Health protection and medical care for seafarers

Fourth item on the agenda
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INTRODUCTION

At its 234th Session (November 1986) the Governing Body of the International Labour Office examined the record of the Preparatory Technical Maritime Conference (Geneva, May 1986) and decided to include an item on health protection and medical care for seafarers in the agenda of the 74th (Maritime) Session of the International Labour Conference.

It also decided that, in accordance with article 38, paragraph 4 (b), of the Standing Orders of the International Labour Conference, the Office would draw up a final report on this item on the basis of the work of the Preparatory Technical Maritime Conference and of further information received by the Office in response to a questionnaire to be sent to governments regarding the possible inclusion of fishing vessels and fishermen in the scope of the Conclusions adopted by the Preparatory Conference.

The background to these decisions is summarised below.

Steady progress has been made at the international level towards improving the health services available to seafarers on board ship and ashore since the creation in 1949 of the Joint ILO/WHO Committee on the Health of Seafarers. Over the years the Joint Committee, in a series of resolutions and recommendations, has drawn the attention of governments to a number of specific and important issues surrounding the provision of satisfactory medical care and health protection to seafarers, some of which called for further study. The findings of the Joint Committee led, inter alia, to the adoption of the Ships' Medicine Chests Recommendation, 1958 (No. 105), and the Medical Advice at Sea Recommendation, 1958 (No. 106), as well as to the development of the International medical guide for ships and standards for the training of those on board ship responsible for medical treatment at sea.

On the subject of seafarers' health problems, the 62nd (Maritime) Session of the Conference (Geneva, October 1976) adopted a resolution concerning international maritime labour standards on medical care aboard ship, which noted the discussions, proposals and supportive statements regarding international standards on medical care on board ship during the proceedings of both the Preparatory Technical Maritime Conference (Genoa, September 1969) and the 55th (Maritime) Session of the Conference (Geneva, October 1970). The resolution also drew attention to a resolution on medical and first-aid training for ship personnel adopted by the Fifth Session of the Joint ILO/WHO Committee in 1973, and it requested the Governing Body to invite the Joint Maritime Commission to consider the adoption of international maritime labour standards on medical care aboard ship requiring the training of seafarers in medical skills beyond the first-aid level.

On a related issue, the Committee on Conditions of Work in the Fishing Industry (Geneva, November 1978) adopted a resolution inviting the Governing Body to include the question of medical care for fishermen at sea in the agenda of
a future Maritime Session of the International Labour Conference with a view to the adoption of an international instrument.

Other developments along similar lines included the adoption by the International Maritime Organisation (IMO) of the Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, whose provisions specify the minimum knowledge of medical aid and first aid for the sick or injured that is required for certification of various categories and grades of seafarers, and the adoption by the Sixth Session of the Joint ILO/WHO Committee on the Health of Seafarers (Geneva, September 1981) of recommendations dealing in particular with the revision of the *International medical guide for ships*, the preparation of training syllabuses for instructing seafarers in first aid and medical care, and the adoption of a standard medical form for use by doctors examining and treating seafarers.

At its 23rd Session (Geneva, October 1980) the Joint Maritime Commission recommended that, in the spirit of the aforementioned resolution adopted by the 62nd (Maritime) Session of the International Labour Conference in 1976, an item on medical care be placed on the agenda of the next Preparatory Technical Maritime Conference. The Joint Maritime Commission again considered the question of medical care on board ships at its 24th Session (Geneva, September 1984), in the light of an Office report on the subject based on information received from member States in response to a questionnaire, and adopted a resolution urging the Governing Body to include in the agenda of the next Maritime Session of the Conference an item concerning the adoption of a Convention on seafarers' health protection and medical care for seafarers. The Governing Body at its 228th Session (November 1984) accordingly decided that an item entitled "Health protection and medical care for seafarers" should be placed on the agenda of the Preparatory Technical Maritime Conference in May 1986 and of the 74th (Maritime) Session of the Conference in 1987.

A report on this question prepared by the Office for the Preparatory Technical Maritime Conference brought up to date the information on law and practice in the various countries that had been provided by governments for the Joint Maritime Commission in 1984. It also contained Proposed Conclusions reflecting the progress achieved in the field of health protection and medical care for seafarers and taking into account the views expressed by the Shipowners' and Seafarers' members of the Joint Maritime Commission. These Conclusions are reproduced in Chapter I of this report.

Following discussion of the Office report, the Preparatory Technical Maritime Conference adopted a revised set of Conclusions for submission to the International Labour Conference at its 74th (Maritime) Session. The proceedings of the Preparatory Conference with respect to this item, including extracts from the report of the Committee it set up to consider the question, the Proposed Conclusions submitted by that Committee and a summary of the Conference's discussions in plenary sitting, are set out in Chapter II. Chapter III contains a summary of government replies to an Office questionnaire regarding the possible application of the Conclusions to fishing vessels and fishermen. Finally,

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Chapter IV contains the English and French versions of a proposed Convention concerning health protection and medical care for seafarers, based on the Conclusions adopted by the Preparatory Conference and on the replies to the questionnaire. If the Conference so decides, the proposed Convention may serve as the basis for discussion of this item at its 74th (Maritime) Session.
CHAPTER I

PROPOSED CONCLUSIONS CONCERNING HEALTH PROTECTION AND MEDICAL CARE FOR SEAFARERS, PREPARED BY THE OFFICE FOR THE PREPARATORY TECHNICAL MARITIME CONFERENCE

1. There should be an international instrument concerning health protection and medical care for seafarers on board ship.

2. The instrument should take the form of a Convention.

3. The instrument should refer, in its preamble, to the Ships’ Medicine Chests Recommendation, 1958 (No. 105), and the Medical Advice at Sea Recommendation, 1958 (No. 106).

4. The Convention should contain the following provisions:

I. SCOPE AND DEFINITIONS

5. (1) The Convention should apply to every sea-going ship whether publicly or privately owned, which is registered in the country of any Member ratifying the Convention and which is ordinarily engaged in commercial maritime navigation or commercial maritime fishing in salt waters.

(2) In the event of any doubt as to whether any ships are to be regarded as engaged in commercial maritime navigation or commercial maritime fishing in salt waters for the purpose of the Convention, the question should be determined by the competent authority after consultation with the organisations of shipowners, seafarers and maritime fishermen concerned, where they exist.

(3) For the purpose of the Convention the term “seafarer” should mean any person who is employed in any capacity on board a seagoing ship registered in a country for which the Convention is in force.

II. GENERAL

6. (1) Each Member which ratifies the Convention should ensure that effect is given to it through measures providing for health protection and medical care for seafarers on board ship which should be laid down by national laws or regulations, collective agreements, work rules, arbitration awards or court decisions or other means appropriate to national conditions.

(2) Such measures should ensure the application to seafarers of any general provisions on occupational health protection and medical care relevant to the seafaring profession, as well as of special provisions peculiar to work on board ship.
(3) Such measures should aim at providing seafarers with health protection and medical care comparable to that which is generally available to workers ashore.

III. MEDICAL CARE ON BOARD

7. (1) Every ship to which the Convention applies should be required to carry a medicine chest.

(2) The contents of the medicine chest should be prescribed by the competent authority taking into account such factors as the size and type of ship, the number of persons on board, and the nature and duration of voyages.

(3) In establishing or reviewing national requirements concerning the contents of the various types of medicine chests, the competent authority should take into consideration internationally recommended standards in this field, as well as advances in medical knowledge and approved methods of treatment.

(4) The national requirements should provide for the proper maintenance and care of medicine chests and their contents as well as their periodic inspection at regular intervals by responsible persons designated by the competent authority.

8. (1) A ship's medical guide approved by the competent authority should be carried aboard every ship required to carry a medicine chest.

(2) The medical guide should explain how the contents of the medicine chest are to be used and should be intended to enable persons other than a doctor to care for the sick or injured on board both with and without medical advice by radio.

(3) In adopting or reviewing the medical guide used nationally, the competent authority should take into account the International medical guide for ships published by the World Health Organization and the Medical first-aid guide for use in accidents involving dangerous goods, published by the International Maritime Organisation, as well as any amendments or additions thereto.

9. (1) The competent authority in each maritime country should ensure by a pre-arranged system that medical advice by radio to ships at sea, including specialist advice, is available at any hour of the day or night.

(2) Such medical advice, including the onward transmission of medical messages by radio between a ship and those ashore giving the advice should be available free of charge to both national- and foreign-flag ships.

(3) Optimum use should be made of facilities available for medical advice by radio by requiring that:

(a) all ships to which the Convention applies which are equipped with radio installations should carry a complete list of radio stations from which medical advice can be obtained;

(b) the list of radio stations should be kept up to date and in the custody of the person on board responsible for radio duties.

(4) Seafaring personnel requesting medical advice by radio should be instructed in the use of the ship's medical guide and the medical section of the International code of signals published by the International Maritime
Organisation so as to enable them to understand the type of information needed by the advising doctor as well as the advice received.

(5) Doctors providing medical advice by radio to ships should be trained in emergency and nautical medicine, including practical experience on the job.

10. Ships to which the Convention applies carrying a crew of 100 or more and ordinarily engaged in voyages of more than three days’ duration in international waters should carry a medical doctor as a member of the crew.

11. (1) All ships to which the Convention applies and which do not carry a doctor should carry at least one specified person in charge of medical care as part of his regular duties.

(2) Persons in charge of medical care on board who are not doctors should have satisfactorily completed an approved course of theoretical and practical training in medical skills based on the contents of the *International medical guide for ships*, the *Medical first-aid guide for use in accidents involving dangerous goods* and/or similar national guides, and the medical section of the *International code of signals*, as follows:

(a) for ships which ordinarily are capable of reaching qualified medical care and medical facilities in port within eight hours, elementary training which will enable such persons to provide effective medical treatment above the level of first aid and to make use of medical advice by radio in the case of accidents or illnesses that are likely to occur on board;

(b) for all other ships, training in diagnostic and therapeutical procedures which will enable such persons to provide extended medical treatment and care assisted by medical advice by radio, for a period exceeding eight hours.

(3) Refresher training courses should be available to persons in charge of medical care on board who are not doctors, to enable them to maintain and increase their knowledge and skills and to keep abreast of new developments.

(4) All seafarers, during their vocational training, should receive instruction on the immediate action that should be taken on encountering an accident or other medical emergency on board, i.e. first aid.

12. (1) Ships to which the Convention applies carrying a crew of fifteen or more and ordinarily engaged in voyages of more than three days’ duration in international waters should be provided with separate hospital accommodation having a number of berths as prescribed by the competent authority.

(2) The hospital accommodation should be suitably situated and its arrangement, equipment and amenities designed to ensure the comfort and facilitate the treatment and nursing care of the occupants.

(3) The hospital accommodation should not be used for other than medical purposes.

