

Medical



The Medic on board is responsible for having an overview and providing the best care to people in distress at sea, whether on a boat in distress or on board MARE*GO. There is one medic on board, medical facilities and care are limited to first aid and emergency response. Triage, constant assessments and quick and good decision-making play a major role. In operations, they are part of the RIB Crew and do the first assessment. The person should feel confident in writing short medic reports for handovers to other vessel/Italian authorities, and also provide basic medical training for other crew members.

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1. Introduction

Medical setup on MARE*GO is meant to be as pragmatic as practical and is not complete for every possible emergency scenario, but reflecting the possibilities of a crew with only one medic, that will most likely be responsible for other jobs as well - as all crew members. It is crucial to invest in proper preparations; familiarisation of setup, orienting on inventory and sorting in clinic and emergency bags. Additionally it is advisable to invest in proper training what you potentially need from the crew in case of emergency, triage skills and to identify people with previous medical experience.

2. Medic on MARE*GO

Due to the limitations of the total crew the medic should always take in mind to do best for most and in case of mass casualty very soon limits will be met, and decisions need to be taken proactively to invest resources where it makes most sense. In less extreme scenarios either way it is a case by case consideration if the medic should be on the RIB or on MARE*GO, the medic is not in a crucial role on the RIB.

3. Stock

3.1. Medical cabin

The cabin on portside is the medical cabin, which is mostly meant as a storage of all supplies and equipment, but potentially also could be used as an area to treat severe cases or keep people for longer term treatment and observation. Limitation are the steep stairs and the difficulties that will come with moving someone up and down the stairs, especially if they are not in good condition. Therefore most likely most cases will be dealt with in mess room/recovery area.

The emergency bags need to be well prepared before every deployment, according to preference and expertise of the medic, and all crew needs to be familiarised with the place to find the bag. In this case anyone can be asked to grab the bag in case of urgent need.

3.2. Emergency equipment

Downstairs in the medical cabin is an oxygen system (5l), an emergency oxygen bag (3l), one AED, one stretcher, carrying blanket, several emergency bags. The crew should get a proper introduction where to find things before sailing out.

The total supply is limited, so only for short term support and with low flow, immediate call for medical evacuation. Tourniquets are available as well as splints, pressure bandages, and other elastic bands, wound care, Covid stuff, anamnestic material, a neck collar and emergency medication.

3.3. Inventory

See MARE*GO Medical Inventory.

The inventory must be updated before and after every deployment so the next medic doesn't have to spend days updating an outdated inventory and also to ensure the same medical standard.

In general always highlight before opening the last strip or box of something, to allow time to order (especially things not available locally). In Lampedusa supplies are limited but in Sicily is quite a lot of items are available.

3.4. Controlled drugs

In the medical cabin on the forward shelves there is a red safe that's locked, this has the registered drugs in it. Please count and sign before every port call (especially before disembarkation) and count in whenever new drugs arrive. When in doubt ask for help!

3.5. Supplies/consumption

After familiarizing with inventory medic of the rotation may flag crucial missing items, this should always be discussed with previous medics/longer term involved medics; to prevent bypassing decisions that were considerably made. With greenlight attempts can be made for local purchase. Or if not urgent it can be considered for longer term addition to the inventory. Again the aim is not to have a complete pharmacy but to be as adaptable to a variety of medical conditions with as few possible items/drugs.

3.6. Emergency bags

There is currently a emergency bag, fuel burn bag and one emergency oxygen bag for mobile use on the deck or on the RIB during long range rescue.

The yellow bag pack holds

- manual suction set
- Ambu bag plus masks
- guedells
- ampullarium
- needles
- syringes
- IV set
- fluids
- tourniquet
- bandages and gauzes (for pressure band mainly)
- splint
- scissors
- pulseoximeter
- salbutamol
- ORS
- seasickness medication
- rescue blankets.

The Oxygen bag contains

- 3l of oxygen
- guedell tubes
- Ambu bag and a variety of masks

Please keep in mind due to set up for long range rescues the equipment needs to be more elaborate than with MARE*GO nearby.

Remember the bags are not waterproof, please check regularly if dry inside and place in dry side of RIB.

4. Recovery area

In case of recovering medical cases to the MARE*GO from the distress case, the mess room will become a treatment area. As mentioned taking people to medical cabinet can be considered but more likely to bring needed items in the boxes upstairs.

Before rescue, the mess room should be cleared of crew items and separation should be made between office and starboard wall, to indicate dedicated area for crew to move between bridge and office and accommodation, which would remain crew only unless case of taking people on board MARE*GO till full capacity.

In case more/all people are taken on board, the mess room will also function as a recovery area and safe space for most vulnerable cases, which would be women and children, medical cases and others to be considered depending the demographics of the group.

5. Training

Before departure you will conduct a training with all crew. First inventarise previous experiences to know which level can be aimed at.

Basic Life Support (adapted to near drowning scenario: starting with 5 rescue breaths and latest version; no mouth to mouth, rescue breaths only with Ambu Bag), for adults and children, stretcher handling, recovery position, choking and use of AED. Additionally basic triage; when to inform a medic, call a medic or scream medical emergency.

