



## MONGOLIA MARITIME ADMINISTRATION

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Marine Circular № 01/306/2024

**SUBJECT:** Seafarers' Medical Care Onboard Ship and Ashore

### APPLICATION

This Marine Circular is applicable to shipowners, operators, management companies, agents, recognized organizations, seafarers, and other relevant stakeholders.

### REFERENCES

- Maritime Labour Convention, 2006, (MLC, 2006), Regulation 4.1
- IMO Circular MSC.1/Circ.1361/Rev.1, Revised recommendations on the safe use of pesticides in ships applicable to the fumigation of cargo transport units, issued 28 April 2022
- IMDG Code Supplement, Medical First Aid Guide for Use in Accidents Involving Dangerous Goods (MFAG), 2022 Edition
- World Health Organization, International Health Regulations, 2005
- World Health Organization, International Medical Guide for Ships (IMGS), Third Edition 2007
- World Health Organization, Quantification Addendum: International Medical Guide for Ships, Third Edition 2010
- International Maritime Health, Guidance to the International Medical Guide for Ships, 3rd edition: Interim advice regarding the best use of the medical chest for ocean-going merchant vessels without a doctor onboard, Vol. 60, Nos. 1-2 (2009)

### PURPOSE OF THE GUIDELINE

The purpose of this circular is to ensure the health and well-being of seafarers and aims to provide guidance on medical care provisions both on board ships and ashore for seafarers working on board Mongolian-flagged vessels. This circular also aims to provide detailed guidance on Medicine Chest Standards, Documentation, Duties, and Training for Medical Care on board.

### INTERPRETATION

**Ship's Medicine Chest:** Guidelines on the types and quantities of medicines, medical supplies, and equipment needed for a ship's medicine chest, including requirements for their replenishment, replacement, and disposal.

**Recordkeeping:** Procedures for maintaining an inventory and recording medicines, including controlled substances.

**Seafarer Injury and Illness Medical Record:** Introduction of a form designed to facilitate the transfer of medical information between ship and shore.

**Ship Master's Report Form:** A form used to document each medical case managed on board.

**Responsibilities/Training:** Clarification of the roles and training requirements for shipowners/operators, the Master, and others responsible for medical care.

## **GENERAL RESPONSIBILITIES FOR SHIOWNERS/OPERATORS**

1. Shipowners/operators shall comply with the MLC, 2006, as well as regulations referenced in this circular.

2. Shipowners/operators shall ensure that all seafarers working on board Mongolian-flagged ships are covered by adequate measures for protection of their health and that they have access to prompt and adequate medical care whilst working on board.

3. Measures for protection of seafarers' health and medical care shall be provided at no cost to the seafarers.

4. Shipowners/operators shall ensure that any seafarer requiring immediate medical care must be permitted to disembark and provided with access to appropriate medical facilities ashore.

5. Shipowners/operators shall ensure that that seafarers are given health protection and medical care as comparable as possible to that which is generally available to workers ashore, including prompt access to the necessary medicines, medical equipment and facilities for diagnosis and treatment and to medical information and expertise.

6. Shipowners/operators shall give seafarers the right to visit a qualified medical doctor or dentist without delay in ports of call, where practicable.

## **REQUIREMENTS FOR MEDICAL CARE ON BOARD SHIP AND ASHORE**

### **A. Vessel's medical chest**

1. All vessels must carry a medicine chest containing medical supplies and equipment detailed in Appendix A and the latest edition of applicable publications, forms, and charts listed in Appendix B.

2. There is no legal obligation imposed by the Administration regarding what must be included in a ship's medicine chest. However, if the ship is carrying dangerous goods, there might be specific regulations or additional requirements for its medicine chest to handle potential emergencies related to those goods.

3. The contents of a ship's medicine chest should be carefully chosen by the ship owner or operator based on professional advice. They should work with a qualified medical professional to determine what items are necessary and appropriate based on the potential health risks and needs of those aboard. This ensures that the medicine chest is adequately equipped to handle medical situations that may arise during the voyage.

