



**WORKING PAPER**

**ICAO/IMO JOINT WORKING GROUP  
ON HARMONIZATION OF AERONAUTICAL  
AND MARITIME SEARCH AND RESCUE (ICAO/IMO JWG-SAR)**

**FOURTEENTH MEETING**

**Saint Gilles, La Réunion, 10 to 14 September 2007**

**Agenda Item 4: SAR operational principles, procedures and techniques:  
4.3 medical assistance in SAR services**

**PROVISION OF MEDICAL ASSISTANCE TO SHIPS AT SEA**

(Presented by Australia)

**1. INTRODUCTION**

1.1 The International Convention on Maritime Search and Rescue 1979 and subsequent amendments, provides for parties to the Convention, on request from Masters of ships, to make arrangements for medical advice, initial medical assistance or medical evacuations for patients.

1.2 At JWG 13 Australia presented a sample contract arrangement for the provision of a Telemedical Assistance Service between a RCC and a TMAS provider. The group recommended that this be forwarded to COMSAR for possible inclusion into the IAMSAR Manual.

1.3 At COMSAR 11 there were objections to the inclusion of the proposed changes, including:

- a) insertion in appropriate manual(s);
- b) insertion in appropriate chapter(s);
- c) additional relevant MEDICO text required in IAMSAR Manual;
- d) reference to a land environment in the sample RCC/TMAS contract be excluded; and
- e) lack of reference to the contract being a 'sample' text.

## 2. **GENERAL**

2.1 The IAMSAR manual has minimal Medico information, as the original text pre-dates the decisions made in January 2000 that changed the definition of SAR services in the SAR Convention to include that of provision of medical advice, assistance and evacuation.

2.2 The Australian proposal to include a sample TMAS contract in the IAMSAR Manual drew heavily upon IMO MSC/Circ 960, on Medical Assistance at Sea, and more recently MSC/Circ.1218 on exchange of medical information between TMAS providers.

2.3 The proposed sample RCC/TMAS contractual arrangement is at Attachment B.

## 3. **PROPOSAL TO AMEND THE IAMSAR MANUAL**

3.1 Australia recommends that the three IAMSAR Manuals be amended to include:

- a) relevant inclusions from MSC/Circ 960;
- b) relevant inclusions from MSC/Circ 1218;
- c) additional relevant MEDICO text;
- d) inclusion of the exchange of information between TMAS as a separate Appendix in IAMSAR Volume II; and
- e) inclusion of the sample contract as an Appendix in IAMSAR Volume 1.

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## PROPOSED CHANGES TO IAMSAR

### Volume I

#### Page viii

##### Abbreviations and Acronyms,

Add TMAS... Telemedical Assistance Service

#### Page xi

##### Glossary,

Add **Telemedical Assistance Service (TMAS)** A medical service permanently staffed by doctors qualified in conducting remote consultations and well versed in the particular nature of treatment on board ship.

### 1.4 Basic System Functions

#### Amend Paragraph 1.4.1.

Any SAR system should be structured to provide all SAR services:

- Receive, acknowledge, and relay notifications of distress from alerting posts,
- Coordinate search response,
- Coordinate rescue response and delivering survivors to a place of safety,
- Provide medical advice, initial medical assistance or medical evacuation.

#### Paragraph 1.4.2.

Stet

#### Paragraph 1.4.3

Delete

*Rationale: to better reflect changes to Maritime SAR Convention that made medical assistance etc., as part of 'SAR services'.*

#### Paragraph 2.1.2

Add to the primary system components:

'- medical advice and medical assistance and evacuation services'

#### Paragraph 2.3.7

Add to **Required** column:

'ability to coordinate provision of medical advice', and

'ability to coordinate provision of medical assistance or evacuation'

*Rationale: these are part of 'SAR service'*

### Section 2.5 SAR Facilities

#### Add new heading

##### *Medical Advice and Medical Assistance*

#### Add new section 2.5.6

The International Convention on Maritime Search and Rescue allows for parties to the Convention to provide on request from Masters of ships, medical advice, initial medical assistance or arrange medical evacuations for patients;

An RCC should establish a relationship with a maritime Telemedical Assistance Service (TMAS) to ensure that medical advice can be provided to ships at sea within the SRR 24 hours a day. The RCC should have the ability to coordinate medical assistance and evacuation in consultation with a TMAS. It is desirable to have a doctor or paramedic on board the evacuation craft who has been briefed by the TMAS.

