CREW WATCH

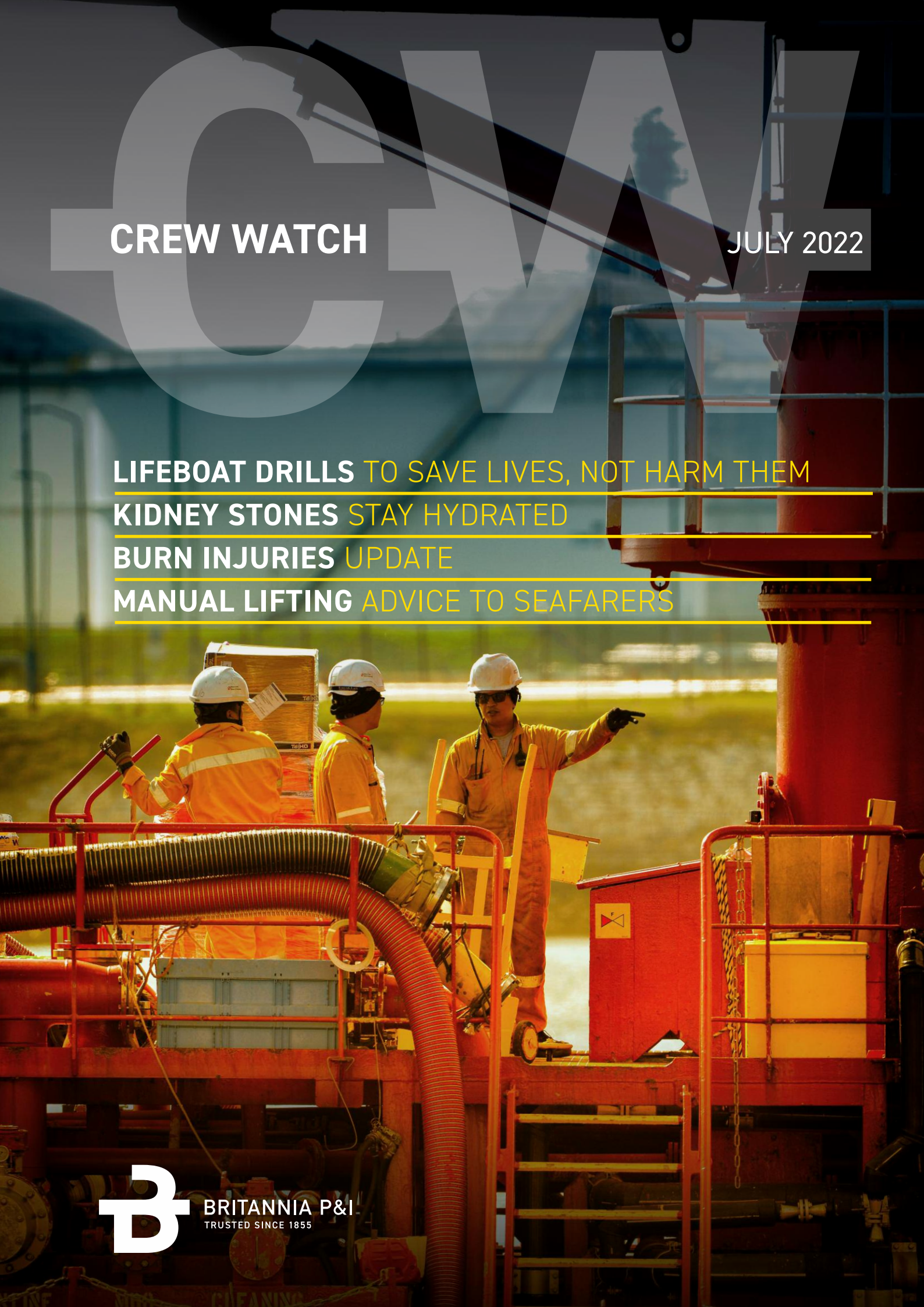
JULY 2022

LIFEBOAT DRILLS TO SAVE LIVES, NOT HARM THEM

KIDNEY STONES STAY HYDRATED

BURN INJURIES UPDATE

MANUAL LIFTING ADVICE TO SEAFARERS



BRITANNIA P&I
TRUSTED SINCE 1855

WE HAVE A MIX OF TOPICS IN THIS EDITION OF CREW WATCH, PROMPTED BY RECENT INCIDENTS REPORTED TO OUR PEOPLE RISKS AND LOSS PREVENTION TEAMS.