IV. MEDICAL RECORDS

13. (1) A standard medical report form for seafarers should be adopted by the competent authority for use by ships’ doctors or masters and hospitals or doctors ashore.
(2) The form should be specially designed to facilitate the exchange of medical and related information concerning individual seafarers between ship and shore in cases of illness or injury.

V. INTERNATIONAL CO-OPERATION

14. (1) Members which ratify the Convention should undertake to co-operate with one another in promoting protection of the health of seafarers and medical care for them on board ship and in arranging for landing them in port for emergency treatment.

(2) Such co-operation should cover the following matters:

(a) developing and co-ordinating search and rescue efforts and arranging prompt medical help and evacuation at sea for the seriously ill or injured aboard a ship without a doctor through such means as periodic ship position reporting systems, rescue co-ordinating centres and emergency helicopter services;

(b) making optimum use of the limited number of fishing vessels carrying a doctor and stationing ships at sea which can provide hospital and rescue facilities as well as weather information for the maritime fishing industry;

(c) compiling and maintaining an international list of doctors and medical care facilities available world-wide to provide emergency medical care to seafarers;

(d) repatriating seafarers hospitalised abroad as soon as practicable;

(e) setting up pilot health centres for seafarers to:

(i) conduct research on the health status and medical treatment of seafarers;

(ii) train medical and health service staff in maritime medicine;

(iii) collect and evaluate data on morbidity and accidents among seafarers;

(f) organising international exchanges of technical information, training material and personnel, as well as international training courses, seminars and working groups.
CHAPTER II

PROCEEDINGS OF THE PREPARATORY TECHNICAL MARITIME CONFERENCE CONCERNING HEALTH PROTECTION AND MEDICAL CARE FOR SEAFARERS

EXTRACTS FROM THE REPORT OF THE COMMITTEE ON HEALTH PROTECTION AND MEDICAL CARE FOR SEAFARERS

Composition of the Committee

1. The Committee on Health Protection and Medical Care for Seafarers was set up by the Conference at its third plenary sitting on 6 May 1986... composed of... 23 Government members, 15 Shipowners' members and 14 Seafarers' members...

2. The Committee elected its officers as follows:
   
   Chairman: Mr. A. Daverede (Government member, Argentina);
   Vice-Chairmen: Mr. J. J. Cox (Shipowners' member, United States);
   Mr. S. E. Nylund (Seafarers' member, Finland);
   Reporter: Mr. J. G. Daniels (Government member, Canada).

3. The Committee held eight sittings and set up a working group and a drafting committee...

General discussion

6. The Shipowners' members stated that they had always advocated proper medical care for seafarers who became ill or were injured aboard ship. This concern had been acted upon, recognising the practical limitations of ships' operations and notwithstanding the grave economic conditions facing the shipping industry today. They also noted that there was no fundamental divergence of views between the Shipowners and Seafarers on the subject of medical care during discussions by the Joint Maritime Commission. None the less, there were two main aspects of the proposed conclusions regarding which the Shipowners had reservations. First was the inclusion of maritime fishermen who fell outside the expertise of the Shipowners to discuss, and which the Joint Maritime Commission had agreed should not be placed on the agenda. Second were the proposals on medical training for seafarers – particularly the suggestion that instruction in first aid should be provided for all seafarers. The Shipowners considered that any provisions of a future instrument concerning medical training should conform to the levels recently agreed by the Shipowners and Seafarers in revising the IMO/ILO Document for guidance on maritime training.
7. The Seafarers' members pointed out that seafaring continued to be an occupation characterised by hazards to individual safety and health, and that there was considerable need to bring the standards of health protection and medical care for seafarers, particularly those serving in flag of convenience vessels, more closely in line with the quality of care provided to workers on shore. They considered the time was ripe for making such improvements through the adoption of new international standards covering preventive health protection, training for those in charge of medical care aboard ship, the ships' medicine chest and radio medical advice to ships at sea. Such standards, they felt, should also cover maritime fishermen owing to the similarity of their conditions to those of merchant seafarers. Furthermore, the Seafarers felt that all members of a ship's crew should have received training in first aid, that seafarers should have the right to medical care facilities in port, and that all medical care should be free of charge to seafarers. They also referred to the legal implications of providing medical treatment on board ship.

8. The Government member of the USSR indicated that in his country the protection of health was a matter of social importance and that such protection including medical care was guaranteed to seafarers by legislation and collective agreements between shipowners and seafarers. The right to medical care without cost was also assured to all citizens by the national Constitution. The specific medical care provided to seafarers was regulated by the competent authorities concerned who laid down the obligations of shipowners in this regard. All ships carried a doctor, and medical care for those on board also included preventive measures to which shipowners contributed substantial sums. All seafarers were subject to periodic medical examinations and vaccinations. Accordingly, the USSR considered that the preamble of any future Convention on seafarers' medical care should include reference to the Medical Examinations (Seafarers') Convention, 1946 (No. 73), and the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978 (STCW Convention). Also, the proposed Convention should indicate that medical care be provided to seafarers without cost and the instrument should cover fishing as well as merchant vessels.

9. The representative of the IMO welcomed the initiative of seeking to establish and improve measures for the health protection and medical care of seafarers. He emphasised the importance his organisation attached to this subject; and he mentioned the various relevant international regulations and guide-lines which had been developed by the IMO in the above fields – in many cases with the collaboration of the ILO and WHO. Among these standards were the STCW Convention, the International code of signals, the International medical guide for ships, the Medical first-aid guide for use in accidents involving dangerous goods, the IMO/ILO Document for guidance, syllabi for training seafarers in medical care aboard ship and an IMO Assembly Resolution on training and qualifications of persons in charge of medical care aboard ship.

10. The Government member of the United States drew attention to the activity in his country on the issue of medical care on board ship and the health of seafarers in general. He referred to a national programme in this field carried out through the co-operation of the Government, the medical profession,
shipowners and seafarers, as well as the recent revision of the national medical guide for ships. A fundamental and additional issue in the matter of health protection for seafarers was the provision of nationally recognised physical standards for those entering the seafaring profession, and physical examination guide-lines for career seafarers, which are being implemented voluntarily through collective bargaining agreements or industrial practice. The United States welcomed the action now being taken at the international level with a view to further improving health conditions for the world's seafarers.

11. The Government member of China considered that the proposed conclusions formed a suitable basis for discussion. He stressed the importance of the availability of proper medical care aboard ship and said that such medical care was provided on national flag vessels thereby avoiding dependence on medical facilities ashore. He considered that all countries should introduce measures to include training in medical care and to provide medical advice by radio so as to ensure timely treatment for the sick or injured. He also referred to the high cost of medical treatment in some localities, the desirability of reducing such costs to seafarers and the fact that seafarers should undergo periodic medical examinations.

12. The Government member of Japan questioned whether his country could accept a new instrument improving upon the two existing Recommendations dealing with ships' medicine chests and radio medical advice, as well as with such issues as carrying a doctor or a specified trained person in charge of medical care on board. His Government generally supported the proposed Convention but considered that there was a need for flexibility in national regulations concerning the carrying of doctors and medical training for seafarers.

13. The Government member of Finland drew attention to the need to provide medical care for seafarers at the highest level possible. He considered that generally, medical treatment on board ship depended upon properly trained personnel without whom guides, medicine chests and medical consultations were of little use. Most of the medical instruction for seafarers was given to deck officers who tended to attach more importance to their training in other professional subjects and also were not always available to provide medical treatment when needed because of other duties on board. He further considered that all seafarers should receive first-aid training including the proper action to be taken in case of accidents involving dangerous goods and that close international co-operation was essential to ensure satisfactory medical care at sea.

Proposed Conclusions concerning health protection and medical care for seafarers

Form and preamble of the proposed instrument

Paragraphs 1 to 4

16. The Netherlands and United Kingdom Government members considered that certain of the Proposed Conclusions were more appropriate for a
Recommendation; the former also noted that some topics of them overlapped with those of existing international instruments.

17. The French Government member also felt that a Recommendation was more suitable for some of the Proposed Conclusions and, in addition, that the preamble should contain a reference to the subject of health protection as well as to the Medical Examination (Seafarers) Convention, 1946 (No. 73).

18. The USSR Government member also considered that the preamble should refer to Convention No. 73, as well as to the STCW Convention.

19. The Government member of Norway mentioned the development of widened concepts of public health and medical care in recent years and stated that the proposed instrument did not adequately deal with preventive care and health promotion. Accordingly, she suggested that either the scope of the proposed instrument should be limited to medical care or more emphasis should be put on provisions regarding health protection.

20. The Shipowners stated they were prepared to discuss the proposed instrument as a Convention, and they also agreed that a reference to Convention No. 73 and to the STCW Convention should be contained in the preamble.

21. The Seafarers were also in favour of a Convention and they suggested that a considerable number of additional international instruments related to the subject of seafarers' health protection and medical care be mentioned in the preamble. They also felt that the proposed Convention should be broadened to cover health protection.

22. These observations and proposals were referred to the Working Group, together with the Office texts of paragraphs 1 to 4 on the understanding that the Committee would proceed with its consideration of the remaining proposed conclusions and decide later which form they should take.

23. The Working Group agreed on an expanded text of paragraph 3 to cite five additional international instruments.

Scope and definitions

Paragraph 5

25. Considerable discussion ensued over the question of whether the proposed instrument should apply to fishing vessels and fishermen. The French Government member stated that medical care for fishermen should be covered by a separate instrument owing to the special nature of their occupation, which he felt differed substantially from that of merchant seafarers. He also felt that the proposed instrument should exclude fishermen because of an absence within the Committee of expertise to properly deal with those workers.

26. The Government members of Australia and India also were not prepared to include fishing vessels in the future instrument.

27. The USSR Government member declared that fishermen should be covered by the proposed Convention. He held the view that there was sufficient
similarity of conditions and circumstances faced by any seafarer, whether on board a merchant ship or a fishing vessel, and further that there was a genuine need for action to improve the health protection and medical care of fishermen.

28. The Shipowners were not prepared to discuss the inclusion of fishing vessels in the proposed instrument on the grounds that they lacked the technical expertise to do so.

29. The Government member of Spain and the Seafarers stated that the proposed Convention should cover fishermen for reasons similar to those given by the USSR Government member.

30. In the light of these divergent views, which also brought up the fact that some maritime fishing vessels operated in waters other than salt waters as specified by the Office text, the Committee decided to place all references to fishing vessels or fishermen in the proposed conclusions in square brackets, and also to delete all references to "salt waters". This was on the understanding that the question of whether maritime fishermen should be included in the proposed instrument should be decided by the Maritime Session of the International Labour Conference, to be held in 1987, that governments should consult the most representative employers' and workers' organisations in order to obtain the views of fishing-vessel owners and fishermen's representatives in the intervening period on this question, and that the Office would request governments to ensure that the composition of their delegations included experts on fishermen's conditions.

