CREW WATCH

WARNING OIL SPILL ON DECK PILOT LADDERS THE DANGERS INVOLVED PREDIABETES HOW TO SPOT THE SIGNS COVID-19 ON BOARD HOW TO IDENTIFY AND MANAGE

APRIL 2022

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IT HAS COME TO THE CLUB'S ATTENTION THAT MASTERS ON BOARD OUR MEMBERS' SHIPS ARE NOT ALWAYS CLEAR ABOUT THE MOST EFFECTIVE PROCEDURE TO FOLLOW IN THE EVENT OF AN INCIDENT WHICH IS COVERED UNDER THEIR SHIP'S P&I POLICY. WE HAVE SET OUT THE FULL DETAILS IN A BULLETIN (http://ow.ly/t80630sfZ4c) WHICH REMINDS MASTERS WHO TO CONTACT WHEN A P&I INCIDENT FIRST OCCURS.

BRITANNIA P&I P&I INCIDEN

TO GO WITH THE BULLETIN THE CLUB HAS PREPARED A POSTER (http://ow.ly/BiCN30sfZ4t) WHICH HIGHLIGHTS THE FACT THAT THE SHIP IS ENTERED WITH BRITANNIA (IN CASE THE MASTER IS UNCERTAIN) AND LISTS TYPICAL P&I INCIDENTS. THE POSTER IS INTENDED TO BE USED ON BOARD SHIPS. WE ARE SENDING OUT THE POSTER WITH THIS ISSUE OF CREW WATCH

AND IF YOU WANT ADDITIONAL COPIES, OR HAVE ANY QUESTIONS ABOUT THIS ISSUE, THEN PLEASE CONTACT US VIA EMAIL:

brtianniacommunications@tindallriley.com

CLAIRE MYATT Editor

WE HOPE YOU ENJOY THIS ISSUE OF CREW WATCH. We are looking for ways to maintain and increase the usefulness, relevance and general interest of the articles. If you have any ideas or comments please send them to: britanniacommunications@tindallriley.com

NOTE NOTE

CAN LEAD TO AN EXPENSIVE CLAIM. WE LOOK AT A RECENT INCIDENT AND HIGHLIGHT THE LESSONS THAT CAN BE LEARNED.



FACTS

OUR MEMBER'S SHIP, A BALLASTED CRUDE OIL TANKER, WAS WAITING TO BERTH IN HEAVY WEATHER WITH GUSTS OF WIND UP TO 60 KNOTS WHEN A SPARE MAIN ENGINE CYLINDER LINER FELL FROM ITS SECURING RACK AND DAMAGED A FUEL PUMP. THE MAIN ENGINE SUBSEQUENTLY STOPPED, AND THE VESSEL CAME BEAM ON TO THE WEATHER, ROLLING HEAVILY. WHILE THE CREW WORKED TO MOVE AND RE-SECURE THE LINER, HEAVY FUEL OIL WAS NOTICED ON THE MAIN DECK WHICH APPEARED TO BE FROM ONE OF THE BUNKER TANK VENTS.

Once the ship arrived in port, fuel residues were seen to be covering a large area of the ship (around 8600m²), including the hull, main deck and accommodation block. The terminal required all oil residues to be removed before cargo loading could begin and so the ship moved to another jetty. The subsequent clean-up operation took 21 days with associated costs and delay.

CAUSE OF THE SPILL

While the main engine was immobilised, waiting for the berth and during the heavy weather, a small quantity of fuel oil was spilled onto the main deck through the vent head of one of the forward bunker tanks. The strong winds caused the fuel oil to spread over large areas of the ship. This was despite the fact that the vents were not damaged and that the design of the vents was Class approved.

LESSONS TO BE LEARNED

Securing arrangement for all heavy spare parts should be verified as suitable for the task, and periodically checked for condition and tightness, ideally within the ambit of the Planned Maintenance System. Many incidents, from injury through to pollution and vessel loss, have been caused by heavy metal pipes, plates and spare parts breaking their lashings in heavy weather.

The forward bunker tank was 94.6% filled with fuel oil. It is possible that the heavy weather and the severe rolling of the ship could have caused the escape of the fuel oil through the vent.

The filling limit for bunker tanks should be considered when looking at heavy weather precautions and it is recommended that it be set at a lower level, around 85%, rather than the limit of 95% typically used.

Heavy weather training for deck officers should include instructions which focus on a ship's response patterns and the impact that severe weather has on the ship, especially when in a ballast condition.

HOLD ON!

PILOT LADDERS – A TRAGIC REMINDER OF THE DANGERS INVOLVED

THE CLUB HAS RECENTLY EXPERIENCED SEVERAL INCIDENTS WHERE CREW OR THIRD PARTIES HAVE LOST THEIR GRIP WHILE USING THE SHIP'S PILOT LADDER, FALLING INTO THE WATER OR ONTO THE QUAYSIDE BELOW. UNFORTUNATELY THESE INCIDENTS ALL RESULTED IN FATALITIES WHICH COULD HAVE BEEN AVOIDED HAD THE RIGHT SAFETY MEASURES BEEN IMPLEMENTED.