REGRETTABLY, LIFEBOAT ACCIDENTS ARE STILL BEING REPORTED AND SO WE TAKE THE OPPORTUNITY TO LOOK AT LIFEBOAT DRILLS AND WHAT STEPS OUR MEMBERS CAN TAKE TO KEEP THEM AS SAFE AS POSSIBLE.

WE ALSO FOCUS ON CREW HEALTH, WITH ARTICLES ON THE IMPORTANCE OF STAYING HYDRATED TO PREVENT THE DEVELOPMENT OF KIDNEY STONES AND ANOTHER LOOK AT THE TOPIC OF BURN INJURIES.

THERE IS ALSO A POSTER SENT OUT WITH THIS EDITION, REMINDING US OF THE IMPORTANCE OF TAKING CARE OF OUR BODIES WHEN LIFTING AND CARRYING. IF YOU WOULD LIKE ANY EXTRA COPIES OF THE POSTER, PLEASE LET US KNOW.

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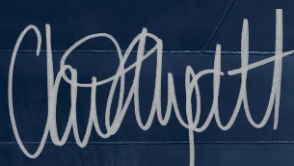

CLAIRE MYATT
Editor

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**

LIFEBOAT DRILLS

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TO SAVE LIVES, NOT TO HARM THEM

EVERY YEAR, LIFEBOAT ACCIDENTS CONTINUE TO HAPPEN, WITH SOME LEADING TO SERIOUS INJURIES AND OTHERS EVEN RESULTING IN DEATH. THE LOSS PREVENTION TEAM AT BRITANNIA HAS BEEN INVESTIGATING LIFEBOAT ACCIDENTS AND NOTICED THAT A SIGNIFICANT NUMBER OF THESE ACCIDENTS OCCURRED DURING LIFEBOAT DRILLS OR INSPECTIONS. THEY ALSO FOUND THAT THERE WERE ACCIDENTS INVOLVING THE LIFEBOAT EQUIPMENT, RELEASE MECHANISMS AND EVEN THE WIRE ROPES[1].

In one lifeboat drill fatality case, the investigation report from the Maltese Flag Marine Safety Investigation Unit (MSIU) revealed that the lifeboat's wire ropes were inferior in break load strength to the ones recommended by the manufacturer. Another contributory factor in this incident was that severe corrosion had degraded the core condition of the lifeboat fall wires. This corrosion was mainly due to lack of maintenance, which had caused the wires to part[2] while the lifeboat was suspended in midair. This shows how important it is for crewmembers to carry out maintenance of the lifeboat equipment according to the manufacturer's recommendations. The equipment's maintenance schedule must be incorporated into the vessel's Planned Maintenance System (PMS) and qualified shore service providers must be used for the required tests.

There was another tragic incident a few years ago which took place during a lifeboat recovery. The incident report stated that the Bosun was cranking the manual winch handle when the electrician unknowingly started working on the winch's electrical switch panel for hoisting function. Once power was regained, the winch handle spun off at high speed, striking the Bosun on the head.

Although limit switches are installed to isolate the power supply to the winch when the cranking handle is inserted for manual operation, there is always a risk that the limit switch may be bypassed by the user from the switch panel. This shows how important it is to have a well-established communication system, such as verbal exchange over walkie-talkies, between all the crewmembers involved in the lifeboat drills. This must be in place before starting any actions and would certainly help to ensure that nobody is exposed to any unnecessary risks.