Paragraphs 5 (1), 5 (2) and 5 (3)

31. The USSR Government member proposed an addition to paragraph 5 (1) worded as follows:

In each country the question whether a ship is ordinarily engaged in navigation in salt waters should be determined by the competent authority after consultation with the organisations of shipowners, seafarers and maritime fishermen concerned.

32. The French and Netherlands Government members proposed an amended text of paragraph 5 (2) which read:

National laws or regulations should determine when ships are to be regarded as seagoing ships for the purpose of this Convention.

33. The two texts were referred to the Working Group in conjunction with the Office text.

34. The French and Netherlands Government members proposed amendments to the Office text of paragraph 5 (3) which were intended to clarify the identification of the employment status of seafarers on board ship. Following some discussion, these two amendments were withdrawn and the Committee adopted the Office text of subparagraph 5 (3).

General

Paragraph 6

35. The Committee adopted the Office texts of subparagraphs 6 (1) and 6 (2) (new subparagraph 6 (2) (a)).
36. The Committee adopted the Office text of subparagraph 6 (3) (new subparagraph 6 (2) (b)) with a slight amendment proposed by the French Government member.

37. The Committee adopted a new subparagraph 6 (2) (c) proposed by the Seafarers dealing with visits to doctors in port by seafarers after the addition of the words “where practicable”.

38. The Seafarers proposed the following text intended as a new subparagraph 6 (2) (d):
Such measures should guarantee that all provisions laid down in the Convention are made available free of charge to seafarers.

39. Some Government members were unable to support this proposal on the grounds that conditions varied greatly in different countries, making application of such a provision difficult.

40. The Shipowners also opposed the proposal for similar reasons, and in addition noted that such a provision could impede ratification of any future instrument.

41. The Seafarers’ proposal was referred to the Working Group.

42. The Committee adopted a new subparagraph 6 (2) (e) comprising an amended text submitted by the USSR Government member, designed to emphasise the importance of preventive measures in health protection and medical care, combined with the amended text of an addition on health promotion and health education programmes proposed by the Seafarers.

Medical care on board

Paragraph 7

43. The Committee adopted the Office text of subparagraph 7 (1).

44. The Committee referred subparagraph 7 (2) to the Working Group in the light of a joint proposal of the Government members of Belgium, Denmark, France, Federal Republic of Germany, Greece, Italy, Netherlands, Portugal, Spain and the United Kingdom, regarding factors for determining the contents of a ship's medicine chest.

45. Again the Committee referred subparagraph 7 (3) to the Working Group.

46. The Committee adopted the Office text of subparagraph 7 (4) with the addition of the words “not exceeding 12 months” with respect to the regular intervals for inspecting ships' medicine chests as proposed by the Seafarers.

47. The Seafarers proposed a new subparagraph 7 (5) drafted as follows:
In cases of urgent necessity and when a medicine prescribed for a seafarer is not available in the medicine chest, the shipowner should take all necessary steps to obtain it as soon as possible.

48. Following discussion during which the Government members and Shipowners emphasised that only properly qualified medical personnel should
prescribe medicines, the Seafarers' text was referred to the Working Group for finalisation. This resulted in the development of two new subparagraphs, 7 (5) and 7 (6).

**Paragraph 8**

49. The Committee adopted the Office text of subparagraph 8 (1).

50. The Shipowners proposed an insertion in the Office text of subparagraph 8 (2) referring to satellite communication, which they considered recognised current use of satellite communications and which they felt would be common aboard ships in the future. This proposal was referred to the Working Group.

51. The Committee referred subparagraph 8 (3) to the Working Group.

**Paragraph 9**

52. The Committee referred the five subparagraphs of the Office text to the Working Group which:

(a) accepted subparagraph 9 (1) with the addition of a reference to satellite communication as proposed by the Shipowners and deletion of the term "in each maritime country" following the words "competent authority";

(b) accepted subparagraph 9 (2), also with the insertion of a reference to satellite communication, and with the understanding of the United States Government participant in the Working Group that the text as amended would not preclude private contracts for medical advice between shipowners and commercially available medical advice by radio to ships at sea;

(c) accepted the opening phrase of paragraph 9 (3), adding a reference to satellite communication;

(d) accepted subparagraph 9 (3) (a);

(e) added a new subparagraph 9 (3) (b) requiring that all ships with a satellite communication system should carry a list of coast earth stations;

(f) accepted, after amendment, former subparagraph 9 (3) (b) (new subparagraph 9 (3) (c));

(g) accepted subparagraph 9 (4) after insertion of a reference to satellite communication;

(h) accepted subparagraph 9 (5) after introducing a reference to satellite communication and making drafting amendments.

**Paragraph 10**

53. The Committee referred this paragraph to the Working Group and adopted an expanded text developed thereby after the introduction of minor amendments.

54. The Government members of Canada, Japan and the Netherlands expressed reservations regarding that part of the paragraph mentioning the carrying of doctors in certain ships. They stressed that a provision on that subject was suitable for a Recommendation rather than a Convention.
Paragraph 11 (1)
55. The Committee referred this paragraph to the Working Group.

Paragraphs 11 (2) (a) and 11 (2) (b)
56. The Committee referred these two subparagraphs to the Working Group, whose texts were discussed by the Committee.

57. The Government members of Japan, Netherlands and the United Kingdom stressed that both subparagraphs were appropriate for a Recommendation only. The Government member of the Federal Republic of Germany drew attention to differences in the tonnage parameters indicated in subparagraph 11 (2) (a) and in the STCW Convention, which was now referred to in the preamble to the conclusions.

58. There was a considerable exchange of views over the question of the need for proper training in intravenous therapy, the means by which this could be achieved and whether the text of paragraph 11 (2) (b) should be amended to the effect that such training should be provided “where practicable”.

59. The Committee voted on the acceptability of the text of subparagraph 11 (2) (b) prepared by the shipowners and seafarers in the Working Group. The result of this vote was 10,524 in favour, 180 against and 180 abstentions. These vote totals reflected the composition of the Committee that day.

Paragraph 11 (3)
60. This paragraph also was referred to the Working Group.

Paragraph 11 (4)
61. Again the Committee referred this paragraph to the Working Group.

Paragraph 11 (5) (new)
62. The Committee adopted this new paragraph as submitted by the Working Group.

Paragraphs 12 (1), 12 (2) and 12 (3)
63. The Committee decided to replace these paragraphs with paragraphs 1 to 6 of Article 14 of the Accommodation of Crews Convention (Revised), 1949 (No. 92).

Medical records

Paragraphs 13 (1) and 13 (2)
64. The Committee adopted the Office texts of these two paragraphs with an addition, in paragraph 13 (1), proposed by the Government member of Japan.

Paragraph 13 (3) (new)
65. The Committee adopted this paragraph in the light of a concern of the Seafarers regarding the confidentiality of information contained in medical report forms.
International co-operation

66. The Committee decided to include paragraph 14 (2) in the section of the proposed conclusions dealing with international co-operation on the understanding that the provisions thereof would be of a promotional rather than a mandatory nature.

Paragraph 14 (1)

67. The Committee adopted the Office text of this paragraph.

Subparagraphs 14 (2) (a) to 14 (2) (d)

68. Following the incorporation of amendments, including an addition to subparagraph 14 (2) (a) to take account of existing international standards on the subject of search and rescue, and the placing of subparagraph 14 (2) (b) concerning fishing vessels in square brackets, the Committee adopted the Office texts of these subparagraphs.

Subparagraph 14 (2) (e)

69. The Committee adopted subparagraph 14 (2) (e) of the Office text with a deletion of sub-subparagraph 14 (2) (e) (iii).

Subparagraph 14 (2) (f) (new 14 (2) (g))

70. The Committee adopted the Office text of this subparagraph.

Subparagraph 14 (2) (f) (new)

71. The Committee adopted this new subparagraph, the text of which was proposed by the Seafarers.

Subparagraphs 14 (2) (h) and 14 (2) (i) (new)

72. The Committee adopted these two new subparagraphs proposed by the Seafarers after noting that the conclusions of the Committees on Welfare and on Repatriation of the Preparatory Technical Maritime Conference had not specifically considered the subject-matter of the two new additions.

73. The Government member of Australia considered that the question dealt with by new subparagraph 14 (2) (i) should more appropriately have been included in the conclusions of the Committee on Repatriation.

Subparagraph 14 (3) (new)

74. On the basis of a text proposed by the USSR Government member, the Committee adopted this new subparagraph.

Consideration of the texts submitted by the Working Group

75. The Working Group examined and redrafted the texts of the various paragraphs which had been referred to it. Those texts were reviewed by the Committee, which accepted them as submitted by the Working Group or in a revised form. After consideration by the Drafting Committee, the Committee agreed to the full text. . . .
Consideration of the form of the Conclusions

76. In the light of the contents of its Conclusions, the Committee then considered the form in which these should be adopted by the International Labour Conference.

77. The Government members of Australia, Canada, Spain, the USSR and the United States considered that the Conclusions should take the form of a Convention.

78. The Government members of Japan and the United Kingdom reserved their position as to which of the Conclusions should constitute a future Convention and Recommendation.

79. The Government members of China, France, the Federal Republic of Germany and the Netherlands were in favour of some provisions being included in a Convention, and others in a Recommendation.

80. The Shipowners were of the opinion that consideration of the Conclusions by the International Labour Conference should not be restricted with a view to a Convention only. They drew attention to the reservations of a number of governments regarding particular provisions of the Conclusions. They also drew attention to the fact that the inclusion of fishing vessels and fishermen in the instrument could have a bearing upon the final outcome of the form which certain Conclusions would take.

81. The Seafarers were in favour of adopting a Convention on the entire text of the Conclusions on which the Committee had reached agreement. They referred to the fact that they had agreed to a number of important changes to the text solely on the basis that the instrument took the form of a Convention.

82. Noting these reservations, the Committee decided that the Conclusions should be directed toward the adoption of a Convention as set out in the Office text of the preamble of the Proposed Conclusions.

Adoption of the report

83. At its eighth sitting, on 15 May 1986, the Committee unanimously adopted the present report on its proceedings, together with the appendices, for submission to the Conference.

PROPOSED CONCLUSIONS CONCERNING HEALTH PROTECTION AND MEDICAL CARE FOR SEAFARERS, SUBMITTED BY THE COMMITTEE

1. There should be an international instrument concerning health protection and medical care for seafarers on board ship.

2. The instrument should take the form of a Convention.

3. The instrument should refer, in its preamble, to the Ships’ Medicine Chests Recommendation, 1958 (No. 105), the Medical Advice at Sea Recommendation,
1958 (No. 106), the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978 (as regards medical care and first aid training), the Accommodation of Crews Convention (Revised), 1949 (No. 92), the Prevention of Accidents (Seafarers) Convention, 1970 (No. 134) and Recommendation (No. 142) and the Medical Examination (Seafarers) Convention, 1946 (No. 73).