The RCC may establish contractual arrangements to provide this Telemedical Assistance Service, from a suitably recognized medical authority.

A sample text of a contractual arrangement between RCC and a TMAS is at Appendix (XX)

#### **Paragraph 2.7.1**

Amend 'Medical assistance' to read 'Medical facilities'

*Rationale: medical assistance is part of SAR service, amended however to maintain a need to broaden the scope of assistance that may be available to the RCC.*

#### **Paragraph 4.7.1**

At end of paragraph add new sentence:

'RCCs should be able to communicate 24 hours a day with a designated Telemedical Assistance Service (TMAS) to coordinate the provision of medical advice and medical assistance and evacuation to vessels at sea.'

### **Appendix C Sources for SAR Assistance**

#### **C.1.1 (g)**

Add: 'Telemedical Assistance Services (TMAS)'.

### **Appendix (XX)**

Insert Attachment A

#### **“SAMPLE CONTRACT BETWEEN RCC AND TMAS FOR THE PROVISION OF MEDICAL ADVICE AND ASSISTANCE TO MASTERS OF SHIPS AT SEA”**

as new **APPENDIX (XX) TO VOLUME I, IAMSAR Manual**

## **Volume II**

### **Page xiii**

Abbreviations and Acronyms,

Add **TMAS**... Telemedical Assistance Service

### **Page xxiii**

#### **Glossary,**

Add **Telemedical Assistance Service (TMAS)** A medical service permanently staffed by doctors qualified in conducting remote consultations and well versed in the particular nature of treatment on board ship.

**Chapter 1, page 1-5, paragraph 1.4**  
**Medical Assistance to vessels****Paragraph 1.4.2,**

First sentence:

Delete: 'doctors outside the SAR organization' and replace with 'a Telemedical Assistance Service (TMAS).'

**Paragraph 1.4.2,**

Third last sentence,

Delete: 'medical advisory service' and replace with 'TMAS'.

**Paragraph 2.27.22.**

First sentence,

Delete: 'arrangements with doctors outside the organization' and replace with: 'a TMAS'.

**Paragraph 2.27.23.**

Second sentence,

Delete: 'medical advisory service' and replace with: 'TMAS'.

**Paragraph 2.27.24. to 2.27.30.**

Add new paragraphs as follows:

**2.27.24.** Good communications are essential for an effective telemedical assistance service. Telemedical communications are considered safety or urgency communications, which should have priority over routine traffic and should normally be free of charge to the mariner.

**2.27.25.** The ship's master, who is responsible for treatment on board, must be able to access the TMAS of his choice, based on his nationality, the ship's flag and especially the language spoken.

**2.27.26.** Recording of the date and time of all TMAS communications and archiving on secure tape will enable essential data to be preserved should they be required in the case of legal proceedings. All recorded information is subject to medical privacy in the same way as the content of a medical file.

**2.27.27.** Voice communication is the basis of telemedical advice. It allows free dialogue and contributes to the human relationship, which is crucial to any medical consultation. Text messages are a useful complement to the voice telemedical advice and add the reliability of writing. Facsimile allows the exchange of pictures or diagrams, which help to identify a symptom, describe a lesion or the method of treatment. Digital data transmissions (photographs or electrocardiogram) provide an objective and potentially critical addition to descriptive and subjective clinical data.

**2.27.28.** Given the international dimension of maritime navigation, a medical problem may occur on board a ship far from its country of origin. In such a case the master normally calls his chosen national TMAS, which can perform a telemedical consultation in his language. Should there be need, following the consultation, for an evacuation to the nearest shore, the master contacts the MRCC responsible for the search and rescue region involved.

**2.27.29.** In order to facilitate and enhance planning of the medical aspects of the evacuation, all available medical information collected by the TMAS should be transferred to the TMAS attached to the responsible MRCC. This is to avoid an additional tele-consultation by the second TMAS. A Medical Assistance at Sea, TMAS – TMAS Medical Information Exchange Form can be used for this purpose. See Appendix ZZ.