[1]Lloyd's Registers : Insights into the causes of lifeboat accidents
[2]Marine Safety Investigation Report no. 05/2014 by Transport Malta Marine Safety Investigation Unit

LIFEBOAT DRILLS

TO SAVE LIVES, NOT TO HARM THEM

AS CREWMEMBERS PARTICIPATE IN MORE LIFEBOAT DRILLS, THE GREATER THEIR MENTAL AND MUSCLE MEMORY WILL DEVELOP TO GIVE THEM MORE CONFIDENCE TO REACT DURING EMERGENCIES.

Another important point is that risk assessments should be conducted before any lifeboat drills. These assessments should cover any probable scenarios, proper log-out-tag-out permits, proper supervision and understanding the work assigned to each crewmember at the time of operation.

In some ports, the Master is not allowed to launch the lifeboats within port waters due to traffic movements. The Master would then have to carry out lifeboat launching at the anchorage or just outside of port limits, where currents, tides, traffic or sudden changes to weather can pose tremendous risks to crewmembers. The master should therefore plan the drills well in advance in order to avoid any last minute commitment to meet the deadlines for lifeboat drills, while eliminating conflict with crew rest hours, operational needs and vessel's short turnaround.

During drills, sometimes a lifeboat may come to a sudden stop during the recovery operation. While dealing with the cause of the problem, the crew inside the lifeboat should be informed of the situation and reminded to stay calm. In any event, they should only exit the lifeboat after it has been safely housed.

Overall, responsibility for safety in lifeboat drills always lies with the Master. Lifeboat drills are intended to provide important training but in many recent cases, the crew are reluctant to take part in drills as they are wary of the risks involved. However, as crewmembers participate in more lifeboat drills, the greater their mental and muscle memory will develop to give them more confidence to react during emergencies.

IMPORTANT POINTS TO REMEMBER

- Follow manufacturer's guidance on the parts purchased
- Use qualified service providers for annual lifeboat servicing
- Have a structured, planned maintenance system (PMS)
- Carry out risk assessments prior to each operation
- Implement a proper log-out-tag-out permit
- Establish proper communication among team members
- Know the duties of each crewmember during lifeboat drills
- Schedule drills in advance

BRITANNIA HAS PRODUCED THE FOLLOWING GUIDANCE:

BSAFE case study 14: Accidental Release of A Lifeboat
http://ow.ly/4rJt30smZyf

Risk Watch: Maintenance of Lifeboats and Life rafts (Survival Crafts)
http://ow.ly/oEIT30smZxy

KIDNEY STONES REMEMBER TO STAY HYDRATED

Glennda Canlas, MD
President/Medical Director
Halcyon Health Network

WHAT IS A KIDNEY STONE?

A KIDNEY STONE IS A HARD OBJECT THAT IS MADE FROM A BUILD UP OF WASTE PRODUCT CRYSTALS THAT FORM INSIDE THE KIDNEYS. OVER TIME THE CRYSTALS ACCUMULATE TO FORM A HARD STONE-LIKE LUMP.

It is estimated that one in ten people will have a kidney stone over their lifetime.

A stone may remain in the kidney or travel through the urinary tract and be expelled with the urine. Depending on its location there is a risk that the stone can cause a back up of urine. This causes the urinary tract and kidney tissue to stretch, resulting in pain.

HYDRATION

ONE OF THE RISK FACTORS FOR THE DEVELOPMENT OF KIDNEY STONES IS DEHYDRATION DUE TO EXCESSIVE SWEATING OR DIARRHOEA AND NOT DRINKING ENOUGH TO REPLACE THE LOST FLUID.

Staying hydrated helps flush the kidney and prevent the build up of crystals. It is recommended to drink 2-3 litres of fluid a day. Caffeinated drinks do not count towards this. One way of knowing that you are drinking enough is that you are urinating a lot.