OF THE DANGERS

DILO

None of these incidents actually involved a pilot. Rather, it was a member of the crew or a third party using the pilot ladder, either while measuring the ship's draught or while personnel were being transferred between two ships. So, despite its name, a pilot ladder is often used for several other purposes other than the safe transfer of a pilot to and from a ship. If the ladder is not used as intended, or shortcuts are taken during use, it can be very dangerous.





We look at a number of safety precautions to consider before using a pilot ladder:

WORKING OVER THE SIDE - Whenever the pilot ladder is used or rigged for any other purpose than its intended transfer use, it should be regarded as a "working over the side" situation. As when working aloft or in enclosed spaces, working over the side should be controlled by a Permit to Work (PtW) system as part of the ship's Safety Management System (SMS). The PtW must ensure that all associated risks are identified and properly mitigated e.g. using proper Personal Protection Equipment (PPE); making sure lifesaving appliances are at the work location in case someone falls overboard; and supervision of the work task by a senior officer.

PROPER RIGGING – The pilot ladder must be rigged and constructed in accordance with regulation V/23 of the SOLAS convention and IMO Resolution A.1045(27) (see the article on pilot transfers in Risk Watch January 2020 http://ow.ly/u5RN30sfjmp). When properly rigged, the pilot ladder should hang vertically and rest along the shipside. Attempting to hold the ladder at an angle (e.g. between two vessels) must be avoided as it's very hard to hold the ladder at this angle rather than flat against the side, which can easily lead to a fall from the ladder. Holding the ladder at an angle also makes it less stable if there are sudden swells or gusts of wind.

PPE – Proper PPE must be worn as set out in the PtW for working overside. This should include life vest, safety shoes and gloves to ensure a good grip when climbing the ladder. Even when the ladder is hanging straight down against the hull, it can be very strenuous to hold on to it for a prolonged period of time e.g. when reading the ship's draught, and so a safety harness should also be worn, always safely connected to a fall arrest system onboard.

MAINTENANCE - The pilot ladder, and all other necessary equipment, should be of an approved type, be kept in a good working condition and be maintained in accordance with the manufacturer's recommendations. The steps of the ladder must be in good condition with no cracks and must have an efficient non-slip surface.

During the pandemic, some ports have denied crew access to the guay. This makes it hard to read the ship's draught, forcing the crew to use the pilot ladder. We must stress that Members have a duty to provide a safe means of access and a safe working environment, whatever the situation. And there is one other important point - Members should give all crew the right and obligation to stop work if they become aware of unsafe behaviour or situations.

These recent incidents can be linked to crew complacency and highlight situations where shortcuts were taken to achieve the work goal - at the expense of safety. It is very likely that those involved had often watched the pilot climb up and down the pilot ladder without any problems, leading



them to underestimate the risks involved. As these incidents show, such complacency can be fatal.

The International Chamber of Shipping and the International Maritime Pilots' Association has produced a useful guide.

http://ow.ly/1Ryf30sfjkl

PREDIABETES – HOW TO SPOT THE SIGNS

IN CREW WATCH WE ARE ALWAYS LOOKING AT WAYS TO RAISE AWARENESS ABOUT HEALTH – ENCOURAGING YOU TO KEEP AN EYE ON YOUR OWN HEALTH AND TO LOOK OUT FOR THE HEALTH AND WELLBEING OF YOUR FELLOW CREW.

IN THIS ARTICLE WE LOOK AT DIABETES AND PARTICULARLY PREDIABETES - THE EARLY SIGNS OF DIABETES - AND WE SET OUT WHAT YOU CAN DO TO STAY AS HEALTHY AS POSSIBLE. OUR AIM IS NOT TO SCARE YOU BUT TO MAKE YOU AWARE THAT SOMETIMES QUITE SMALL CHANGES TO YOUR LIFESTYLE CAN HAVE A MAJOR POSITIVE IMPACT ON YOUR HEALTH.

Glennda Canlas, MD President/Medical Director Halcyon Marine Healthcare Systems, Manila



DIABETES

is a health condition which affects many of us and is often caused by not caring for your body properly through poor diet and a lack of exercise. Type 2 is by far the most common type of diabetes. The amount of sugar in the blood is controlled by a hormone called insulin, which is produced by the pancreas (a gland behind the stomach). When food is digested and enters your bloodstream, insulin moves glucose (blood sugar) out of the blood and into cells, where it's broken down to produce energy. However, if you have diabetes, your body is unable to break down glucose into energy. This is because there's either not enough insulin to move the glucose, or the insulin produced does not work properly.