**2.27.30.** Communications between the ship and TMAS can be established via coast radio stations using VHF, MF or HF radio. Inmarsat satellite communications can be accessed by use of special access codes (SAC) 32 for medical advice and 38 for medical assistance or MEDEVAC. Inmarsat Land Earth Stations (LES) normally route SAC 32 direct to a TMAS and SAC 38 to the associated RCC. Inmarsat can support voice and telex (telex only for Inmarsat-C).

**2.27.31.** Vessels fitted with Broadband services, FleetBroadband (F77) and VSAT (Very Small Antenna Terminal) will permit the easy transfer of photographs and videos.

### **Appendix D checklists**

#### **MEDICO or MEDEVAC Checklist**

##### **Amend 10 to read:**

10 Assistance desired, or as recommended by a telemedical assistance service.

Note: If required, refer to TMAS – TMAS Medical Information Exchange Form. See Appendix ZZ.

### **Appendix (ZZ)**

Insert MSC /Circ 1218 form

#### **“CONFIDENTIAL MEDICAL INFORMATION**

#### **MEDICAL ASSISTANCE AT SEA**

#### **TMAS – TMAS Medical Information Exchange Form”**

As new **APPENDIX (ZZ) TO VOLUME II, IAMSAR Manual**

### **Volume III**

#### **Page x Abbreviations and Acronyms,**

Add **TMAS...** Telemedical Assistance Service

#### **Page xv Glossary,**

Add: **Telemedical Assistance Service (TMAS)** A medical service permanently staffed by doctors qualified in conducting remote consultations and well versed in the particular nature of treatment on board ship.

### **Section 4 – On Board Emergencies**

#### **Page 4-8**

#### **MEDICO**

#### **Fifth dot point**

Delete: ‘doctors outside the SAR organization’, replace with ‘a Telemedical Assistance Service (TMAS)’

**Add new Sixth dot point,**

Add: ‘Communications between the ship and TMAS can be established via coast radio stations using VHF, MF or HF radio. Inmarsat satellite communications can be accessed by use of special access codes (SAC) 32 for medical advice and 38 for medical assistance or MEDEVAC. Inmarsat Land Earth Stations (LES) normally route SAC 32 direct to a TMAS and SAC 38 to the associated RCC. Inmarsat can support voice and telex (telex only for Inmarsat-C).’

**Add new Seventh dot point,**

Add: ‘Vessels fitted with Broadband services, Fleet Broadband (F77) and VSAT (Very Small Antenna Terminal) will permit the easy transfer of photographs and videos’

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## ANNEX 1

### APPENDIX ( ) TO VOLUME I, IAMSAR Manual

#### SAMPLE CONTRACT BETWEEN RCC AND TMAS FOR THE PROVISION OF MEDICAL ADVICE AND ASSISTANCE TO MASTERS OF SHIPS AT SEA

#### **1. Roles and functions of the Telemedical Assistance Service (TMAS) Provider and the Rescue Coordination Centre (RCC)**

##### **1.1 General**

1.1.1 The International Convention on Maritime Search and Rescue 1979 allows for parties to the Convention to provide on request from Masters of ships, medical advice, initial medical assistance or arrange medical evacuations for patients.

1.1.2 The RCC is responsible for search and rescue services which include the provision of medical advice and assistance. The RCC has designated one or more providers of this service. (*Organization*) at (*Location*) is one of the designated (*Country*) Telemedical Assistance Service (**TMAS**).

1.1.3 The procedures and practices defined in this document establish Procedures and Practices, including lines of responsibility for both the TMAS Provider and the Rescue Co-ordination Centre in the co-ordination and provision of medical advice and assistance to ships at sea and the provision of medical advice to the RCC in support of search and rescue.

1.1.4 Further guidance on Medical Assistance at Sea, Importance of the Role of Telemedical Assistance Services; and Medical Assistance at Sea and Maritime Radio communications can be found in IMO MSC Circular 960.

