	Inflammation/pain	100	50	50+	
Isosorbide dinitrate	Tab	5 mg	Angina/MI	10	10	5+	
Lignocaine	Amp	1%, 5 ml	Suturing/minor surgery	5	5	-	
Loperamide	Tab	2 mg	Diarrhea	30	30	10+	

**Page 15 of 28**

Inquiries concerning the subject of this Notice should be directed to the Deputy Maritime Administrator  
Commonwealth of Dominica, 32 Washington Street, Fairhaven, MA 02719 USA  
[technical@dominica-registry.com](mailto:technical@dominica-registry.com)

Mebendazole	Tab	100 mg	Intestinal worms	6+	6+	-	
Metoprolol	Tab	100 mg	HTN/AF/angina/migraine	60+	-	-	
Metronidazole	Tab	500 mg	Infections	30+	20+	-	
Miconazole	Crn	2%	Fungal skin infections	2x30 g	1x30 g	-	Double quantities if females on board
Midazolam	Amp	5 mg/ml	Epileptic fits	10+	5+	-	
Misoprostol	Tab	200 mg	Post-partum haemorrhage	3+	3+	-	Only if females on board
Morphine (controlled substance)	Amp	10 mg/ml	Severe pain	10	10	-	
Morphine (controlled substance)	Liq	1 mg/ml	Severe pain in patients able to eat and drink	100ml+	100ml+	-	
Naloxone	Amp	0.4 mg/ml	Opiate overdose	10+	5+	-	
Omeprazole	Tab	20 mg	Reflux, peptic ulcers	30+	30+	-	
Ondanestron	Tab	4 mg	Vomiting, sea-sickness	10	10	10+	
Oral rehydration solution	Powder	Sachet	Dehydration due to diarrhea	151(75)	101(50)	21(10)	Quantities in brackets are numbers of sachets based on sachets made up to 200ml
Oxymetazoline	Nasal drop	0.50%	Nasal obstruction/drain sinuses	2	2	-	One (1) bottle per patient
Paracetamol	Tab	500 mg	Pain and fever	100	50	25	
Permethrin	Lot	1%	Lice	200ml+	100ml+	-	Double it crew size >30
Permethrin	Lot	5%	Scabies	300ml+	100ml+	-	100 ml per patient
Povidone iodine	Liq	10%	Disinfect skin/wounds	100 ml	100 ml	100ml+	

**Page 16 of 28**

Inquiries concerning the subject of this Notice should be directed to the Deputy Maritime Administrator  
Commonwealth of Dominica, 32 Washington Street, Fairhaven, MA 02719 USA  
[technical@dominica-registry.com](mailto:technical@dominica-registry.com)



Povidone iodine	Oint	10%	Disinfect skin/wounds	1x25 g	1x25 g	-	
Prednisone	Tab	25 mg	Asthma/inflammatory conditions	30+	30+	-	
Salbutamol	Inh	100/ug/dose	Asthma/bronchitis/emphysema	1	1	-	One (1) inhaler per patient
Sodium chloride	Liq	0.9%, 1 litre	Fluid replacement	5+	1	-	
Tetracaine (amethocaine)	Eye drop	0.50%	Eye examination	20+	20+	-	
Tetracycline	Eye oint	1%	Minor eye infections	2	1	1+	One (1) tube per patient
Vitamin K	Amp	10 mg/ml	Reverse warfarin or similar	2+	2+	-	
Water for injection	Amp	5 ml	Reconstitute injection	10	5+	-	Only used to reconstitute ceftriaxone
Zidovudine +lamivudine	Tab	300 mg/150 mg	Needle-stick injury prophylaxis	56+	56+	-	
Zinc oxide	Paste/ointment	20%	Irritated skin	200g+	100g+	100g+	4x25 g or 3x30 g tubes per 100g

**Page 17 of 28**

Inquiries concerning the subject of this Notice should be directed to the Deputy Maritime Administrator  
Commonwealth of Dominica, 32 Washington Street, Fairhaven, MA 02719 USA  
[technical@dominica-registry.com](mailto:technical@dominica-registry.com)