4. The Convention should contain the following provisions:

   **I. Scope and definitions**

   5. (1) The Convention should apply to every seagoing ship whether publicly or privately owned, which is registered in the country of any Member ratifying the Convention and which is ordinarily engaged in commercial maritime navigation [or commercial maritime fishing].

   (2) In the event of any doubt as to whether or not any ships are to be regarded as engaged in commercial maritime navigation [or commercial maritime fishing] for the purpose of the Convention, the question should be determined by the competent authority after consultation with the organisations of shipowners, [and] seafarers [and maritime fishermen] concerned, where they exist.

   (3) For the purpose of the Convention the term “seafarer” should mean any person who is employed in any capacity on board a seagoing ship registered in a country for which the Convention is in force.

   **II. General**

   6. (1) Each Member should ensure that effect is given to the Convention through measures providing for health protection and medical care for seafarers on board which should be laid down by national laws or regulations, collective agreements, work rules, arbitration awards or court decisions or other means appropriate to national conditions.

   (2) Such measures should:

   (a) ensure the application to seafarers of any general provisions on occupational health protection and medical care relevant to the seafaring profession, as well as of special provisions peculiar to work on board;

   (b) aim at providing seafarers with health protection and medical care as comparable as possible to that which is generally available to workers ashore;

   (c) guarantee seafarers the right to visit a doctor in their port of call where practicable;

   (d) ensure that, in accordance with national law and practice, medical care and health protection while a seafarer is serving on articles are provided free of charge to seafarers;

   (e) not be limited to treatment of sick or injured seafarers but include as well measures of a preventive character, and devote particular attention to the development of health promotion and health education programmes in order that seafarers themselves may play an active part in reducing the incidence of ill-health among their number.
III. Medical care on board

7. (1) Every ship to which the Convention applies should be required to carry a medicine chest.

(2) The contents of the medicine chest should be prescribed by the competent authority taking into account such factors as the type of ship, the number of persons on board and the nature and duration of voyages. The competent authority should ensure that where a cargo which is classified dangerous has not been included in the *Medical first-aid guide for use in accidents involving dangerous goods* published by the International Maritime Organisation, the necessary information on the nature of the substances, the risks involved, the necessary personal protective devices, the relevant medical procedures and specific antidotes is made available to masters, seafarers and other interested persons. Such specific antidotes and personal protective devices should be on board whenever dangerous goods are carried.

(3) In establishing or reviewing national requirements concerning the contents of the medicine chest, the competent authority should take into consideration international recommendations in this field, such as the *International medical guide for ships* and the *List of essential drugs* published by the World Health Organization, as well as advances in medical knowledge and approved methods of treatment.

(4) The national requirements should provide for the proper maintenance and care of the medicine chest and its contents as well as their periodic inspection at regular intervals not exceeding 12 months by responsible persons designated by the competent authority.

(5) The competent authority should ensure that the contents of the medicine chest are listed and labelled using generic names in addition to any brand names used, and conform to the medical guide used nationally.

(6) In cases of urgent necessity and when a medicine prescribed by qualified medical personnel for a seafarer is not available in the medicine chest, the shipowner should take all necessary steps to obtain it as soon as possible.

8. (1) A ship’s medical guide adopted by the competent authority should be carried on board every ship required to carry a medicine chest.

(2) The medical guide should explain how the contents of the medicine chest are to be used and should be intended to enable persons other than a doctor to care for the sick or injured on board both with and without medical advice by radio or satellite communication.

(3) In adopting or reviewing the medical guide used nationally, the competent authority should take into account the *International medical guide for ships* and the *Medical first-aid guide for use in accidents involving dangerous goods*, as well as any amendments or additions thereto.

9. (1) The competent authority should ensure by a prearranged system that medical advice by radio or satellite communication to ships at sea, including specialist advice, is available at any hour of the day or night.
(2) Such medical advice, including the onward transmission of medical messages by radio or satellite communication between a ship and those ashore giving the advice, should be available free of charge to both national- and foreign-flag ships.

(3) Optimum use should be made of facilities available for medical advice by radio or satellite communication by requiring that:

(a) all ships to which the Convention applies which are equipped with radio installations should carry a complete list of radio stations from which medical advice can be obtained;

(b) all ships to which the Convention applies which are equipped with a system of satellite communication should carry a complete list of coast earth stations from which medical advice can be obtained;

(c) the lists should be kept up to date and in the custody of the person on board responsible for communication duties.

(4) Seafaring personnel requesting medical advice by radio or satellite communication should be instructed in the use of the ship's medical guide and the medical section of the International code of signals, as amended, published by the International Maritime Organisation so as to enable them to understand the type of information needed by the advising doctor as well as the advice received.

(5) Doctors providing medical advice by radio or satellite communication to ships should receive training in emergency medicine and medicine relevant to shipboard conditions, including practical experience on the job of providing such medical advice.

10. Ships which are to carry a medical doctor as a member of the crew should be determined by national laws or regulations taking into account, inter alia, such factors as duration, nature and conditions of the voyage and the number of crew members. In any case all ships to which the Convention applies carrying a crew of 100 or more and ordinarily engaged on international voyages of more than three days' duration should carry a medical doctor as a member of the crew responsible for providing medical care.

11. (1) All ships to which the Convention applies and which do not carry a doctor should carry as a member of the crew at least one specified person in charge of medical care as part of his or her regular duties.

(2) Persons in charge of medical care on board who are not doctors should have satisfactorily completed a course approved by the competent authorities of theoretical and practical training in medical skills based on the contents of the International medical guide for ships, the Medical first-aid guide for use in accidents involving dangerous goods, the IMO/ILO Document for guidance, and the medical section of the International code of signals as well as any amendments or additions thereto, and similar national guides, as follows—

(a) for ships of less than 1,600 gross tonnage which ordinarily are capable of reaching qualified medical care and medical facilities within eight hours, elementary training which will enable such persons to provide effective medical treatment above the level of first aid and to make use of medical
advice by radio or satellite communication in the case of accidents or illnesses that are likely to occur on board;

(b) for all other ships, more advanced medical training, including practical training in the emergency/casualty department of a hospital where practicable and training in techniques such as intravenous therapy, which will enable the seafarer concerned to participate effectively in co-ordinated schemes for medical assistance to ships at sea, and to provide the sick or injured with a satisfactory standard of medical care during the period they are likely to remain on board. Wherever possible, this training should be provided under the supervision of a physician with a thorough knowledge and understanding of the medical problems and circumstances relating to the seafaring profession, including expert knowledge of radio or satellite communication medical services.

(3) Persons in charge of medical care on board and such other seafarers as may be required by the competent authority should undergo refresher courses, to enable them to maintain and increase their knowledge and skills and to keep abreast of new developments, at approximately five-year intervals.

(4) All seafarers, during their vocational training, should receive instruction on the immediate action that should be taken on encountering an accident or other medical emergency on board.

(5) A specified crew member or crew members should receive elementary training in medical care to enable him or them to take immediate effective action in case of accidents or illnesses likely to occur on board ship.

12. (1) In any ship carrying a crew of 15 or more and engaged in a voyage of more than three days’ duration, separate hospital accommodation should be provided. The competent authority may relax this requirement in respect of vessels engaged in coastal trade.

(2) The hospital accommodation should be suitably situated, so that it is easy of access and so that the occupants may be comfortably housed and may receive proper attention in all weathers.

(3) The arrangement of the entrance, berths, lighting, ventilation, heating and water supply should be designed to ensure the comfort and facilitate the treatment of the occupants.

(4) The number of hospital berths required should be prescribed by the competent authority.

(5) Water closet accommodation should be provided for the exclusive use of the occupants of the hospital accommodation, either as part of the accommodation or in close proximity thereto.

(6) Hospital accommodation should not be used for other than medical purposes.

IV. Medical records

13. (1) A standard medical report form for seafarers should be adopted by the competent authority as a model for use by ships’ doctors or masters and hospitals or doctors ashore.
(2) The form should be specially designed to facilitate the exchange of medical and related information concerning individual seafarers between ship and shore in cases of illness or injury.

(3) The information contained in the medical report forms should be kept confidential.

V. International co-operation

14. (1) Members which ratify the Convention should undertake to co-operate with one another in promoting protection of the health of seafarers and medical care for them on board ship and in arranging for landing them in port for emergency treatment.

(2) Such co-operation might cover the following matters:

(a) developing and co-ordinating search and rescue efforts and arranging prompt medical help and evacuation at sea for the seriously ill or injured on board a ship through such means as periodic ship position reporting systems, rescue co-ordination centres and emergency helicopter services, in conformity with the provisions of the International Convention on Maritime Search and Rescue, 1979 and the MERSAR and IMO SAR Manuals developed by the International Maritime Organisation;

(b) making optimum use of the limited number of fishing vessels carrying a doctor and stationing ships at sea which can provide hospital and rescue facilities as well as weather information for the maritime fishing industry;

(c) compiling and maintaining an international list of doctors and medical care facilities available world-wide to provide emergency medical care to seafarers;

(d) repatriating seafarers hospitalised abroad as soon as practicable;

(e) endeavouring to set up pilot health centres for seafarers to:
   (i) conduct research on the health status and medical treatment of seafarers;
   (ii) train medical and health service staff in maritime medicine;

(f) collecting and evaluating statistics concerning occupational accidents, diseases and fatalities to seafarers and integrating and harmonising them with any existing national system of statistics on occupational accidents, diseases and fatalities covering other categories of workers;

(g) organising international exchanges of technical information, training material and personnel, as well as international training courses, seminars and working groups;

(h) providing all seafarers with suitable health and medical services in port;

(i) arranging for the repatriation of the bodies or ashes, in accordance with the wishes of the next of kin, of deceased seafarers as soon as practicable.

(3) International co-operation in the field of health protection and medical care for seafarers should be based on bilateral or multilateral agreements or consultations among member States.
DISCUSSION BY THE CONFERENCE IN PLENARY SITTING

The report of the Committee on Health Protection and Medical Care for Seafarers was considered by the Conference at its sixth sitting on 16 May 1986.

In presenting the report Mr. Daniels (Government adviser, Canada; Reporter of the Committee) noted that, during the general discussion in Committee, the Shipowners’ members had observed that there had been no fundamental divergence of views in the Joint Maritime Commission on the subject of medical care on board. The Shipowners’ members had, however, expressed reservations on two aspects of the Proposed Conclusions drafted by the Office, namely the inclusion of maritime fishermen within the scope of the proposed Convention and the provision of medical training for seafarers. On the first point they had stressed that their group had no expertise in this field; on the second point they had considered that seafarers’ medical training should be of the level indicated in the revised ILO/IMO Document for guidance on maritime training. The Shipowners’ members supported the adoption of a Convention.