4. Guidance on the medicines and medical supplies to be kept on board is outlined in the International Medical Guide for Ships and its Quantification Addendum, published by the WHO. This guidance, detailed in Appendix A, is recommended by MLC Guideline B4.1.1.4 for use when determining the contents of the medicine chest and medical equipment.

5. All vessels are required to maintain their medicine chests with an inventory that is suitable for the vessel's specific route, operations, and number of persons on board. Furthermore, vessels

exceeding 500 gross tons must, in addition to meeting any other requirements, provide commercially available first aid kits for both the engine room and the galley.

6. For mobile offshore drilling units and mobile offshore units, the requirement for a doctor on board may be satisfied by employing a qualified medic or nurse, provided that the unit is within helicopter range of shore-based medical services and facilities.

7. The Administration requires its vessels without a doctor on board to establish the contents of their medicine chest using as guidance in the Table 1 below.

**Table 1**  
**Medicine Chest Inventory Guidelines for Mongolian-flagged Vessels Without a Doctor on Board**

Vessel	WHO Category
Oceangoing ships	Category A
Coastal or nearby foreign ports with voyages not more than 24 hours from port of call	Category B
Fishing vessels (Applicable to fishing vessels registered in single voyage registration) <ul style="list-style-type: none"> <li>• on extended voyages more than seven (7) days</li> <li>• on voyages of seven (7) days or less and in close proximity to a port of call</li> </ul>	Category B Category C
Yachts <ul style="list-style-type: none"> <li>• on voyages more than 60 miles from safe harbor</li> <li>• on voyages 60 miles or less from safe harbor</li> </ul>	Category B Category C
Mobile and immobile floating production, storage and offloading units (FPSOs) and floating storage units (FSUs)	Seek advice of qualified medical practitioner or pharmacist to establish inventory

8. Ships, including ferries, that carry dangerous cargoes or their residues must also adhere to the International Maritime Dangerous Goods (IMDG) Code and follow the guidance provided in the most recent edition of the Medical First Aid Guide for Use in Accidents Involving Dangerous Goods (MFAG).

9. If a cargo classified as dangerous is not included in the most recent edition of the MFAG, the required information on the nature of the substances, associated risks, necessary personal protective equipment, relevant medical procedures, and specific antidotes must be provided to seafarers through the ship's occupational safety and health policies.

10. For a list of medicines and supplies, refer to the Medical First Aid Guide for Use in Accidents Involving Dangerous Goods (MFAG), which must be maintained on board and is available in the IMDG Code Supplement.

11. While there is no legal mandate to have a defibrillator on ships, if a ship does carry one, it is crucial to ensure that the device is well-maintained, that crew members are properly trained in its use, and that they are prepared for patient care in case of emergencies, considering that immediate hospitalization might not always be possible.

#### **B. Medicine supply, labeling, re-supply, replacement, and storage**

12. All medicines must be provided in standard small packages, preferably in single dose portions, with medical instructions and labeling in English or another language understood by the crew. Sufficient reference materials or product use and identification cards related to the medicines must be available on board, and both medicines and medical equipment must be replenished as needed.

13. All medicines with expiration dates must be replaced as soon as possible, and in any case, within three months of their expiry.

14. Medicines must be stored according to the manufacturer's recommendations. Additionally, all medicines and medical devices must be kept under lock and key, except for first aid kits.

15. Expired medicines and medical supplies should, where possible, be returned to the supplier or forwarded to an approved shoreside contractor for disposal.

16. If disposal is not feasible, expired medicines and medical supplies may be incinerated at sea, provided the vessel has a written waste disposal policy and a program that ensures incineration at appropriate temperatures by authorized personnel. Records of the incinerated medicines and medical supplies must be maintained as part of the medical inventory.