**Table 1 (Continued) Supplies and Equipment**  
*(International Medical Guide for Ships, 3<sup>rd</sup> Edition)*

Category	Recommended Item	Quantity
<b>RESUSCITATION EQUIPMENT</b>		
Appliance for the administration of oxygen	Portable oxygen set, complete, containing:	1
	• 1 oxygen cylinder, 2 1/200 bar	1
	• 1 spare oxygen cylinder, 2 1/200 bar	1
	• Pressure regulating unit and flow meter with tubes such that ship's industrial oxygen can also be used	1
	• 3 disposable face masks of choice; including simple face mask and non-rebreathing mask	3
Oropharyngeal airway	Guedel airway (mayo-tube): sizes medium and large	2
Mechanical aspirator	Manual aspirator to clear upper airways, including 2 catheters	1
Bag and mask resuscitator	Ambubag (or equivalent); supplied with large, medium and small masks	1
Cannula for mouth-to-mouth resuscitation	Brook Airway, Lifeway, pocket face mask or equivalent	1
<b>DRESSING MATERIAL AND SUTURING EQUIPMENT</b>		
Adhesive dressings	Assorted wound-plaster or plaster strips, water-resistant	200
Eye pads	Eye pads	3
Sterile gauze compresses	Sterile gauze compresses, 5x5 cm, sterile	100
	Sterile gauze compresses, 10x10 cm, sterile	100
Gauze roll	Gauze roll, 5 cm and 90 cm or 60 cm x 100 m, non-sterile	1
Gauze dressing with non-adherent surface	Non-adherent gauze dressing, square, 10 cm	100
Vaseline gauze	Paraffin gauze dressing, 10 x 10 cm, sterile	50
Bandage	Elastic fixation bandage, 4 m x 6 cm	3
Sterile compression bandages	First-aid absorbent gauze-covered cotton pad sewn into a cotton bandage (ambulance dressing), small/medium/large	5
Tubular gauze for finger bandage	Tubular gauze bandage for finger bandage with applicator, 5m	1

Adhesive elastic bandage	Adhesive elastic bandage, 4 m x 6 cm	10
Triangular sling	Triangular sling	5
Sterile sheet for burn victims	Sterile sheet for burn patients	1
Hone for dressing burns	1 kg	1
Adhesive sutures or zinc oxide bandages	Adhesive tape, waterproof, skin-friendly, 5 x 1.25 cm	10
Q-tips	Q-tips (wooden)	100
Safety pins	Safety pins (stainless steel) 12 pcs	50
Butterfly sutures	Butterfly sutures, Steristrips or Leukostrip, sterile	20
Skin adhesive	2-octyl cyanoacrylate liquid, 0.5 ml	2
Suturing equipment	Sutures, absorbable with curved non-traumatic needs, 1-O, 3-O, & 4-O or 5-O	10 Each
Gloves	Disposable examination gloves	50
	Surgical gloves sizes, 6.5, 7.5, 8.5, sterile, in pairs	3 of each
<b>INSTRUMENTS</b>		
Disposable scalpels	Scalpel, sterile, disposable	20
Stainless-steel instrument box	Instrument box (stainless steel)	1
Scissors	Operating scissors, straight (stainless steel)	1
	Bandage scissors (stainless steel)	1
Forceps	Splinter forceps, pointed (stainless steel)	3
	Teeth tissue forceps (stainless steel)	1
Needle holder	Needle holder, Mayo-Hegar, 1800 mm, straight	1
Haemostatic clamps	Haemostatic clamp, Lahlstead mosquito, 125 mm, stainless steel	3
Disposable razors	Razor, disposable	50