##### **1.2 Roles and responsibilities**

###### **1.2.1 Masters of ships**

1.2.1.1 The Masters of ships are ultimately responsible for the health and safety of crew and passengers on board their ships.

###### **1.2.2 Maritime Communications Station**

1.2.2.1 The Maritime Communications Station is responsible for:

- a. responding to any request for medical advice or assistance;
- b. providing an effective communications interface between Masters of ships at sea and the TMAS; and
- c. in the event of a MEDEVAC being required, requesting and passing all necessary information to the RCC.



1.2.3 Telemedical Assistance Service (TMAS)

1.2.3.1 The TMAS is responsible for the following functions:

- a. Be available 24 hours per day, 7 days a week to receive requests from vessels at sea and/or the RCC for the provision of medical advice;
- b. Making prompt medical assessments of remote patients and providing prompt advice to ships' Masters in relation to medical treatment to be administered to those patients, generally by non-medical personnel;
- c. Providing prompt medical specialist advice when required;
- d. Where it is essential for the safety of the patient, taking into account all circumstances, making recommendations to ship Masters and to the RCC for evacuation of patients to shore-based facilities or to another vessel;
- e. Advising the RCC of any special medical requirements or constraints that may affect the type and equipment fit of the proposed recovery platform for evacuation of patients to shore-based facilities or to another vessel;
- f. Providing briefing to the paramedic or doctor who may accompany the MEDEVAC vehicle, to provide continuity of medical attention and also consult on evacuation procedures and constraints;
- g. When a patient is to be evacuated to a shore-based medical facility or the Master of a ship has decided to divert to a port, consulting with the RCC and the evacuating craft and recommending a medical facility to which the patient should be evacuated. Make appropriate arrangements with the medical facility to receive the patient;
- h. Ensuring, through liaison as required, that the receiving hospital is briefed about the patients condition and treatment;
- i. Providing medical advice to the RCC with respect to the prospects for survival/injury of persons subject to search and rescue in both land and sea environments; and
- j. Providing statistical information, to the RCC, on an annual basis in relation to the services performed.

1.2.4 Rescue Coordination Centre

1.2.4.1 The RCC is responsible for the following functions:

- a. Ensuring that ships' Masters have the necessary information available to be able to contact the TMAS;
- b. Co-ordinating any MEDEVAC when requested, assisted by medical advice provided from the TMAS;

- c. Arranging of surface (water and land) or air assets necessary to conduct a MEDEVAC to achieve delivery to the medical facility determined by the TMAS. As an integral part of the evacuation, the RCC will, where possible, organize to have paramedics on board the recovery platform;
- d. Where evacuation is required and requested, co-ordinating with the ships' Masters for meeting or receiving the rescue platform and patient transfer arrangements;
- e. Where the TMAS recommends the patient is landed urgently, and the Master requests assistance, the RCC will advise the ship's Master and the TMAS of suitable port(s) based on operational assessment only;
- f. Liaising with the provider of the surface or air assets for invoicing and payment; and
- g. As necessary for the purpose of communicating with a ship's Master or crew, arranging access to interpreter services where possible.

## **2. Practices and Procedures**

### **2.1 General**

2.1.1 The TMAS can expect to receive requests for assistance from:

- a. any ships in surrounding waters; and
- b. Country-flag and foreign ships outside that country's designated Search and Rescue Region.

2.1.2 This section addresses procedures to be adopted in response to three main conditions:

- a. medical advice to ships;
- b. diversion of a ship to another port; and
- c. MEDEVAC.

2.1.3 When the TMAS receives a request for medical assistance it must:

- a. promptly undertake a remote medical assessment of the patient; and
- b. promptly provide appropriate medical advice to the ship's Master on the treatment to be administered (generally by non-medical personnel).

2.1.4 Where the condition of the patient is such as to warrant more urgent and specialized care, the TMAS may also decide to make a recommendation to a ship's Master that:

- a. the patient should be landed urgently/as soon as possible to enable more expert treatment of the patient; or
- b. the patient should be evacuated immediately/as soon as possible to a land-based medical facility.