#### **C. Inspection and Certification Requirements**

17. Under Standard A4.1.4(a) of the MLC, 2006 the ship's medicine chest must be inspected by an official authority at least once a year. Shipowners can use an approved pharmacist or pharmacy service to inspect and certify the medicine chest instead, as long as this service is recognized by the relevant authority. This ensures the medicine chest is properly maintained and meets safety standards.

18. Inspection and certification of the medicine chest can be conducted either on board or remotely. If physical attendance on board is not feasible, the Master must verify that the medicines are not expired and that both the medicines and their packaging are undamaged. Master must ensure that the medical equipment is functional and free from damage.

19. Master must provide the inspecting entity with information on whether the ship is classified under WHO Category A, B, or C based on its type and distance from shore (refer to Table 1, above). Additionally, indicate whether the medicine chest is stocked according to the recommendations in Appendix A of this Circular or other relevant guidance. In either case, the specific recommendations or guidance used to stock the medicine chest must be identified and provided to the inspecting entity.

20. The Master must confirm with the inspecting entity the maximum number of persons permitted on board according to the safety equipment certificate and inform them whether the vessel carries dangerous goods or chemicals.

21. The Master must instruct the inspecting entity to review the information provided in. If the review shows that the medicine chest is stocked appropriately for the vessel's route, operation, and the number of persons on board, documentation certifying this must be obtained from the inspecting entity. This documentation must state that all required contents of the medicine chest are present and will not expire during the period covered by the documentation. The document (which may be in certificate form) should include, to the extent possible, the IMO Number, Name of Vessel, Registry of Vessel, unique serial number or ID code, and issuing and expiry dates. It must be signed and stamped by the inspecting entity, including their full name and title.

22. If the inspection of the medicine chest reveals that it does not meet the requirements for the vessel's route, operation, and number of persons on board, the Master is responsible for

taking necessary corrective actions. Once these actions have been taken and the medicine chest is deemed appropriate, the Master must obtain official documentation from the inspecting entity. This documentation should confirm that the medicine chest is now suitable and must be signed and stamped by the inspecting entity, including the inspector's full name.

23. Recognized Organization annual inspections must also be used to verify that medicine chests are adequate and have been certified within the last 12 months.

24. Flag State inspections, which may occur at irregular intervals, will also be used to verify the accuracy of medicine chests.

#### **D. Recordkeeping Requirements**

##### **- Inventory of Medicines**

25. All medicines and medical supplies list must be maintained on board all Mongolian-flagged vessels.

26. The list of items in the medicine chest must be regularly updated and include the expiry date, storage conditions, quantities remaining after purchase or use, and disposal information for each item. The medicine chest must be inventoried at least once a year, with all items having an expiration date and being re-supplied as necessary before they expire.

##### **- Seafarer Injury and Illness Medical Record**

27. The Master or a designated and certified onboard "medical care provider" must complete the Injury and Illness Medical Record/Form provided by the shipowner, to the best extent possible, whenever a seafarer requires treatment ashore. The form's purpose is to facilitate the exchange of information between the vessel and shore regarding the seafarer's medical condition and related details in cases of illness or injury.

28. The information must be kept confidential and only used to facilitate the treatment of seafarers. It may be used to transmit information during the evacuation of a seafarer, provided to shoreside medical personnel either partially or fully completed or forwarded as a blank form to be completed and returned to the vessel after examining the seafarer. A copy may be given to the seafarer upon request, kept with the seafarer's medical records while on board or ashore by the shipowner when the seafarer leaves the ship.

29. The Seafarer Injury and Illness Medical Record must be kept by the Ship owner for a period of two years.

##### **- Medical Log**

30. Each vessel must keep a medical logbook wherein must be entered every case of illness or injury happening to any member of the crew.

#### **E. Responsibilities and Training**

31. The shipowner/operator holds the ultimate responsibility for ensuring that the medicine chest on board the vessel is properly stocked. Therefore, when assembling the contents of the medicine chest, they should consult with qualified medical professionals, especially if the vessel will be traveling to areas with specific medical risks. This consultation helps ensure that the medicine chest is equipped with the appropriate supplies and medications for the journey.