PREDIABETES

is a health condition where the blood sugar levels are elevated but not high enough to be diagnosed as Type 2 diabetes. Most people with prediabetes (as much as 85%) are not aware that they have the condition. However, if left untreated, prediabetes can lead to Type 2 diabetes, heart disease, kidney disease and stroke.

People with prediabetes no longer process sugar (glucose)

normally. In prediabetes the cells do not respond as well to insulin. When the cells do not respond to it, sugar fails to enter the cells causing the sugar levels in the blood to rise.



The risk factors for developing prediabetes are the same as those for diabetes. They include:

FAMILY HISTORY – having a parent or sibling with type 2 diabetes

AGE – risk increases after the age of 45 years

BEING OVERWEIGHT – the more fatty tissue (subcutaneous and visceral) you have, the more resistant the cells become to insulin

WAIST SIZE – insulin resistance goes up with waists larger than 40 inches for men and 35 inches for women

DIET – eating a diet with lots of red meat, processed meat and sugar-sweetened beverages

BEING INACTIVE – being physically active less than three times a week

SMOKING – can increase insulin resistance

OBSTRUCTIVE SLEEP APNOEA – a condition where sleep is repeatedly disrupted

Healthy lifestyle choices are the key to preventing prediabetes:

1 LOSE EXCESS WEIGHT (AT LEAST 5-7% OF BODY WEIGHT)

- 2 GET A MINIMUM OF 150 MINUTES OF AEROBIC PHYSICAL ACTIVITY A WEEK
- **3** EAT HEALTHY FOODS
- **A** DON'T SMOKE
- 5 KEEP YOUR BLOOD PRESSURE AND CHOLESTEROL WITHIN NORMAL LEVELS.

AND ALWAYS REMEMBER PREDIABETES IS PREVENTABLE AND REVERSIBLE, EVEN IF DIABETES RUNS IN YOUR FAMILY.

HOW TO IDENTIFY AND MANAGE COVID-19 ON BOARD











SHIP PERSONNEL TYPICALLY WORK IN CLOSE CONTACT ENVIRONMENTS AND ARE THEREFORE SUSCEPTIBLE TO THE TRANSMISSION OF COVID-19. AN OUTBREAK ON BOARD CAN PRESENT SPECIAL RISKS FOR CREW AND OFFICERS AND CAN PUT THEIR SAFETY AND WELL-BEING AT RISK. IT MAY ALSO AFFECT THEIR ABILITY TO NAVIGATE AND OPERATE THE SHIP SAFELY.

By now all ships will have a written COVID-19 contingency management plan in place which typically covers the following areas: surveillance and reporting, isolation and quarantine, case management, infection prevention and control (IPC), communication with authorities and training. There will also be protocols set up for pre-boarding screening and detailed guidance about preventative measures on board the ship, including hygiene, social distancing, ventilation and the use of masks.

While these measures will be familiar to our readers, it is useful to remind everyone of the recommended procedures used to identify and manage suspected or confirmed cases of COVID-19 on board a ship.

SCREENING AND MONITORING

The COVID-19 contingency management plan should be activated if ongoing screening or monitoring activities determine that there is a suspected case on board the ship or if a crew member presents with symptoms suggestive of COVID-19.

ISOLATION OF SUSPECTED CASES

The individual with suspected, probable or confirmed COVID-19 should be placed immediately in isolation in a designated and well-ventilated area (cabin or other quarters) away from all

other crew. Anyone entering an isolation room should wear an isolation gown, eye protection (goggles or face shield), gloves and a medical mask. A strict protocol for meals should be followed and ideally a designated bathroom that is not used by others should be available. Enhanced cleaning and disinfection of the area should be implemented.

INFECTION PREVENTION AND CONTROL (IPC)

In accordance with the COVID-19 contingency management plan, the crew should practise the appropriate IPC precautions. All PPE should be put on and taken off in a safe prescribed manner in a designated area.

ASSESS THE SEVERITY AND RISK FACTORS

Risk factors for severe disease can include age (over 60 years), underlying diseases (such as overweight/obesity, hypertension, diabetes, cardiac disease, chronic lung disease, cerebrovascular disease), mental disorders, chronic kidney disease, immunosuppression (including HIV), cancer and smoking.

Cases should be monitored two or three times per day, either in person or by telephone and people with risk factors should be monitored very closely for any signs of deterioration.

CAN THE CASE BE MANAGED ON BOARD?

Refer to pre-established triggers to determine whether the suspected, probable or confirmed case can be treated on board or whether the case requires immediate shoreside medical care. If pulse oximeters are available, they should be used to assist in the determination as to whether the case can be treated on board.

Further details are contained in the World Health Organisation Interim Guidance dated 23 December 2021.

http://ow.ly/95W230sfjtz



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