## 2.2 Medical advice to ships

- 2.2.1 On receipt of a request for medical advice from a ship's Master, the TMAS will consult with the ship's Master as necessary and provide the appropriate medical advice.
- 2.2.2 Requests for medical advice received directly by, or on-passed to, the TMAS from SOLAS and country-flagged merchant ships do not require referring or reporting to the RCC unless evacuation is recommended.
- 2.2.3 In the event that the TMAS suspects that the medical problem may have quarantine or border control implications:
- a. **TMAS.** The TMAS must inform the RCC of the:
    - Name of the ship;
    - Name(s) of the affected person;
    - the medical condition; and
    - probable port of arrival.
  - b. **The RCC.** The RCC must inform the appropriate border control agencies.

## 2.3 Diversion of a ship to port

- 2.3.1 In those cases where it is determined by the ship's Master, after medical consultation with the TMAS that diversion to a port other than the next port of call is or may be necessary.
- 2.3.2 The TMAS must inform the RCC that diversion is or may be undertaken.
- 2.3.3 The RCC must, on request from the Master of the ship, render necessary assistance to the Master of the ship. This may include advice as to available ports and advising the ship's agent, port, medical and border control authorities at the port of diversion.

## 2.4 MEDEVAC

- 2.4.1 The decision to MEDEVAC a patient is a matter for the ship's Master to decide on the basis of medical advice that is provided by the TMAS. Consideration must be given to other factors, including the environmental conditions (weather, sea state etc) that may prevail at the time of possible extraction and the ship's geographical location. The availability and type of recovery platform(s) may also affect the strategy or decision to MEDEVAC. Accordingly, close and on-going consultation may be required between the ship's Master, the ship's agent, the TMAS, the RCC, the operating agency/crew of the rescue platform and the receiving medical facility.
- 2.4.2 Medical evacuations are generally undertaken by helicopter, possibly supported by a fixed wing aircraft. The TMAS must take into account that such evacuations can be carried out only when the ship is within helicopter's flying range from land and only when a suitably equipped helicopter is available. It may be possible under conditions of extreme medical urgency for surface and air assets to be used (ship as a staging landing platform plus helicopter), however the availability of such assets cannot be assumed or guaranteed.

2.4.3 Where the ship's Master requires a MEDEVAC, either by his own decision or as a result of consultation with the TMAS, the ship's Master may communicate with the RCC directly or through a Maritime Communications Station without further reference to the TMAS. In this event the Maritime Communications Station or the RCC will ascertain the:

- patients condition;
- vessel name;
- callsign;
- ship's position;
- nearest port and ETA.

2.4.4 The RCC must:

- a. Consult with the TMAS for medical advice that may affect:
  - (a) the type of rescue platform provided,
  - (b) any medical constraints or requirements that may affect the point and method of extraction,
  - (c) the recommended medical facility for delivery, and
  - (d) any other considerations that could affect the conduct of the MEDEVAC;
- b. Source and task the surface and/or air asset(s) to be used as a recovery platform;
- c. Advise the TMAS of the details of the recovery platform and the operating agency;
- d. Advise the ship's Master of arrangements for the MEDEVAC, including rendezvous and any pre-arrangements for the extraction;
- e. Advise the TMAS and the medical facility of the actual time of extraction and estimated time of delivery of the patient to the shore based medical facility;
- f. Facilitate the MEDEVAC as necessary and maintain a watch over the progress of the MEDEVAC until the patient is delivered to the medical facility; and
- g. Notify the Maritime Communications Station of the outcome of the MEDEVAC on completion of the event.

2.4.5 The TMAS must:

- a. Provide the RCC with:
  - (a) medical advice on issues that may affect the type of rescue platform provided,

- (b) advice as to any medical constraints or requirements that may affect the point and method of extraction, and
  - (c) any other considerations that could affect the conduct of the MEDEVAC;
- b. If necessary advise on the most appropriate medical facility to which the MEDEVAC should deliver the patient and co-ordinate with the receiving medical facility for receipt of the patient;
- c. Consult with the operating agency/recovery platform to advise on the patient's medical condition, any recommended constraints or requirements related to immediate treatment or processes of MEDEVAC and the proposed medical facility to receive the patient;
- d. Continue to consult with the ship's Master regarding the patient's condition as necessary in the circumstances;
- e. Advise the medical facility of the medical status of the patient at the commencement of the MEDEVAC; and
- a. Inform the RCC of any circumstances that may cause a need for change in the recovery platform type or timing including where the MEDEVAC is no longer deemed necessary.