Those who are active outdoors may need more than the recommended minimum and should watch out for the signs and symptoms of mild to moderate dehydration: headache, muscle cramps, thirst, dry mouth, dry, cool skin and dark yellow urine. In addition to the above, signs and symptoms of severe dehydration include: dizziness, rapid heart rate and breathing, sunken eyes, sleepiness, disorientation and fainting.

OTHER RISK FACTORS

- **A positive family history**
- **Diets high in protein, salt and sugar**
- **Obesity**
- **High blood pressure**
- **Diabetes**
- **Cystinuria**
- **Digestive diseases or surgery that affect calcium and water absorption**

SYMPTOMS THAT YOU HAVE A KIDNEY STONE

- **Severe flank or lower back pain on either side**
- **Persistent vague stomach pain**
- **Blood in the urine**
- **Foul smelling, cloudy urine**
- **Fever and chills**
- **Nausea and/or vomiting**

TYPES OF KIDNEY STONE

KIDNEY STONES CAN BE DIAGNOSED BY MEDICAL HISTORY, PHYSICAL EXAM, BLOOD AND URINE TESTING AND IMAGING TESTS LIKE CT SCAN, KUB X-RAY OR AN INTRAVENOUS PYELOGRAM. The most common types of stones are made of calcium oxalate and uric acid.

FOR CALCIUM OXALATE STONES – eat high oxalate foods in moderation: chocolate, peanuts, spinach, beets, sweet potatoes and rhubarb.

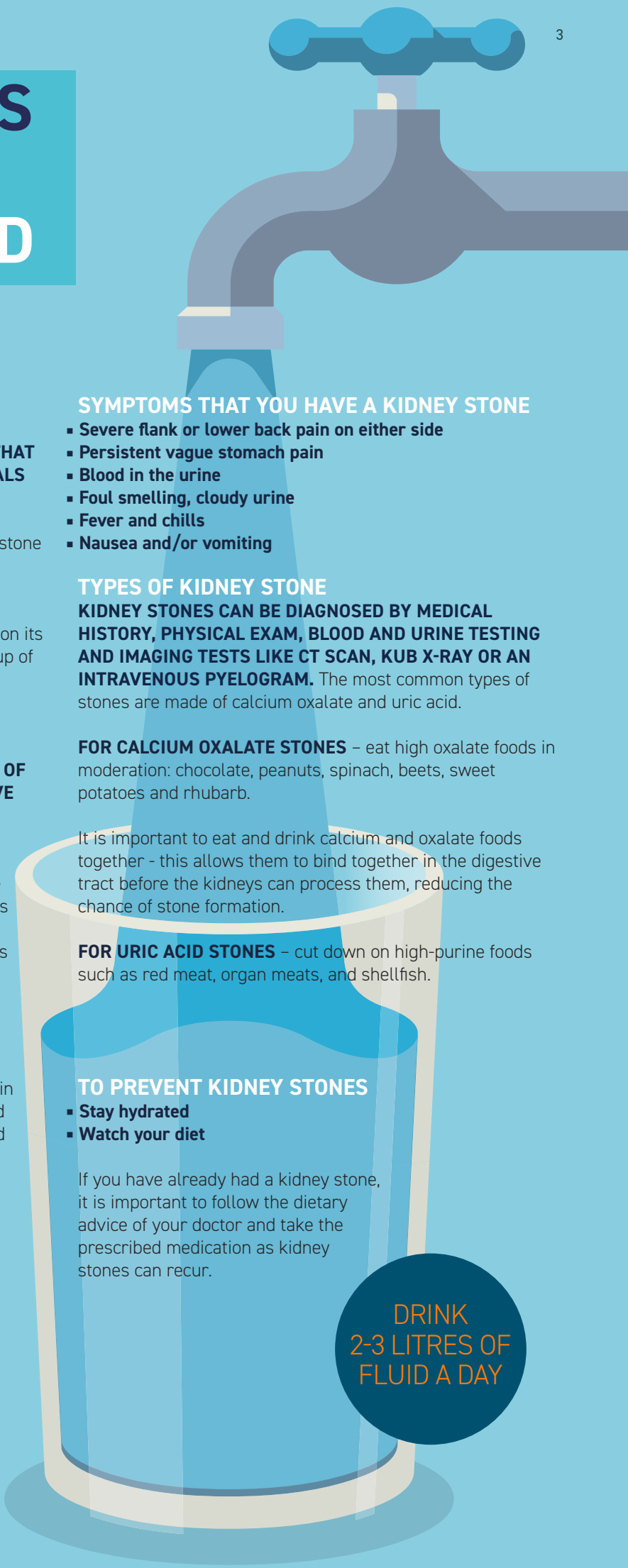
It is important to eat and drink calcium and oxalate foods together - this allows them to bind together in the digestive tract before the kidneys can process them, reducing the chance of stone formation.