The Seafarers’ members had referred to the fact that seafaring was still an occupation hazardous to individual safety and health and had felt a need to bring health protection and medical care for seafarers more closely into line with the standards prevailing for workers on shore. They considered that such standards should also cover maritime fishermen and that new international standards should be adopted in the form of a Convention.

In the general observations by Government delegates, some had indicated support for a Convention while others had considered certain proposals of the Office text more suitable for a Recommendation. In the event, the Committee had decided to use the Office text as a working document and to consider, at the end of its deliberations, the form which the instrument should take.

The Committee had taken no decision on whether maritime fishermen should be included in the proposed Convention and it was decided to insert square brackets around all references to fishermen or fishing vessels in the report. Attention was drawn in particular to paragraph 30 of the report, which was designed to ensure that delegates to the Maritime Session of the International Labour Conference in 1987 would be equipped to deal with these issues.

Regarding the conclusion with respect to international co-operation, which had given rise to some concern, the Office text had been amended to indicate the promotional rather than mandatory nature of the suggested activities, and the flexibility in the manner in which they might be carried out by States.

The Committee had finally decided that the Conclusions should be directed towards the adoption of a Convention, while noting that several Government delegates had maintained their earlier view that certain provisions should be part of a Recommendation and had reserved their position on that point.

Mr. Cox (Shipowners’ delegate, United States; Shipowners’ Vice-Chairman of the Committee), speaking on behalf of the Shipowners’ members, said that he was satisfied with the Proposed Conclusions as they appeared in the Committee’s report. The Shipowners’ members felt that the outcome reflected the spirit of reason and co-operation that had prevailed in the Committee and hoped that the same attitude would prevail at the Maritime Session of the Conference in 1987.
when they looked forward to a full discussion and satisfactory completion of the work.

Mr. Nylund (Seafarers' adviser, Finland; Seafarers' Vice-Chairman of the Committee) pointed out that seafarers had been calling for an international instrument on health protection and medical care on board ships for the past 20 years through the International Labour Organisation. The Joint ILO/WHO Committee on the Health of Seafarers had emphasised the importance of training persons in charge of medical care on board in order to make full use of the medicine chest and medical advice by radio. The Joint Committee had also prepared the first *International medical guide for ships*, published in 1967, of which a revised edition would appear during 1986.

Co-operation had taken place between the ILO and the IMO through the Joint IMO/ILO Committee on Training. The preparatory work for the seventh session of the Joint Committee in December 1985, however, had not been given serious enough consideration: for example, the proposed training for on-board intravenous therapy had not been included in the training syllabus finally adopted.

The Seafarers' members were satisfied with the outcome of the work of the Committee and considered that the text of the proposed Convention could be further improved at the Maritime Session of the Conference in 1987. They hoped that the Committee's decision to ask governments to send tripartite representatives of the fishing industry to the Conference would bear fruit; fishermen needed improved medical care just as much as merchant seafarers. They also hoped that the provisions on hospital accommodation on ships could be improved, as the proposed text was taken from the Accommodation of Crews Convention (Revised), 1949 (No. 92), since which time there had been substantial changes in the design of ships.

Mr. Daverede (Government delegate, Argentina; Chairman of the Committee) pointed out that the text adopted was inspired by the common concern of the three groups to ensure medical care for seafarers. This objective had prevailed over sectoral interests in order to enable the Committee to prepare a text for the Maritime Session of the Conference in 1987 which would lead to an improvement in present conditions. The consensus in the Committee had been such that only one vote had been necessary and in this vote there had been only one vote against and one abstention. This result showed the excellent quality of the basic text prepared by the Office, as well as the spirit of compromise and the contributions of all the participants in the Committee.

The Conference then unanimously adopted the report of the Committee on Health Protection and Medical Care for Seafarers, along with the Proposed Conclusions.
CHAPTER III

INFORMATION PROVIDED BY GOVERNMENTS REGARDING THE APPLICATION OF THE CONCLUSIONS ADOPTED BY THE PREPARATORY TECHNICAL MARITIME CONFERENCE TO FISHING VESSELS AND FISHERMEN

As noted in the introduction to this report, the Governing Body of the International Labour Office decided that governments should be consulted as to whether fishing vessels and fishermen should be included in the scope of the proposed Convention concerning health protection and medical care for seafarers.

Accordingly, a questionnaire was sent to governments on 12 December 1986 requesting their views as to whether the application to fishing vessels and fishermen of the Conclusions on the subject adopted by the Preparatory Technical Maritime Conference would present any special problems in their country and asking them, if so, to indicate the provisions in question and the reasons therefor. Governments were also requested, in preparing their replies, to consult the organisations of employers and workers concerned and to ensure that the information reached the Office not later than 1 February 1987.

At the time of drafting the report, the following 24 countries had replied to or commented on the questionnaire: Bangladesh, China, Cyprus, Czechoslovakia, Denmark, Djibouti, Ecuador, Greece, Indonesia, Iraq, Japan, Malawi, Netherlands, New Zealand, Norway, Rwanda, Spain, Swaziland, Sweden, Switzerland, Uganda, Ukrainian SSR, United Kingdom, Yugoslavia.

The Office wishes to express its appreciation for the observations submitted by the governments of these countries. A summary of their replies and comments is set out below.

Eight countries were unable to respond to the questionnaire for various reasons. Three of these (Malawi, Swaziland, Uganda) were landlocked countries and a fourth (Czechoslovakia) had no maritime fishing industry. To one country (Switzerland) the questionnaire was of no concern at present as its legislation did not provide for the registration of fishing vessels, though possible future amendments might make this possible. The three remaining countries (Djibouti, Indonesia, Iraq) sent general comments regarding the adoption of standards on health protection and medical care for seafarers and national practice in this regard.

Seven countries considered that fishing vessels and fishermen could or should be included in the scope of the proposed Convention. The governments of three of these (Spain, Ukrainian SSR, Yugoslavia) explicitly supported the proposal, while a fourth (Greece) noted that the coverage of fishermen would require the inclusion of fishing vessels in the definition of "seagoing ships". The fifth country (China) was in favour of the inclusion of fishermen subject to the condition that
they held seafarers' documents and were employed in fishing vessels registered in a member State and operating in the territorial waters of other countries. For the sixth country (Japan) broadening the scope of the proposed Convention would pose no problem provided that some of the provisions, which as drafted could not be applied to fishing vessels at the national level, were amended. Another country (Rwanda) said that it had no objection to certain provisions being made applicable to fishermen.

In three countries different views on the subject were expressed by the government, the employers and the workers. In one case (Cyprus) the Government stated that applying the proposed Convention to fishermen did not pose any special problem and that the workers concerned held the same view, while the employers reserved their position which they would make known at the Maritime Session of the International Labour Conference. In another (Sweden) the Government considered that the proposed Convention could be applied to fisherarea but likewise noted that the employers had reservations in so far as an employer-employee relationship (upon which the proposed Convention was based) was very uncommon in the national fishing industry, most fishermen being self-employed; moreover, the provisions regarding training for persons with medical responsibility on board fishing vessels of less than 200 grt should in their view either be restricted to first-aid training or be determined by the competent authority. In the third country (United Kingdom) the Government was opposed to the inclusion of fishermen in the scope of the proposed Convention; it was of the view that the standard of medical care should be as high for fishermen as for merchant seafarers but felt it should be recognised that their circumstances differed, since transfer to shore treatment was often more readily available for fishermen but their exposure to injury and to some diseases was greater. The employers, noting that only three ILO maritime instruments expressly included fishing vessels while seven dealt specifically with fishermen's working conditions, felt that the difference between merchant shipping and the fishing industry (as regards the nature of the occupations, the trading pattern, the size of ships and the terms and conditions of employment) was such that to include fishing vessels and fishermen automatically in the scope of maritime instruments was "unwise and undesirable"; however, if their inclusion was supported by the Government and the owners of fishing vessels, it would not be opposed by the employers. The workers of the same country, on the other hand, considered that fishing vessels and fishermen should be included in the scope of the proposed Convention.

Two countries reserved their position on the subject. In one of these (Denmark) the employers could not accept the coverage of fishermen by the proposed Convention because of fundamental differences in conditions between the fishing industry and merchant shipping. In the other (Ecuador) the Government added that, given the critical economic situation in the region, implementation of the provisions of the proposed Convention would be very difficult, especially if it extended to fishing vessels and fishermen.

Finally, four countries stated unambiguously that the proposed Convention should not be made applicable to fishing vessels and fishermen. In explaining its position, one country (Bangladesh) argued that to include fishermen would impose financial obligations that were beyond the capability of the mechanised
fishing and deep-sea fishing industry. For another (Netherlands) the main reason given by the Government, employers and workers was that, because of the structure and organisation of the fishing industry and the special nature of the work performed on board fishing vessels and because 80 per cent of fishermen were listed neither as employers nor as employees but as independent workers, their employment situation was entirely different from that of merchant seafarers and they should therefore be covered separately by instruments designed specifically for their industry. In the third country (New Zealand) the Government, employers and workers together noted that all fishermen enjoyed the social and medical benefits available to other citizens and that only a small number remained at sea for more than six weeks at a time and never over 200 miles from shore. It was therefore unnecessary to extend the proposed Convention to fishermen, especially as some of the provisions could not be implemented as they stood. One way of overcoming the difficulty, it was suggested, might be for the proposed Convention to differentiate between "commercial maritime navigation" and "commercial maritime fishing" and to leave it to governments to decide whether it should apply to one or to both. The fourth country (Norway) stated that the Government and employers were opposed to the inclusion of fishing vessels and fishermen in the scope of the proposed Convention and that the workers were of the opposite opinion, but gave no reasons.

To sum up, eight of the 16 governments that responded to the questionnaire were in favour of including fishing vessels and fishermen in the scope of the proposed Convention, though four made their agreement conditional. A ninth government had no objection to applying certain provisions to fishermen. Five other governments were against their inclusion, and two reserved their position on the subject. As regards the employers, those in five countries felt that fishermen should not be included and in two countries reserved their position. Finally, the workers in four countries were in favour and in two countries against the coverage of fishermen by the proposed Convention.
CHAPTER IV

PROPOSED TEXT

The text of the proposed Convention concerning health protection and medical care for seafarers prepared by the Office is given below. It is based on the Conclusions adopted by the Preparatory Technical Maritime Conference.