32. The Master is responsible for keeping and managing medical supplies kept on board to ensure that the medications are properly dispensed and that records are kept of their disposition. This responsibility may be delegated to a properly trained and certified crew member.

33. The Administration requires vessels without a medical doctor to have on board one certified seafarer as the "Medical Care Person in Charge" responsible for medical care and administering medicine as part of their regular duties, and one certified seafarer as the "Medical First Aid Provider" designated to provide immediate first aid in case of injury or illness aboard the ship.

34. Seafarers responsible for medical care or first aid must report health-related conditions on board to the Master and present the medical logbook upon request. They must have the

necessary training as required by STCW, based on the latest editions of the IMGS, MFAG, and the medical section of the International Code of Signals (published by the IMO). This certification is not required for ship's doctors or nurses and will not be issued to them; it is the responsibility of the shipowner or operator to verify the validity of these medical certificates.

35. The Master or designated personnel responsible for medical care or first aid must utilize all available 24-hour medical advice by radio or radiotelephone. They should be trained in using the vessel's medical guide and the medical section of the most recent edition of the International Code of Signals to effectively understand the information needed by the advising doctor and interpret the advice received.

36. Despite their training, crew members are not medically qualified. A doctor should always be consulted for serious illness or injury, or whenever there is any uncertainty about the appropriate treatment for a patient.

#### **F. Pest Management**

37. The presence of insects, rodents, and other pests must be controlled to prevent the transmission of illness and disease on board the vessel. Since few pesticides are effective against all types of pests, each pesticide should be selected and used according to the manufacturer's instructions and the recommendations in the IMDG Code Supplement, Revised Recommendations on the Safe Use of Pesticides in Ships.


#### **G. Mosquito Protection**

38. Ships regularly trading to mosquito-infested ports must be equipped with appropriate devices, such as nets and screens, to protect against mosquitoes and must carry sufficient mosquito and anti-malarial medications. The quantity and formulation of anti-malarial medications must be adequate to protect the entire crew before, during, and after visiting a malaria-endemic area. Additionally, there must be enough mosquito repellent for each crew member.

Any inquiries or requests regarding this marine circular should be directed to Mongolia Maritime Administration (E-mail address: [info@momarad.gov.mn](mailto:info@momarad.gov.mn))

This Marine Circular will enter into effect as of 31 July 2024

Sincerely Yours,



ULZIJARGAL YURA  
HEAD OF ADMINISTRATION AND MANAGEMENT DEPARTMENT  
MONGOLIA MARITIME ADMINISTRATION

**Appendix A – Inventory Guidelines**  
for Medicines and Medical Supplies for Ships Without a Doctor on Board

Table I: Recommended Quantities of Medicines for Ships Without a Doctor on Board (WHO Quantification Addendum for use in conjunction with the *International Medical Guide for Ships, 3rd Edition*)

Category A: Oceangoing ships. Stock levels are based on a six-month supply.

Category B: Vessels engaged in coastal trade or going to nearby ports that travel no more than 24 hours from port of call. Stock levels are based on a six-month supply.

Category C: Fishing vessels registered in a single delivery voyage registration and private craft usually traveling no more than a few hours from home port or a port of call. The assumed duration of each trip is up to three to four weeks.

NAME	FORM	STRENGTH	INDICATION	QUANTITIES PER 10 CREW			NOTES
				A	B	C	
Acetylsalicylic acid	tab	300mg	pain, fever, blood clots	50	50	-	
Acyclovir	tab	400mg	herpes simples/zoster	70+	35+	-	
Adrenaline	amp	1mg/ml	anaphylaxis	10+	5+	5+	
Amoxicillin + clavulanic acid	tab	875mg/125mg	infections	20	10	-	
Artemether	amp	80mg/ml	malaria treatment	12+	12+	-	
Artemether + Lumefantrine	tab	20mg/120mg	malaria treatment	24+	24+	-	double if crew size > 30
Atropine	amp	1.2mg/ml	MI/organophosphate poisoning	10+	5+	-	double quantity if carrying organophosphates
Azithromycin	tab	500mg	infections	10+	5+	-	
Ceftriaxone	amp	1g	infections	15	5+	-	
Cetirizine	tab	10mg	Hay fever/dermatitis	30+	30+	-	