### **3. Communications arrangements**

#### **3.1. General**

- 3.1.1 The TMAS must maintain in operation at all times facilities for voice and data communications to enable communication with the RCC, ships at sea and rescue personnel. Those communications capabilities should include:
- a. Voice communication;
  - b. Text messages;
  - c. Facsimile; and
  - d. Digital data transmission; (photograph or electrocardiogram)
- 3.1.2 To support this communications capability, the TMAS must provide separate and dedicated phone and facsimile lines.

#### **3.2 Communication between the TMAS and ships at sea**

- 3.2.1 Ships seeking medical advice will normally be put in contact with one of the Maritime Communications Stations. Calls will then either be transferred or relayed to the TMAS. Requests for advice may therefore come to the TMAS:

- a. directly from a ship via a transferred telephone call;
  - b. via a Maritime Communications Station which has received a request for assistance from a ship by:
    - Radiotelephony (RTF);
    - Radio telex;
    - Fax/phone;
    - Inmarsat;
    - Email; or
  - c. via the RCC.
  - d. via a commercial satellite system
- 3.2.2 Fax or telex requests passed to a Maritime Communications Station will normally be relayed to the TMAS over the telephone and replies should be sent through the appropriate Maritime Communications Station. If a fax is going to be sent to the TMAS, by the RCC, a Maritime Communications Station or a Land Earth station, the initiator must contact the TMAS by telephone to advise that the fax is being sent. In some circumstances, the fax number to be used may be different from the normal contact fax number. Accordingly, when the initiator calls to advise that a fax is to be sent, check the fax number.
- 3.2.3 In some instances communications directly with a ship, for the provision of medical advice, may not be possible. In such circumstances, communications may need to be conducted through Maritime Communications Stations.
- 3.2.4 Inmarsat Communications:**
- 3.2.4.1 The various Inmarsat systems offer two abridged codes (Special Access Codes - SAC) 32 and 38, which can be used for medical advice or medical assistance at sea through telephone, fax or telex using satellite communications.
- **SAC 32** is used to obtain medical advice. The Land Earth Station will provide a direct link with the TMAC when this code is used.
  - **SAC 38** is used when the condition of an injured or sick person on board a ship justifies medical assistance (evacuation to shore or services of a doctor on board). This code allows the call to be routed to the associated RCC.
- 3.3. Communication between the TMAS and the RCC**
- 3.3.1 Communications between the TMAS and the RCC must be conducted by telephone or facsimile:

<b>TMAS contact details:</b>	Telephone	Medical line
		General line
	Facsimile	
	<i>(Check with TMAS prior to transmission)</i>	
	Email	
<b>RCC contact details:</b>	Telephone	
	Alternate	
	Facsimile	
	Email	

- 1.4. Communication between the State TMAS and a Remote TMAS.
- 3.4.1 Given the international dimension of maritime navigation, a medical problem may occur on board a ship very far from its country of origin. In such a case the master, who is responsible for the care of those on board, normally calls his designated national TMAS, which can perform remote consultation in his language. Should there be need, following the remote consultation, for an evacuation to the nearest shore, the master will contact the RCC responsible for SAR operations in the search and rescue region (SRR) concerned. In order to facilitate and enhance the planning of the medical aspects of the SAR operation involving medical assistance at sea, all available medical information collected by the TMAS that has carried out a remote consultation will be transferred to the TMAS attached to the responsible RCC. Everything must be done to avoid a second remote consultation by the second TMAS.
- 3.4.2 A common form for the exchange of medical information is available to facilitate the transfer of all available and relevant medical information between the two TMAS authorities. See attached MSC/Circ 1218.
- 3.4.3 On the basis of trans-national partnership agreements, the “medical information exchange form” is used for SAR operations involving medical assistance at sea, in the following manner:
  - a. when, following a remote consultation, a TMAS has indicated its recommendation to carry out a medical evacuation, the physician will complete the “medical information exchange form”;
  - b. once the RCC responsible for the SAR operation has been identified, the remote TMAS will transmit the form to the corresponding partner TMAS of the RCC concerned;
  - c. the RCC will be advised appropriately by its designated national TMAS of the medical constraints affecting the SAR operation; and
  - d. at the completion of the SAR operation, the operational TMAS will send any necessary information on medical follow-up to the TMAS that had performed the remote consultation.