6. Crewcare

In the bathroom below the sink there is one box with crewcare medical items, it is the responsibility of the medic to introduce this to the crew and top up when needed.

Explain crew limited medical options on board and potential consequences of emergencies at sea: inform sooner rather than later about potential medical problems. Additionally responsible behavior and general advise to avoid disease spreading etc.

7. Seasickness

Before departure, seatrial or transit it can be helpful to give briefing about medical and non medical advise regarding seasickness. Prepare: well rested, never have empty stomach. Take medication preventative if you already know you are seasick. When feeling unwell, avoid books, screens, watch horizon, get fresh air, if not working lay down, preferably low point, sleep it out. Take ginger infusion/tea/eat ginger. Flat coke. Simple food, light but regular, salty. Drink ors. Take medications (tablets, chewing gum, plasters, injections on board) ask medical advice when needed. Keep an eye out for each other.

8. Medical declaration

Medic should know beforehand if any crew has chronical diseases, medications, previous conditions of future/current relevance, allergies.

Medications brought on board that need to be declared (registered drugs on personal prescription)

9. Roles during rescue

9.1. RIB

Ideally one of the RIBs has the medic on board during rescue.

- **Stabilising:** in this phase the medic adds in to make quick and dirty triage, add information to first assessment or ask additional questions to CV where and when appropriate, to verify need for additional support to individual cases. We have implemented a color scale that can also be found on the Cultural Mediator Assessment Cards (only if time permits).
 - **Red** would be if we don't do something now, the person will die. so immediate help is required.
 - **Yellow** would be urgent help needed soon (within the next few hours)
 - **Green** is just a medical case for forwarding to the authorities and putting pressure on them, but we only take care of it when everything else has been done and we have time
- **Accompanying:** continuous assessment of changing condition of overall and individuals, either directly or indirect via questions to crew on scene and advice/intervention in respond to received information (send treatment with explanation, recover people to MARE*GO etc)
- **Recovering medical cases:** In case of medical emergencies they need to be brought to MARE*GO for immediate treatment and evaluation, likely afterwards medical evacuation will be requested. However keep in mind likelihood of psychosomatic conditions and try to rule out first.
- **Embarking people on MARE*GO:** medic should likely transfer to MARE*GO sooner rather than later. When people are embarking on MARE*GO, to continue with secondary triage and treatment. Unless open cases in possible worse condition.

9.2. Deck

Proactive approach of all crew to frequent complaints:

muskuloskeletal pain	drink water
headache	drink water
nausea and vomiting	drink water, eat and need for seasickness medication.

The ship rolls a lot. Seasickness bags are available forepeople in the messroom.

Medic can make a round when people are awake and/or other crew can group cases and direct to medic when they are on the deck. In general medical care to minimum, reflecting needs of project in general. Everyone should be aware for risk of fuel burns, address to medic. Medic and guestcare align together on fuelburn showers and cloths distribution in case of fuelburns. Always allow people to wash with fresh water and soap as soon as realistically possible, discard all cloths and in case of severe burns dressing with flamazine and gauzes with daily evaluation, only antibiotic treatment in case of infectious signs, not preventative.

9.3. Guestcare

Medical and guestcare should pair for approach to special vulnerable people, identify unaccompanied minors, others in need of protection and or medical referrals etc. Additionally

some medical conditions that may need special items, clothes and so on. Medic can advise on preparation of formula milk (only for mothers who can not breastfeed), all crew can participate.

In general medic work close together with guestcare person to keep frequent eye on condition of individuals and overall conditions to act and report.

10. Medical report

Whenever an official request for Port of Safety is sent, first or following updates, a medical report is included, without personal information(!) but with general description of people's overall conditions.

Medic should write this (template on aboard computer) or give input to HOD.

11. Medical evacuation

In case needed either crew or rescued people should be evacuated, escalate this sooner rather than later.

For this task work close together with HOD.

Then call relevant authorities via VHF and have medic ready on bridge to have a call with responsible doctor on land.

Indicate indication, urgency (helicopter or RIB) and other needs (stretcher, medical staff present etc).

12. Referral

Non urgent medical referrals need to be prepared before disembarkation, total number and sort list of case details with additional needs for support, transport (ambulance, stretcher, wheelchair) or accompaniment indicated beforehand. As well as list of protection needs. Printed referral letters (template on aboard computer) given to doctor ashore on disembarkation and patient.

13. Disembarkation

Before start disembarkation medic will be asked to give general medical condition of people and indicate emergency cases. Can be helpful to have special cases ready to disembark first in case needed. Have printed latest version of medical report pre disembarkation and medical referrals.

14. Crew health declaration

In preparation of free pratique a statement of the medic is needed that crew does not show signs of infectious diseases. Template on aboard laptop.

15. MDOH form

Additionally this form needs to be filled, there is an empty and a prefilled version, but details need to be added, aboard laptop.

16. Glossary

CV	Casualty Vessel
HOD	Head of Deployment