Charcoal, activated	powder		poisoning	120g+	120g+	-	
Ciprofloxacin	tab	250mg	infections	20+	10+	-	double if crew size >30
Cloves, oil of	liq		toothache	10ml	10ml+	-	
Dexamethasone	amp	4mg/ml	Severe asthma/anaphylaxis		1	-	
Diazepam	tab	5mg	Alcohol withdrawal	50+	20+	-	

NAME	FORM	STRENGTH	INDICATION	QUANTITIES PER 10 CREW			NOTES
				A	B	C	
Docusate with senna	tab	50mg/8mg	constipation	30+	-	-	
Doxycycline	tan	100mg	infections	10	-	-	
Ethanol, hand cleanser	gel	70%	hand cleaning	500ml	500ml+	100ml+	
Ethanol	liq	70%	disinfect instruments	500ml	100ml	-	
Fluorescein	eye strips	1%	detect corneal damage	20+	20+	-	
Frusamide	amp	40mg/4ml	pulmonary oedema	5+	5+	-	
Glucagon	amp	1mg	hypoglycaemia	1+	1+	-	
Haloperidol	amp	5mg/ml	psychosis/severe agitation	5	5+	-	
Hydrocortisone	crm	1%	allergy/inflammatory skin	2x30g	1x30g	-	one (1) tube per patient
Ibuprofen	tab	400 mg	inflammation/pain	100	50	50+	
Isosorbide dinitrate	tab	5 mg	angina/MI	10	10	5+	
Lignocaine	amp	1%, 5ml	suturing/minor surgery	5	5	-	
Loperamide	tab	2mg	diarrhea	30	30	10+	
Mebendazole	tab	100mg	intestinal worms	6+	6+	-	



Metroprolol	tab	100mg	HTN/AF/angina/migraine	60+	-	-	
Metronidazole	tab	500mg	infections	30+	20+	-	
Miconazole	crm	2%	fungal skin infections	2x30g	1x30g	-	double quantities if females on board
Midazolam	amp	5mg/ml	epileptic fits	10+	5+	-	
Misoprostol	tab	200ug	post-partum hemorrhage	3+	3+	-	only if females on board
Naloxone	amp	0.4mg/ml	opiate overdose	10+	5+	-	
Omeprazole	tab	20mg	reflux, peptic ulcers	30+	30+		double if crew size > 30
Ondanestron	tab	4mg	vomiting, sea-sickness	10	10	10+	
Oral rehydration solution	powder	sachet	dehydration due to diarrhea	151(75)	101(50)	21(10)+	quantities in brackets are number of sachets based on sachets made up to 200ml
Oxymetazoline	nasal drop	0.50%	nasal obstruction/drain sinuses	2	1	-	one (1) bottle per patient
Paracetamol	tab	500mg	pain and fever	100	50	25	
Permethrin	lot	1%	lice	200ml+	100ml+	-	double if crew size > 30
Permethrin	lot	5%	scabies	300ml+	100ml+	-	100ml per patient
Povidone iodine	liq	10%	disinfect skin/wounds	100ml	100ml	100ml+	
Povidone iodine	oint	10%	disinfect skin/wounds	1x25g	1x25g	-	
Prednisone	tab	25mg	asthma/inflammatory conditions	30+	30+	-	