FOR URIC ACID STONES – cut down on high-purine foods such as red meat, organ meats, and shellfish.

TO PREVENT KIDNEY STONES

- **Stay hydrated**
- **Watch your diet**

If you have already had a kidney stone, it is important to follow the dietary advice of your doctor and take the prescribed medication as kidney stones can recur.



BURN INJURIES

ANOTHER LOOK AT AN IMPORTANT TOPIC

Capt. Charles Chong
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IN JUNE 2020 WE SET ASIDE A COMPLETE EDITION OF CREW WATCH TO LOOK AT BURNS. A RECENT INJURY CASE OF A CREW MEMBER ON BOARD ONE OF OUR MEMBER'S VESSELS HAS TRIGGERED A REVIEW OF PAST BURN INJURY CASES. THIS HAS REMINDED US ABOUT THE STEPS NEEDED TO PREVENT BURN INJURIES AND THE LESSONS LEARNT FROM THESE INCIDENTS THAT WE CAN SHARE WITH OUR MEMBERS. WE ALSO LOOK AT HOW TO RESPOND IN SUCH INSTANCES.

A burn is an injury from exposure to chemicals, heat, cold, electrical or radiation energy and it could happen to any crew member, be it officers or ratings on board the vessel. Normally, marine burn injuries are classified into the following scenarios; Fatality (FAT), Lost Time Injuries (LTI), Restricted Work Case (RWC), Medical Treatment Case (MTC), First Aid Case (FAC) or Near Miss (NM)[1].

Sometimes, the person with the burn injury was left unchecked and, in some unfortunate cases, this led to seafarers suffering excruciating pain, physical disfigurement, or even loss of life. This is especially true when burns occur while the vessel is far from shore and medical facilities, often in a remote geographical location. In these circumstances, it could take hours or even days for the vessel to deviate to the nearest port of refuge to land the casualty. As a result, the casualty may not receive professional medical treatment in good time, which could result in tragic consequences.

However, it is worth noting that management companies do engage or subscribe to remote medical service providers, such as the International Radio Medical Centre (CIRM)[2] or International SOS[3] who can provide immediate medical advice and suggest remedial actions to guide the Master in administering proper first aid on board.

It should be noted that the severity of the burn injuries may occasionally be misjudged and underestimated due to poor analysis of the casualty's wound. This is because the casualty may appear to be alert and not showing any signs of great pain and distress in the early stages after sustaining the burn injuries. This can lead to incorrect information being conveyed to the medical service provider.

In one case the Master asked for medical advice from the service provider and reported that the burn was a first degree superficial epidermal burn. In fact, the casualty was suffering from a second degree dermal burn. This would affect the diagnosis of the service provider, as they would think that this incident was an FAC case instead of an MTC case. This inaccurate description of the burn can also affect the suggested treatment, which could be unsuitable for the casualty's wound and could delay the actions required for immediate medical evacuation or deviation. In extreme cases, when left unattended, the wound could be infected and this can lead to anaphylactic shock which could be fatal.

[1] Oil Companies International Marine Forum (OCIMF) Marine Injury Reporting Guidelines.
[2] The International Radio Medical Centre provides free round-the-clock medical assistance or radio medical advice to ships of any nationality navigating on all seas of the world.
[3] International SOS is a health and security services firm focussing on helping organizations and their people to reduce exposure to and mitigate health, wellbeing and security risks, with teams of multilingual doctors, nurses, security and logistics experts ready to assist on a 24 hour basis.