EXAMINATION AND MONITORING EQUIPMENT		
Disposable tongue depressors	Tongue depressors, disposable	100
Reactive strips for urine analysis	Reactive strips for urine analysis: blood/glucose/protein/nitrite/leukocytes, 50 paper strips	100
Microscope slides	Microscope slides	100
Stethoscope	Stethoscope	1
Aneroid sphygmomanometer	Sphygmomanometer (blood pressure set), preferably automatic	1
Standard thermometer	Thermometer, digital if possible	1
Rectal thermometer	Thermometer, digital if possible	1
Hypothermic thermometer	Thermometer 32 degrees to 34 degrees, digital if possible	1
Penlight	Penlight + blue cover	1
Magnifying glass	A x 8 loupe	1
Marker	Waterproof indelible marker	1
EQUIPMENT FOR INJECTION, INFUSION, AND CATHETERIZATION		
Equipment for injection	Syringes, Luer connection, 2 ml, sterile, disposable	50
	Syringer, Luer connection, 5 ml, sterile, disposable	50
	Hypodermic subcutaneous needle, Luer connection, 16x0.5 mm, sterile, disposable	20
	Hypodermic subcutaneous needle, Luer connection, 40x08 mm, sterile, disposable	20
	Needles, 19G, blunt, "drawing up" type	20
Equipment for infusion	Intravenous infusion cannula 16G (1.2mm) and 22G (0.8mm), Luer-lock connection, sterile non-recap stype	10 each
	Intravenous giving set, Luer-lock connection, sterile	3
	Tourniquet, blood-taking type to be used with intravenous infusion cannula	1
Bladder drainage equipment	Penile sheat set with condom catheter, tube, and bag	2
	Short-term urine catheter with soft-eye straight tip Thieman No. 12 and No. 16 or equivalent, sterile, individually packaged, prelubricated or with additional lignocaine/chlorhexidine lubricant	2
	Urine collecting bag and tube	2

GENERAL MEDICAL AND NURSING EQUIPMENT		
Eye protection	Plastic goggles or full-face masks	2
Plastic apron	Disposable	20
Kidney dish	Kidney dish, stainless steel, 825 ml	2
Plastic backed towels	Towels, plastic backed, absorbent 600 x 500 mm	10
Safety box	Safety box for sharps disposal, 5l	1
Mask	Mask, duckbill type, disposable	50
Tape measure	Tape measure, vinyl coated, 1.5 m	1
Draw sheets	Draw sheet, plastic 90 x 180 cm	2
Bedpan	Bedpan, stainless steel	1
Hot-water bottle	Hot-water bag	1
Urine bottle	Urinal, male (plastic)	1
Ice bag	ColdHot pack Maxi	1
Aluminum foil blanket	Aluminum foil blanket	1
Condoms	Male condoms	100
Wash bottle	Plastic wash bottles, 250 ml	1
Plastic bottle	Bottle, 1 litre, plastic with screw top	3
Dressing tray	Stainless steel dressing tray, 300 x 200 x 30 mm	1
Plastic apron	Apron, protection, plastic, disposable	20
Bowl	Bowl, stainless steel, 180 ml	3
Specimen jars	Jars, plastic, with lids and labels, 100 ml	10
Plaster-of Paris bandage	Bandages, POP, 5 cm and 10 cm x 2.7 m	12 each
Stockinet	Sizes for arm and leg splints, 10 m roll	1 each
Cotton wool	Cotton wool roll, 500 g	10
Alcohol swabs	70% alcohol swabs for skin cleansing prior to injection	200
Nail brush	Nail brush	1
Thermometer for refrigerator	Thermometer for refrigerator	1
Mortuary transfer bag	Mortuary transfer bag	1

IMMOBILIZATION AND TRANSPORTATION EQUIPMENT		
Malleable splints	Malleable finger splint	1
	Malleable forearm/hand splint	2
	Malleable leg splint	2
Cervical ridge collar	Cervical rigid collar variable size for neck immobilization	1
Stretcher	Stretcher equipment allowing immobilization and crane/helicopter lifting	1

## Appendix 2 – Publications, Forms and Charts

### Publications, Forms and Charts to be Carried

The following publications, forms and charts must be carried on board each vessel in the quantities indicated below.

PUBLICATION, FORMS AND CHARTS	QUANTITY Per Vessel
<i>International Medical Guide for Ships (IMGS)</i> (Hard copy of most recent edition)	1
<i>Quantification Addendum, International Medical Guide for Ships, 3<sup>rd</sup> Edition</i> , World Health Organization, 2010	1
<i>Medical First Aid Guide for Use in Accidents Involving Dangerous Goods (MFAG)</i> (Hard copy of most recent edition; carry if transporting dangerous goods)	1
Cards for telemedical advice (fill in before calling for radiomedical advice)	10 cards up to 40 persons 20 cards for 41-100 persons
Cards/charts for tracking temperature	10 cards up to 40 persons 20 cards for 41-100 persons
Ship Master's Report Form	10 cards up to 40 persons 20 cards for 41-100 persons
Injury and Illness Medical Record	10 cards up to 40 persons 20 cards for 41-100 persons
Medical Log Book	1
Controlled Drugs Register	1

**Model Declaration of Health**  
**MODEL OF MARITIME DECLARATION OF HEALTH**

To be completed and submitted to the competent authorities by the Masters of ships arriving from foreign ports.