NAME	FORM	STRENGTH	INDICATION	QUANTITIES PER 10 CREW			NOTES
				A	B	C	
Salbutamol	inh	100ug/dos	asthma/bronchitis/emphysem	1	1	-	one (1) inhaler per patient

		e	a				
Sodium chloride	liq	0.9%, 1litre	fluid replacement	5+	1	-	
Tetracaine (amethocaine)	eye drop	0.50%, 1ml	eye examination	20+	20+	-	
Tetracycline	eye ointment	1%	minor eye infections	2	1	1+	one (1) tube per patient
Vitamin K	amp	10mg/ml	reverse warfarin or similar	2+	2+	-	
Water for injection	amp	5ml	reconstitute injection	15	5+	-	only used to reconstitute ceftriaxone
Zidovudine + lamivudine	tab	300mg/150 mg	needle-stick injury prophylaxis	56+	56+	-	
Zinc Oxide	Paste/ ointment	20%	irritated skin	200g+	100g+	100g+	4 x 25g or 3 x 30g tubes per 100g

Table I (Continued) Supplies and Equipment  
(International Medical Guide for Ships, 3rd Edition)

CATEGORY	RECOMMENDED ITEM	QUANTITY
<b>RESUSCITATION EQUIPMENT</b>		
Appliance for the administration of oxygen	portable oxygen set, complete, containing:	1
	• 1 oxygen cylinder, 2 1/200 bar	1
	• 1 spare oxygen cylinder, 2 1/200 bar	1
	• Pressure regulating unit and flow meter with tubes such that ship's industrial oxygen can also be used	1
	• 3 disposable face masks of choice; including simple face mask and non-rebreathing mask	3
Oropharyngeal airway	Guedel airway (Mayo-tube): sizes medium and large 2	2
Mechanical aspirator	manual aspirator to clear upper airways, including 2 catheters	1
Bag and mask resuscitator	Ambubag (or equivalent); supplied with large, medium and small mask	1
Cannula for mouth-to-mouth resuscitation	Brook Airway, Lifeway, pocket face mask or equivalent	1
<b>DRESSING MATERIAL AND SUTURING EQUIPMENT</b>		
Adhesive dressings	assorted wound-plaster or plaster strips, water-resistant	200
Eye pads	eye pads	3
Sterile gauze compresses	sterile gauze compresses, 5x5 cm, sterile	100
	sterile gauze compresses, 10x10 cm, sterile	100
Gauze roll	gauze roll, 5cm and 90cm or 60cm x 100 m, non-sterile	1
Gauze dressing with non-adherent surface	non-adherent gauze dressing, square, 10 cm	100
Vaseline gauze	paraffin gauze dressing, 10 x 10 cm, sterile	50
Bandage	elastic fixation bandage, 4 m x 6 cm	3

<b>CATEGORY</b>	<b>RECOMMENDED ITEM</b>	<b>QUANTITY</b>
Sterile compression bandages	first-aid absorbent gauze-covered cotton pad sewn into a cotton bandage (ambulance dressing), small/medium/large	5
Tubular gauze for finger bandage	tubular gauze bandage for finger bandage with applicator, 5 m	1
Adhesive elastic bandage	adhesive elastic bandage, 4 m x 6 cm	10
Triangular sling	triangular sling	5
Sterile sheet for burn victims	sterile sheet for burn patients	1
Honey or burn kit for dressing burns	1 kg	1
Adhesive sutures or zinc oxide bandages	adhesive tape, waterproof, skin-friendly, 5 x 1.25 cm	10
Q-tips	Q-tips (wooden)	100
Safety pins	safety pins (stainless steel) 12 pcs	50
Butterfly sutures	butterfly sutures, Steristrips® or Leukostrip®, sterile	20
Skin adhesive	2-octyl cyanoacrylate liquid, 0.5 ml	2
Suturing equipment	sutures, absorbable with curved non-traumatic needs, 1-O, 3-O, and 4-O or 5-O	10 each
		10
Gloves	disposable examination gloves	50
	surgical gloves sizes, 6.5, 7.5, 8.5, sterile, in pairs	3 of each size
<b>INSTRUMENTS</b>		
Disposable scalpels	scalpel, sterile, disposable	20
Stainless-steel instrument box	instrument box (stainless steel)	1
Scissors	operating scissors, straight (stainless steel)	1
	bandage scissors (stainless steel)	1