As mentioned in the report of the relevant Committee, the Preparatory Conference was unable to reach agreement in respect of paragraph 5 of the Conclusions. The Committee "decided to place all references to fishing vessels or fishermen in the Proposed Conclusions in square brackets and also to delete all references to 'salt waters' since "some maritime fishing vessels operated in waters other than salt waters'." The Committee stated further that "this was on the understanding that the question of whether maritime fishermen should be included in the proposed instrument should be decided by the Maritime Session of the International Labour Conference, to be held in 1987, that governments should consult the most representative employers' and workers' organisations in order to obtain the views of fishing-vessel owners and fishermen's representatives in the intervening period on this question, and that the Office would request governments to ensure that the composition of their delegations included experts on fishermen's conditions" (see paragraph 30 of the Committee's report).

In addition to some minor drafting changes that have been made to the text of the Conclusions adopted by the Preparatory Technical Maritime Conference to ensure consistency of presentation and of word usage with other Conventions adopted by the International Labour Conference, the Office has considered it advisable to make certain more considerable drafting changes in order to clarify the meaning of some of the provisions. These changes are set out below.

Thus, in Article 1, paragraph 3 (point 5 (3) of the Conclusions), the words "registered in a country for which the Convention is in force" have been replaced by "to which this Convention applies", such ships being defined in Article 1, paragraph 1.

Point 6 has been divided into two Articles. Article 2 is based on point 6 (1), which is clearly intended to cover the measures to be taken for the application of the Convention as a whole and not just those listed in point 6 (2). Its wording has been somewhat simplified to bring this out more clearly, in line with similar provisions in other Conventions. Article 3 is based on point 6 (2), some of the wording from point 6 (1) being incorporated in the introductory sentence.

Point 7 (2) has been divided into two paragraphs - Article 4, paragraphs 2 and 6. In drafting paragraph 6 it seemed appropriate that a provision dealing with the special question of dangerous substances should follow the four more general provisions concerning the contents of the medicine chest. Moreover, the words "most recent edition of the" have been inserted just before the words "Medical first-aid guide for use in accidents involving dangerous goods" to make it clear that
it is the current edition that is referred to and not simply the one in force at the
time the Convention is adopted. The same insertion has been made in Article 4,
paragraph 3; Article 5, paragraph 3; Article 6, paragraph 4; and Article 8,
paragraph 3. In Article 5, paragraph 3 (point 8 (3)), and Article 8, paragraph 3
(point 11 (2)), the words “as well as any amendments or additions thereto” have
accordingly been deleted as redundant, as have the words “as amended” in
Article 6, paragraph 4 (point 9 (4)).

In Article 4, paragraph 4 (point 7 (4)), the words “the national requirements
should provide” have been deleted as unnecessary in the light of Article 2, and
the remaining wording has accordingly been somewhat simplified.

In Article 5, paragraph 1 (point 8 (1)), new opening words have been inserted
to be consistent with those of Article 4, paragraph 1. As a result, the words “shall
be carried on board every ship required to carry a medicine chest” are redundant
and have been deleted.

In Article 5, paragraph 2 (point 8 (2)), the word “intended” has been
replaced by “designed” which is more specific.

In Article 5, paragraph 3 (point 8 (3)), it was considered essential to alter the
words “medical guide used nationally” to “the ships’ medical guide” to avoid the
possible interpretation that reference is intended to any existing national medi­
cal guide for the general population. Also, the words “international rec­
ommendations in this field, such as” have been inserted in the second line in
view of the possible appearance in future years of new medical guides sup­
plementing or replacing the two guides cited in the text.

In Article 6, paragraph 2 (point 9 (2)), the words “to both national and
foreign flag ships” have been replaced by “to all ships irrespective of the territory
in which they are registered”, as the Convention does not mention or define the
term “national and foreign flag ships” elsewhere.

In Article 6, paragraph 3 (point 9 (3)), the words “Optimum use should be
made” have been changed to “With a view to ensuring that optimum use is
made” to improve the coherence of the text.

Point 10 consisted of two sentences. In drafting Article 7, it seemed
appropriate to inverse the order of the two sentences and to divide them into two
paragraphs, the first of which introduces a direct obligation while the second
leaves it to national laws or regulations to determine the other ships to which the
obligation should apply. The term “crew” has been replaced by “seafarers” to
take account of cases in which some of the persons employed on board a ship
may not be members of the crew but would be considered as seafarers as defined
in Article 1, paragraph 3 (see also Article 9).

Point 11 (2) has been divided into two new paragraphs – Article 8,
paragraphs 2 and 3. At the end of paragraph 2 the words “This course shall
comprise” have been inserted to introduce the subparagraphs that follow.
Paragraph 3, which concerns the texts on which courses should be based, seems
more appropriately placed after the provisions in paragraph 2 dealing with course
requirements and content. In paragraph 3, introductory words have been added
to complete the single sentence, the initials “IMO/ILO” have been deleted since
they are not part of the official title of the Document for guidance, and the words
“published by the International Maritime Organisation” have been inserted
instead.
In Article 8, paragraph 2 (b) (point 11 (2) (b)), the word "seafarer" has been replaced by "persons" to be consistent with paragraphs 2, 2 (a) and 4 (point 11 (3)) where the word is used to refer to those providing medical care on board.

Point 11 (5) has been deleted as its content is covered in more detail in Article 8, paragraphs 1, 2 and 3 (points 11 (1), 11 (2) and 11 (3)).

In Article 11, paragraph 1 (point 14 (1)), the opening words have been altered to conform to the usual phraseology for Conventions. Also, the words "and in arranging for landing them in port for emergency treatment" have been transferred to paragraph 2 (point 14 (2)) as a new subparagraph (d), among the examples of possible forms of co-operation.

In Article 11, paragraph 2 (a) (point 14 (2) (a)), the abbreviations "MERSAR and IMO SAR Manuals" have been spelled out as "Merchant ship search and rescue manual and IMO search and rescue manual".

In Article 11, paragraph 2 (b) (point 14 (2) (b)), the words "of the limited number" have been deleted to make the text more objective.
The following is the English version of the proposed Convention concerning health protection and medical care for seafarers which is submitted as a basis for the single discussion, at the 74th (Maritime) Session of the Conference, of the fourth item on the agenda.

Proposed Convention concerning health protection and medical care for seafarers

The General Conference of the International Labour Organisation,
Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its Seventy-fourth Session on 24 September 1987, and
Noting the provisions of the Medical Examination (Seafarers) Convention, 1946, the Accommodation of Crews Convention (Revised), 1949, the Ships' Medicine Chests Recommendation, 1958, the Medical Advice at Sea Recommendation, 1958, and the Prevention of Accidents (Seafarers) Convention, 1970, and
Noting the terms of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, as regards training in medical aid in the case of accidents or illnesses that are likely to occur on board ship, and
Noting that for the success of action in the field of health protection and medical care for seafarers, it is important that close co-operation be maintained in their respective fields between the International Labour Organisation, the International Maritime Organisation and the World Health Organization, and
Noting that the following standards have accordingly been framed with the cooperation of the International Maritime Organisation and the World Health Organization, and that it is proposed to seek their continuing co-operation in the application of these standards, and
Having decided upon the adoption of certain proposals with regard to health protection and medical care for seafarers, which is the fourth item on the agenda of the session, and
Having determined that these proposals shall take the form of an international Convention;
adopts this day of October of the year one thousand nine hundred and eighty-seven the following Convention which may be cited as the Health Protection and Medical Care (Seafarers) Convention, 1987:
The following is the French version of the proposed Convention concerning health protection and medical care for seafarers which is submitted as a basis for the single discussion, at the 74th (Maritime) Session of the Conference, of the fourth item on the agenda.

Projet de convention concernant la protection de la santé et les soins médicaux des gens de mer à bord des navires

La Conférence générale de l'Organisation internationale du Travail,
Convoquée à Genève par le Conseil d'administration du Bureau international du Travail, et s'y étant réunie le 24 septembre 1987, en sa soixante-quatorzième session,
Notant les dispositions de la convention sur l'examen médical des gens de mer, 1946, de la convention sur le logement des équipages (révisée), 1949, de la recommandation sur les pharmacies de bord, 1958, de la recommandation sur les consultations médicales en mer, 1958, et de la convention sur la prévention des accidents (gens de mer), 1970;
Notant les termes de la convention internationale de 1978 sur les normes de formation des gens de mer, de délivrance des brevets et de veille en ce qui concerne la formation relative au secours médical en cas d'accidents ou de maladies pouvant survenir à bord;
Notant que, pour le succès de l'action entreprise dans le domaine de la protection de la santé et des soins médicaux pour les gens de mer, il importe qu'une étroite coopération soit maintenue, dans leurs domaines respectifs, entre l'Organisation internationale du Travail, l'Organisation maritime internationale et l'Organisation mondiale de la santé;
Notant que les normes qui suivent ont été élaborées en conséquence avec la coopération de l'Organisation maritime internationale et de l'Organisation mondiale de la santé, et qu'il est prévu de poursuivre la coopération avec ces organisations en ce qui concerne l'application de ces normes;
Après avoir décidé d'adopter diverses propositions relatives à la protection de la santé et aux soins médicaux pour les gens de mer, question qui constitue le quatrième point à l'ordre du jour de la session;
Après avoir décidé que ces propositions prendraient la forme d'une convention internationale,
adopte, ce jour d'octobre mil neuf cent quatre-vingt-sept, la convention ci-après, qui sera dénommée Convention sur la protection de la santé et les soins médicaux (gens de mer), 1987.
Article 1

1. This Convention applies to every seagoing ship whether publicly or privately owned, which is registered in the territory of any Member for which the Convention is in force and which is ordinarily engaged in commercial maritime navigation [or commercial maritime fishing].

2. In the event of doubt as to whether or not any ships are to be regarded as engaged in commercial maritime navigation [or commercial maritime fishing] for the purpose of this Convention, the question shall be determined by the competent authority after consultation with the organisations of shipowners, [and] seafarers [and maritime fishermen] concerned, where they exist.

3. For the purpose of this Convention the term “seafarer” means any person who is employed in any capacity on board a seagoing ship to which this Convention applies.

Article 2

Effect shall be given to this Convention by national laws or regulations, collective agreements, works rules, arbitration awards or court decisions or other means appropriate to national conditions.

Article 3

Each Member shall ensure that measures providing for health protection and medical care for seafarers on board ship are adopted which –

(a) ensure the application to seafarers of any general provisions on occupational health protection and medical care relevant to the seafaring profession, as well as of special provisions peculiar to work on board;

(b) aim at providing seafarers with health protection and medical care as comparable as possible to that which is generally available to workers ashore;

(c) guarantee seafarers the right to visit a doctor in ports of call where practicable;

(d) ensure that, in accordance with national law and practice, medical care and health protection while a seafarer is serving on articles are provided free of charge to seafarers;

(e) are not limited to treatment of sick or injured seafarers but include measures of a preventive character, and devote particular attention to the development of health promotion and health education programmes in order that seafarers themselves may play an active part in reducing the incidence of ill-health among their number.
Article 1

1. La présente convention s'applique à tout navire de mer, de propriété publique ou privée, qui est immatriculé dans le territoire de tout Membre pour lequel la convention est en vigueur et qui est normalement affecté à la navigation [ou à la pêche] maritime commerciale.