**3.5. Recording and reporting of communications**

- 3.5.1 Telemedical advice and assistance is subject to the confidentiality provision of the relevant Acts for the manner in which they are handled, stored and communicated.
- 3.5.2 In particular, telemedical advice must not be provided to third parties except for the delivery of the advice to:
- a. the target ship;
  - b. the RCC; and
  - c. paramedic organizations and medical institutions involved in the provision of the particular medical services to which the advice and assistance relates.
- 3.5.3 All TMAS communications must be identified by date and time and must be stored securely and so as to enable the records to be accessed promptly should they be required.
- 3.5.4 TMAS must fully document all communications including but not limited to:
- a. case notes;
  - b. time and date of contact and the name of the vessel;
  - c. the names of those with whom they deal (so far as a name can be ascertained); and
  - d. the means of communication (telephone, radio, fax, email, etc plus contact numbers).
- 3.5.5 The TMAS must make the records, with the exception of case notes, available to the RCC on request.



## MSC Circular 1218

## Appendix

*IDENTIFICATION OF THE REQUIRING TMAS:*

Name: .....  
 Address: ..... Tel: .....  
 ..... Fax: .....  
 ..... E-mail: .....

## CONFIDENTIAL MEDICAL INFORMATION

**MEDICAL ASSISTANCE AT SEA**  
**TMAS - TMAS Medical Information Exchange Form**

To: TMAS: .....  
 (via MRCC if necessary: .....)

Date: ...../...../..... Time: .....h..... Physician: Dr.....

## PATIENT

Surname: ..... First Name: .....

Date of Birth: ...../...../..... Age: ..... Sex: M ☐ F ☐

Nationality: ..... Occupation on board: .....

## MEDICAL CIRCUMSTANCES

<input type="checkbox"/> Illness
<input type="checkbox"/> Accident
<input type="checkbox"/> Poisoning
Since: .....

.....  
 .....  
 .....

Previous Medical History	Ongoing Treatments	Care on board before Teleconsultation
..... .....	..... .....	..... .....

## MEDICAL OBSERVATION

Pulse: ... .. / min	BP: ... .. mmHg
BR: ... .. / min	T: ..... °C
Weight: ..... Kg	
Height: ..... m	

Diagnosis(es) given: .....  
 .....  
 .....  
 .....

14850

**IDENTIFICATION OF THE REQUIRING TMAS:**

Name: .....  
 Address: ..... Tel: .....  
 ..... Fax: .....  
 ..... E-mail: .....

**MEDICAL INSTRUCTIONS**


**MEDICAL ASSISTANCE REQUIRED**

- Medical Decision: ☐ Ship diversion to (Port): .....  
☐ Ambulance  
 Medical Team: ☐ Doctor ☐ Nurse ☐ Paramedic
- ☐ Medical Evacuation  
 Medevac Time frame: ☐ Immediate ☐ Daylight hours  
 .....  
 Medevac Method: ☐ Land on ☐ Winch/stretcher ☐ Winch/Strop  
 .....  
 Medical Team: ☐ Doctor ☐ Nurse ☐ Paramedic
- ☐ Air Drop of supplies:  
 .....  
 .....
- ☐ Quarantine situation  
 .....  
 .....

**SHIP**

Ship Name: ..... Call Sign: .....  
 Type: ..... Flag: .....  
 Location: .....  
 Port of Origin: ..... Departure/DTG: .....  
 Destination: ..... ETA / DTG: .....

Contact: .....

**Please send back all the available follow-up information to :**

TMAS Name: .....  
 Address: ..... Tel: .....  
 ..... Fax: .....  
 ..... E-mail: .....

\*\*\*

— END —