Submitted at the port of:

Date:

\_\_\_\_\_

\_\_\_\_\_

Name of ship or inland navigation vessel:

Registration/IMO No.:

\_\_\_\_\_

\_\_\_\_\_

Arriving from:

Sailing to:

\_\_\_\_\_

\_\_\_\_\_

Nationality (Flag of vessel):

Master's Name:

\_\_\_\_\_

\_\_\_\_\_

Gross tonnage:

Tonnage (inland navigation vessel):

\_\_\_\_\_

\_\_\_\_\_

Valid Sanitation control Exemption/Control Certificate carried on board? Yes  No   
Issued: \_\_\_\_\_ Date: \_\_\_\_\_

Re-Inspection required? Yes  No

Has ship/vessel visited an affected area identified by the World Health Organization? Yes  No

Port and date of visit: \_\_\_\_\_

List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Upon request from the competent authority at the port of arrival, list crew members, passengers or other persons who have joined the ship/vessel since international voyage began or within the part thirty days, whichever is shorter, including all ports/countries visited in this period (add additional names to the attached schedule):

Name:

Joined from:

_____	_____
_____	_____
_____	_____
_____	_____

Number of crew members on: \_\_\_\_\_

Number of passengers on: \_\_\_\_\_

### **HEALTH QUESTIONS**

1. Has any person died on board during the voyage otherwise than as a result of accident?  
Yes  No   
If yes, state particulars in attached schedule. Total no. of deaths: \_\_\_\_\_
2. Is there on board or has there been during the international voyage any case of disease which you suspect to be of an infectious nature?  
Yes  No   
If yes, state particulars in attached schedule.
3. Has the total number of ill passengers during the voyage been greater than normal/expected?  
Yes  No   
How many ill persons? \_\_\_\_\_
4. Is there any ill person on board now?  
Yes  No   
If yes, state particulars in attached schedule
5. Was medical practitioner consulted?  
Yes  No   
If yes, state particulars of medical treatment or advice provided in attached schedule

6. Are you aware of any condition on board which may lead to infection or spread of disease?  
Yes  No   
If yes, state particulars in attached schedule.
7. Has any sanitary measure (e.g., quarantine, isolation, disinfection or decontamination) been applied on board?  
Yes  No   
If yes, specify type, place, and date.
8. Have any stowaways been found on board?  
Yes  No   
If yes, where did they join the ship? \_\_\_\_\_
9. Is there a such animal or pet on board?  
Yes  No

**NOTE:** In the absence of a surgeon, the Master should regard the following symptoms a grounds for suspecting the existence of a disease of an infectious nature:

- a) Fever, persisting for several days or accompanied by (i) prostration; (ii) decreased consciousness; (iii) glandular swelling; (iv) jaundice; (v) cough or shortness of breath; (vi) unusual bleeding; and (vii) paralysis.
- b) With or without fever; (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness); (iii) severe diarrhea; or (iv) recurrent convulsions.

I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the schedule) are true and correct to the best of my knowledge and belief.

Signed: \_\_\_\_\_  
Master

Countersigned: \_\_\_\_\_  
Ship's Doctor (if carried)

Date: \_\_\_\_\_

**ATTACHMENT TO MODEL OF MARITIME DECLARATION OF HEALTH**

Name:	Class or Rating:	Age:	Sex:	Nationality:	Port, date joined ship/vessel:

Nature of illness:	Date of onset of symptoms:	Reported to a port medical officer:	Disposal of case:	Drugs, medicines or other treatment given to patient:	Comments:

## **Required Action by Owners/Operators**

- 1** Owners and operators are encouraged to review the information contained in this circular and apply these guidelines and forms in the implementation of a ships medicine chest and recordation of injuries and/or illness.

Any questions can be directed to:

**Technical Department**

Tel: + 1 508 992 7170

e-mail: [Technical@Dominica-Registry.com](mailto:Technical@Dominica-Registry.com)

**-End-**