2. En cas de doute sur la question de savoir si un navire doit être considéré comme affecté à la navigation [ou à la pêche] maritime commerciale aux fins de la présente convention, la question doit être réglée par l'autorité compétente après consultation des organisations d'armateurs, [et] de gens de mer [et de marins pêcheurs] intéressées, s'il en existe.

3. Aux fins de la présente convention, les expressions “gens de mer” ou “marin” désignent les personnes employées, à quelque titre que ce soit, à bord d'un navire de mer auquel la convention s'applique.

Article 2

Il doit être donné effet à la présente convention par voie de législation nationale, de conventions collectives, de règlements intérieurs, de sentences arbitrales ou de décisions judiciaires, ou par tout autre moyen adapté aux conditions nationales.

Article 3

Tout Membre doit veiller à ce que soient adoptées des mesures assurant aux gens de mer à bord la protection de la santé et des soins médicaux. Ces mesures doivent:

a) assurer l'application aux gens de mer de toute disposition générale relative à la protection de la santé au travail et aux soins médicaux qui intéressent les gens de mer, ainsi que de toute disposition spéciale relative au travail à bord;

b) viser à assurer aux gens de mer une protection de la santé et des soins médicaux aussi comparables que possible à ceux dont bénéficient en général les travailleurs à terre;

c) garantir aux gens de mer le droit à des visites médicales dans les ports d'escale, là où cela est réalisable;

d) assurer que, conformément à la législation et à la pratique nationales, les soins médicaux et la protection de la santé des marins inscrits au rôle d'équipage leur sont fournis gratuitement;

e) ne pas se limiter au traitement des gens de mer malades ou blessés, mais comprendre également des mesures de caractère préventif et porter une attention particulière à l'élaboration de programmes de promotion de la santé et d'éducation sanitaire, afin que les gens de mer puissent eux-mêmes contribuer activement à réduire la fréquence des maladies qui peuvent les atteindre.
Article 4

1. Every ship to which this Convention applies shall be required to carry a medicine chest.

2. The contents of the medicine chest shall be prescribed by the competent authority taking into account such factors as the type of ship, the number of persons on board and the nature and duration of voyages.

3. In establishing or reviewing the national provisions concerning the contents of the medicine chest, the competent authority shall take into account international recommendations in this field, such as the most recent edition of the *International medical guide for ships* and the *List of essential drugs* published by the World Health Organization, as well as advances in medical knowledge and approved methods of treatment.

4. The medicine chest and its contents shall be properly maintained and periodically inspected at regular intervals, not exceeding 12 months, by responsible persons designated by the competent authority.

5. The competent authority shall ensure that the contents of the medicine chest are listed and labelled using generic names in addition to any brand names used, and conform to the medical guide used nationally.

6. The competent authority shall ensure that where a cargo which is classified dangerous has not been included in the most recent edition of the *Medical first-aid guide for use in accidents involving dangerous goods* published by the International Maritime Organisation, the necessary information on the nature of the substances, the risks involved, the necessary personal protective devices, the relevant medical procedures and specific antidotes is made available to the master, seafarers and other interested persons. Such specific antidotes and personal protective devices shall be on board whenever dangerous goods are carried.

7. In cases of urgent necessity and when a medicine prescribed by qualified medical personnel for a seafarer is not available in the medicine chest, the shipowner shall take all necessary steps to obtain it as soon as possible.

Article 5

1. Every ship to which this Convention applies shall be required to carry a ship's medical guide adopted by the competent authority.

2. The medical guide shall explain how the contents of the medicine chest are to be used and shall be designed to enable persons other than a doctor to care for the sick or injured on board both with and without medical advice by radio or satellite communication.

3. In adopting or reviewing the ship's medical guide, the competent authority shall take into account international recommendations in this field, such as the most recent edition of the *International medical guide for ships* and the *Medical
Article 4

1. Tout navire auquel s'applique la présente convention doit être tenu d'avoir une pharmacie de bord.

2. Le contenu de la pharmacie de bord doit être prescrit par l'autorité compétente, en tenant compte de facteurs tels que le type du navire, le nombre de personnes à bord ainsi que la nature et la durée des voyages.

3. Pour établir ou réviser les dispositions nationales concernant le contenu de la pharmacie de bord, l'autorité compétente doit tenir compte des recommandations internationales en la matière, telles que l'édition la plus récente du Guide médical international des navires et de la Liste des médicaments essentiels publiés par l'Organisation mondiale de la santé, de même que des progrès réalisés dans les connaissances médicales et les méthodes de traitement approuvées.

4. La pharmacie de bord et son contenu doivent être entretenus de façon adéquate et inspectés périodiquement à des intervalles réguliers, ne dépassant pas douze mois, par des personnes responsables désignées par l'autorité compétente.

5. L'autorité compétente doit veiller à ce que le contenu de la pharmacie de bord fasse l'objet d'une liste et soit étiqueté en utilisant des noms génériques en plus des noms de marque, et à ce qu'il corresponde au guide médical employé sur le plan national.

6. L'autorité compétente doit s'assurer que, lorsqu'une cargaison classée dangereuse ne figure pas dans l'édition la plus récente du Guide des soins médicaux d'urgence à donner en cas d'accidents dus à des marchandises dangereuses publié par l'Organisation maritime internationale, le capitaine, les gens de mer et les autres personnes intéressées disposent de l'information nécessaire sur la nature des substances, les risques encourus, les équipements de protection individuelle nécessaires, les procédures médicales appropriées et les antidotes spécifiques. Les antidotes spécifiques et les équipements de protection individuelle doivent se trouver à bord lorsque des marchandises dangereuses sont transportées.

7. En cas d'urgence et lorsqu'un médicament que le personnel médical qualifié a prescrit pour un marin n'est pas disponible dans la pharmacie de bord, l'armateur doit prendre toutes les mesures nécessaires pour l'obtenir dès que possible.

Article 5

1. Tout navire auquel s'applique la présente convention doit être pourvu d'un guide médical de bord adopté par l'autorité compétente.

2. Le guide médical doit expliquer l'usage du contenu de la pharmacie de bord et être conçu de façon à permettre à des personnes autres que des médecins de donner des soins aux malades ou aux blessés à bord, avec ou sans consultation médicale par radio ou par satellite.

3. Pour adopter ou réviser le guide médical de bord, l'autorité compétente doit tenir compte des recommandations internationales en la matière, telles que l'édition la plus récente du Guide médical international de bord et du Guide des
first-aid guide for use in accidents involving dangerous goods.

Article 6

1. The competent authority shall ensure by a prearranged system that medical advice by radio or satellite communication to ships at sea, including specialist advice, is available at any hour of the day or night.

2. Such medical advice, including the onward transmission of medical messages by radio or satellite communication between a ship and those ashore giving the advice, shall be available free of charge to all ships irrespective of the territory in which they are registered.

3. With a view to ensuring that optimum use is made of facilities available for medical advice by radio or satellite communication —

(a) all ships to which this Convention applies which are equipped with radio installations shall carry a complete list of radio stations from which medical advice can be obtained;

(b) all ships to which this Convention applies which are equipped with a system of satellite communication shall carry a complete list of coast earth stations from which medical advice can be obtained;

(c) the lists shall be kept up to date and in the custody of the person on board responsible for communication duties.

4. Seafaring personnel requesting medical advice by radio or satellite communication shall be instructed in the use of the ship's medical guide and the medical section of the most recent edition of the International code of signals published by the International Maritime Organisation so as to enable them to understand the type of information needed by the advising doctor as well as the advice received.

5. Doctors providing medical advice by radio or satellite communication to ships shall receive training in emergency medicine and medicine relevant to shipboard conditions, including practical experience on the job of providing such medical advice.

Article 7

1. All ships to which this Convention applies carrying 100 or more seafarers and ordinarily engaged on international voyages of more than three days' duration shall carry a medical doctor as a member of the crew responsible for providing medical care.

2. National laws or regulations shall determine which other ships shall be required to carry a medical doctor as a member of the crew, taking into account, inter alia, such factors as the duration, nature and conditions of the voyage and the number of seafarers on board.
soins médicaux d'urgence à donner en cas d'accidents dus à des marchandises dangereuses.

**Article 6**

1. L'autorité compétente doit assurer, au moyen d'arrangements préalables, que des consultations médicales par radio ou par satellite, y compris des conseils de spécialistes, soient possibles à toute heure du jour ou de la nuit pour les navires en mer.

2. Ces consultations médicales, y compris la transmission par radio ou par satellite de messages médicaux entre un navire et les personnes à terre qui donnent des conseils, doivent être assurées gratuitement à tous les navires, quel que soit le territoire dans lequel ils sont immatriculés.

3. Afin d'assurer un usage optimum des possibilités de consultations médicales par radio ou par satellite:

   a) tous les navires auxquels s'applique la présente convention et qui sont équipés d'installations radio doivent avoir à bord une liste complète des stations de radio par l'intermédiaire desquelles des consultations médicales peuvent être obtenues;

   b) tous les navires auxquels s'applique la présente convention et qui sont équipés d'un système de communication par satellite doivent avoir à bord une liste complète des stations côtières-terriennes par l'intermédiaire desquelles des consultations médicales peuvent être obtenues;

   c) ces listes doivent être tenues à jour et placées sous la garde de la personne responsable des communications à bord.

4. Le personnel à bord qui demande des avis médicaux par radio ou par satellite doit avoir reçu une formation quant à l'utilisation du guide médical de bord et de la partie médicale de l'édition la plus récente du *Code international des signaux*, publié par l'Organisation maritime internationale afin qu'il puisse comprendre le type d'informations qui sont nécessaires au médecin consulté, ainsi que les conseils qu'il en reçoit.

5. Les médecins qui donnent des conseils médicaux par radio ou par satellite à des navires doivent recevoir une formation à la médecine d'urgence et à la médecine appliquée aux conditions à bord des navires et avoir notamment une expérience pratique de cette manière de donner des conseils.

**Article 7**

1. Tout navire auquel s'applique la présente convention qui compte cent marins ou davantage et qui effectue normalement des voyages internationaux de plus de trois jours doit avoir parmi les membres de l'équipage un médecin chargé des soins médicaux.

2. La législation nationale doit déterminer, compte tenu, notamment, de facteurs tels que la durée, la nature et les conditions de voyage et le nombre des marins, quels autres navires doivent avoir un médecin dans leur équipage.
Health protection and medical care for seafarers

Article 8

1. All ships to which this Convention applies and which do not carry a doctor shall carry as members of the crew one or more specified persons in charge of medical care as part of their regular duties.