THERE ARE 4 MAIN TYPES OF BURN

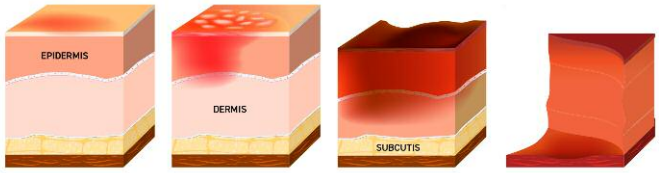
Burns are assessed by how seriously the skin is damaged and which layers of skin are affected. Each type of burn tends to have a different appearance and different symptoms.

1st
SUPERFICIAL EPIDERMAL BURN (first degree) where the epidermis is damaged

2nd
SUPERFICIAL DERMAL BURN (second degree) where the epidermis and part of the dermis are damaged

3rd
DEEP DERMAL OR PARTIAL THICKNESS BURN (third degree) where the epidermis and the dermis are damaged

4th
FULL THICKNESS BURN (fourth degree) where all 3 layers of skin (the epidermis, dermis and subcutis) are damaged

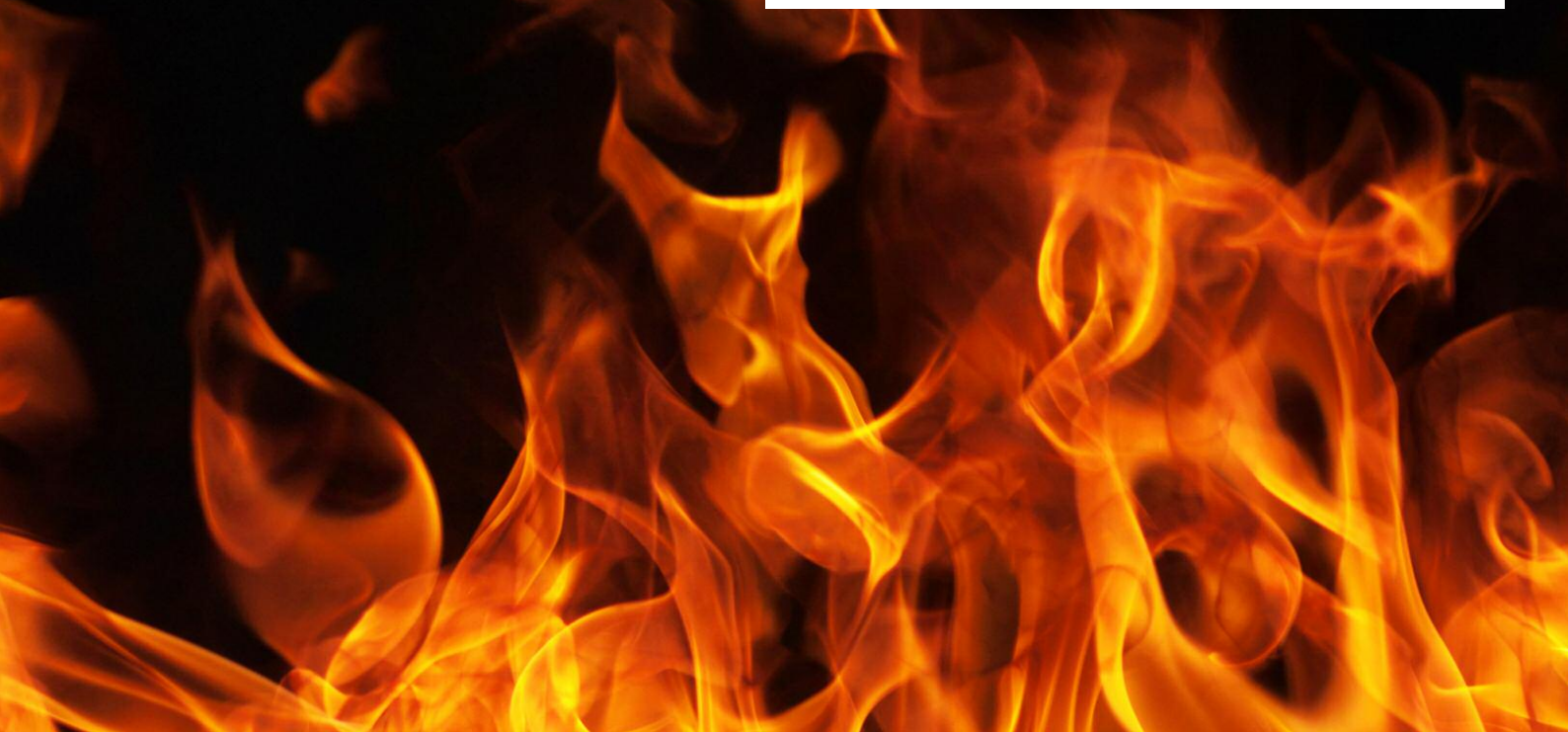


IT IS ALSO IMPORTANT TO RAISE SAFETY AWARENESS AMONGST SEAFARERS AND TO PROVIDE TRAINING TO LEARN ABOUT THE POTENTIAL HAZARDS ONBOARD. THIS TRAINING SHOULD INCLUDE THINGS SUCH AS:

- LOOKING AT WORKPLACE SAFE WORKING PRACTICES
- LEARNING HOW TO CARRY OUT PROPER RISK ASSESSMENTS
- UNDERSTANDING THE USE OF A PERMIT-TO-WORK APPROACH AND LOCK-OUT-TAG-OUT PROCEDURES
- USING THE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT (PPE)
- KNOWING THE CORRECT FIRST AID PROCEDURES

Britannia Club has produced 'Focus on Burn Injuries' in our Crew Watch series which is available to Members on our website.

http://ow.ly/HT5030smZyq



MANUAL HANDLING OF LOADS INCLUDES MOVING ITEMS BY LIFTING, LOWERING, CARRYING, PUSHING OR PULLING.

A common mistake made by seafarers is that they tend to lift a load using back muscles instead of using the power of the arm and leg muscles. Sometimes, this can cause serious implications or injuries, especially so when dealing with the motion of the sea. If the vessel is rolling or pitching, it is important to secure the load first and then postpone the task until the weather improves.