2. Persons in charge of medical care on board who are not doctors shall have satisfactorily completed a course approved by the competent authorities of theoretical and practical training in medical skills. This course shall comprise –

(a) for ships of less than 1,600 gross tonnage which ordinarily are capable of reaching qualified medical care and medical facilities within eight hours, elementary training which will enable such persons to provide effective medical treatment above the level of first aid and to make use of medical advice by radio or satellite communication in the case of accidents or illnesses that are likely to occur on board;

(b) for all other ships, more advanced medical training, including practical training in the emergency/casualty department of a hospital where practicable and training in techniques such as intravenous therapy, which will enable the persons concerned to participate effectively in co-ordinated schemes for medical assistance to ships at sea, and to provide the sick or injured with a satisfactory standard of medical care during the period they are likely to remain on board. Wherever possible, this training shall be provided under the supervision of a physician with a thorough knowledge and understanding of the medical problems and circumstances relating to the seafaring profession, including expert knowledge of radio or satellite communication medical services.

3. The courses referred to in paragraph 2 above shall be based on the contents of the most recent edition of the International medical guide for ships, the Medical first-aid guide for use in accidents involving dangerous goods, the Document for guidance, published by the International Maritime Organisation, and the medical section of the International code of signals as well as similar national guides.

4. Persons in charge of medical care on board and such other seafarers as may be required by the competent authority shall undergo refresher courses, to enable them to maintain and increase their knowledge and skills and to keep abreast of new developments, at approximately five-year intervals.

5. All seafarers, during their vocational training, shall receive instruction on the immediate action that should be taken on encountering an accident or other medical emergency on board.
Article 8

1. Tout navire auquel s’applique la présente convention et qui n’a pas de médecin à bord doit compter dans son équipage une ou plusieurs personnes désignées pour assurer, parmi leurs fonctions régulières, la charge des soins médicaux.

2. Les personnes chargées d’assurer les soins médicaux à bord et qui ne sont pas médecins doivent avoir suivi avec succès des cours agréés par les autorités compétentes de formation théorique et pratique sur les soins médicaux. Ces cours doivent consister:

a) pour les navires d’une jauge brute inférieure à 1 600 tonneaux, qui peuvent d’ordinaire avoir accès dans les huit heures à des soins médicaux qualifiés et à des équipements médicaux, en une formation de base qui permette aux personnes intéressées d’assurer un traitement médical efficace dépassant le niveau des premiers secours et d’appliquer les conseils médicaux donnés par radio ou par satellite en cas d’accidents ou de maladies pouvant survenir à bord;

b) pour tous les autres navires, en une formation médicale d’un plus haut niveau, comprenant une formation pratique dans le service d’urgence ou d’accidents d’un hôpital lorsque cela est possible et une formation à des techniques telles que la thérapie intraveineuse qui permette aux personnes intéressées de participer effectivement à des programmes coordonnés d’assistance médicale aux navires en mer et d’assurer aux malades et aux blessés un niveau de soins médicaux satisfaisant au cours de la période pendant laquelle ils sont susceptibles de demeurer à bord. Lorsque cela est possible, cette formation doit être assurée sous le contrôle d’un médecin possédant une connaissance et une compréhension approfondies des problèmes médicaux des gens de mer et de leur profession, y compris une connaissance spécialisée des services médicaux par radio ou par satellite.


4. Les personnes chargées d’assurer les soins médicaux à bord et tous les autres gens de mer désignés par l’autorité compétente doivent suivre des cours qui leur permettent d’entretenir et d’accroître leurs connaissances et leurs compétences et de se tenir au courant des nouveautés, à intervalles de cinq ans approximativement.

5. Tous les gens de mer doivent recevoir durant leur formation professionnelle une instruction portant sur les mesures à prendre immédiatement en cas d’accident ou autre urgence médicale survenant à bord.
Article 9

1. In any ship carrying 15 or more seafarers and engaged in a voyage of more than three days' duration, separate hospital accommodation shall be provided. The competent authority may relax this requirement in respect of vessels engaged in coastal trade.

2. The hospital accommodation shall be suitably situated, so that it is easy of access and so that the occupants may be comfortably housed and may receive proper attention in all weathers.

3. The arrangement of the entrance, berths, lighting, ventilation, heating and water supply shall be designed to ensure the comfort and facilitate the treatment of the occupants.

4. The number of hospital berths required shall be prescribed by the competent authority.

5. Water closet accommodation shall be provided for the exclusive use of the occupants of the hospital accommodation, either as part of the accommodation or in close proximity thereto.

6. Hospital accommodation shall not be used for other than medical purposes.

Article 10

1. A standard medical report form for seafarers shall be adopted by the competent authority as a model for use by ships' doctors or masters and hospitals or doctors ashore.

2. The form shall be specially designed to facilitate the exchange of medical and related information concerning individual seafarers between ship and shore in cases of illness or injury.

3. The information contained in the medical report forms shall be kept confidential.

Article 11

1. Members for which this Convention is in force shall co-operate with one another in promoting protection of the health of seafarers and medical care for them on board ship.

2. Such co-operation might cover the following matters:
   (a) developing and co-ordinating search and rescue efforts and arranging prompt medical help and evacuation at sea for the seriously ill or injured on board a ship through such means as periodic ship position reporting systems, rescue co-ordination centres and emergency helicopter services, in conformity with the provisions of the International Convention on Maritime Search and Rescue, 1979, and the Merchant ship search and rescue manual and IMO search and rescue manual developed by the International Maritime Organisation;
Article 9

1. Une infirmerie distincte doit être prévue à bord de tout navire embarquant 15 marins ou plus et affecté à un voyage d'une durée de plus de trois jours. L'autorité compétente pourra accorder des dérogations à cette disposition en ce qui concerne les navires affectés à la navigation côtière.

2. L'infirmerie doit être située de telle sorte que l'accès en soit aisé, que ses occupants soient confortablement logés et qu'ils puissent recevoir, par tous les temps, les soins nécessaires.

3. L'entrée, les couchettes, l'éclairage, la ventilation, le chauffage et l'installation d'eau doivent être aménagés de manière à assurer le confort et à faciliter le traitement des occupants.

4. Le nombre de couchettes à installer dans l'infirmerie doit être prescrit par l'autorité compétente.

5. Les occupants de l'infirmerie doivent disposer, pour leur usage exclusif, de water-closets qui fassent partie de l'installation de l'infirmerie elle-même ou soient situés à proximité immédiate.

6. Il doit être interdit d'affecter l'infirmerie à un usage autre que le traitement éventuel de malades.

Article 10

1. L'autorité compétente doit adopter un modèle de fiche médicale pour les gens de mer à l'usage des médecins à bord ou des capitaines et des hôpitaux ou médecins à terre.

2. Le modèle de fiche doit être spécialement conçu pour faciliter l'échange d'informations médicales et d'informations connexes concernant les gens de mer entre le navire et la terre en cas de maladie ou d'accident.

3. Les informations contenues dans les fiches médicales doivent rester confidentielles.

Article 11

1. Les Membres pour lesquels la convention est en vigueur doivent coopérer les uns avec les autres pour promouvoir la protection de la santé des gens de mer et les soins médicaux à bord des navires.

2. Cette coopération pourrait viser à:
   a) développer et coordonner les efforts de recherche et de sauvetage et organiser une aide et une évacuation médicales rapides en mer en cas de maladie ou d'accident grave à bord d'un navire, grâce notamment à des systèmes de signalement périodique de position des navires, à des centres de coordination des opérations de sauvetage et à des services d'urgence par hélicoptère, conformément aux dispositions de la Convention internationale de 1979 sur la recherche et le sauvetage maritimes, ainsi qu'au Manuel de recherche et de sauvetage à l'usage des navires de commerce et au Manuel de recherche et de sauvetage de l'OMI, élaborés par l'Organisation maritime internationale;
[(b) making optimum use of fishing vessels carrying a doctor and stationing ships at sea which can provide hospital and rescue facilities as well as weather information for the maritime fishing industry;]

(c) compiling and maintaining an international list of doctors and medical care facilities available world-wide to provide emergency medical care to seafarers;

(d) landing seafarers in port for emergency treatment;

(e) repatriating seafarers hospitalised abroad as soon as practicable;

(f) endeavouring to set up pilot health centres for seafarers to –

   (i) conduct research on the health status and medical treatment of seafarers;

   (ii) train medical and health service staff in maritime medicine;

(g) collecting and evaluating statistics concerning occupational accidents, diseases and fatalities to seafarers and integrating and harmonising them with any existing national system of statistics on occupational accidents, diseases and fatalities covering other categories of workers;

(h) organising international exchanges of technical information, training material and personnel, as well as international training courses, seminars and working groups;

(i) providing all seafarers with suitable health and medical services in port;

(j) arranging for the repatriation of the bodies or ashes, in accordance with the wishes of the next of kin, of deceased seafarers as soon as practicable.

3. International co-operation in the field of health protection and medical care for seafarers shall be based on bilateral or multilateral agreements or consultations among member States.
[b] utiliser de façon optimale les navires de pêche disposant d'un médecin et les navires stationnés en mer qui peuvent fournir des services hospitaliers et des moyens de sauvetage ainsi que des informations météorologiques pour l'industrie de la pêche maritime;]

c) élaborexer et tenir à jour une liste internationale de médecins et d'établissements médicaux disponibles à travers le monde pour assurer des soins médicaux d'urgence aux gens de mer;

d) débarquer les gens de mer dans un port lorsqu'ils nécessitent un traitement d'urgence;

e) rapatrier les gens de mer hospitalisés à l'étranger dès que cela est réalisable;

f) s'efforcer d'établir des centres sanitaires pilotes pour les gens de mer, qui seraient chargés de:

i) mener des recherches sur la santé et le traitement médical des gens de mer;

ii) former le personnel médical et le personnel de santé à la médecine maritime;

h) recueillir et évaluer des statistiques relatives aux accidents du travail, aux maladies professionnelles et aux décès des gens de mer et les intégrer dans le système national de statistiques sur les accidents du travail, les maladies professionnelles et les décès couvrant d'autres catégories de travailleurs, en les harmonisant avec ce système;

i) organiser des échanges internationaux d'informations techniques et de matériel et de personnel pédagogiques ainsi que des cours de formation, des séminaires et des groupes de travail internationaux dans le domaine de la formation;

j) assurer à tous les gens de mer des services médicaux et de santé appropriés dans les ports;

k) prendre des dispositions en vue de rapatrier, dès que cela est possible, le corps ou les cendres des gens de mer décédés, conformément aux souhaits de leurs parents les plus proches.

3. La coopération internationale, dans le domaine de la protection de la santé des gens de mer et des soins médicaux, doit se fonder sur des accords bilatéraux ou multilatéraux ou des consultations entre Etats Membres.