Always consider using lifting equipment as the preferred choice for handling loads. If equipment is not an option and you have to resort to manual lifting, then always consider the weight of the load, the distance you are carrying it, the storage height (if above shoulder level) and any twisting, bending stretching or other awkward posture you may adopt when carrying out the task.

ADVICE TO SEAFARERS[1]

Always make full and proper use of any system of work provided by your Company.

WHEN LIFTING YOU SHOULD:

- assess the load to be lifted, taking account of any information provided
- use any mechanical aids provided
- follow appropriate systems of work laid down for your health and safety
- take sensible precautions to ensure that you are aware of any risk of injury from a load before picking it up
- cooperate on all health and safety matters
- inform your line manager if you identify hazardous handling activities
- plan the lift – where is the load to be placed?
- consider whether you need any help with the load. Some loads require two or more people to lift safely. Are there appropriate handling aids you could use?
- for a long lift, such as deck to shoulder height, consider resting the load midway in order to change grip
- look for sharp edges, protruding nails or splinters, surfaces that are greasy or otherwise difficult to grip and for any other features that may prove awkward or dangerous, e.g. sacks of ship's stores may be difficult to get off the deck
- ensure that the deck or area over which the load is to be moved is free from obstructions, especially in narrow accesses, and is not slippery
- check the final stowage location to ensure that it is clear and suitable for the load

[1]Maritime & Coastguard Agency, Code of Safe Working Practices for Merchant Seafarers (COSWP), 2015 edition

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