Forceps	splinter forceps, pointed (stainless steel)	3
	teeth tissue forceps (stainless steel)	1
Needle holder	needle holder, Mayo-Hegar, 1800 mm, straight	1
Haemostatic clamps	haemostatic clamp, Lahlstead mosquito, 125 mm, stainless steel	3
Disposable razors	razor, disposable	50
<b>EXAMINATION AND MONITORING EQUIPMENT</b>		
Disposable tongue depressors	tongue depressors, disposable	100
Reactive strips for urine analysis	reactive strips for urine analysis: blood/glucose/protein/nitrite/leukocytes, 50 paper strips	100
Microscope slides	microscope slides	100
Stethoscope	stethoscope	1
Aneroid sphygmomanometer	sphygmomanometer (blood pressure set), preferably automatic	1
Standard thermometer	thermometer, digital if possible	1
Rectal thermometer	thermometer, digital if possible	1
Hypothermic thermometer	thermometer 32°-34°, digital if possible	1
Penlight	penlight + blue cover	1
Magnifying glass	a x 8 loupe	1
Marker	waterproof indelible marker	1

CATEGORY	RECOMMENDED ITEMS	QUANTITY
<b>EQUIPMENT FOR INJECTION, INFUSION, AND CATHETERIZATION</b>		
Equipment for injection	syringes, Luer connection, 2 ml, sterile, disposable	50
	syringes, Luer connection, 5 ml, sterile, disposable	50
	hypodermic subcutaneous needle, Luer connection, 16 x 0.5 mm, sterile, disposable	20
	hypodermic intramuscular needle, Luer connection, 40 x 08 mm, sterile, disposable	20
	needles, 19G, blunt, "drawing up" type	20
Equipment for infusion	intravenous infusion cannula 16G (1.2 mm) and 22G (0.8 mm), Luer-lock connection, sterile non-recap type	10 each
	intravenous giving set, Luer-lock connection, sterile	3
	tourniquet, blood-taking type to be used with intravenous infusion cannula	1
Bladder drainage equipment	penile sheath set with condom catheter, tube, and bag	2
	short-term urine catheter with soft-eye straight tip Thieman No. 12 and No. 16 or equivalent, sterile, individually packed, prelubricated or with additional lignocaine/chlorhexidine lubricant	2
	urine collecting bag and tube	2
<b>GENERAL MEDICAL AND NURSING EQUIPMENT</b>		
Eye protection	plastic goggles or full-face masks	2
Plastic apron	disposable	20
Kidney dish	kidney dish, stainless steel, 825 ml	2
Plastic backed towels	towels, plastic backed, absorbent 600 x 500 mm	10
Safety box	safety box for sharps disposal, 5 l	1
Mask	mask, duckbill type, disposabl	50
Tape measure	tape measure, vinyl coated, 1.5 m	1

Draw sheets	draw sheet, plastic 90 x 180 cm	2
Bedpan	bedpan, stainless steel	1
Hot-water bottle	hot-water bag	1
Urine bottle	urinal, male (plastic)	1
Ice bag	cold/hot pack maxi	1
Aluminum foil blanker	aluminum foil blanket	1
Condoms	male condoms	100
Wash bottle	plastic wash bottles, 250 ml	1
Plastic bottle	bottle, 1 litre, plastic with screw top	3
Dressing tray	stainless steel dressing tray, 300 x 200 x 30 mm	1
Plastic apron	apron, protection, plastic, disposable	20
Bowl	bowl, stainless steel, 180 ml	3
Specimen jars	jars, plastic, with lids and labels, 100 ml	10
Plaster-of Paris bandage	bandages, POP, 5 cm and 10 cm x 2.7m	12 each
Stockinet	sizes for arm and leg splints, 10 m roll	1 each
Cotton wool	cotton wool roll, 500 g	10
Alcohol swabs	70 % alcohol swabs for skin cleansing prior to injection	200
Nail brush	nail brush	1
Thermometer for refrigerator	thermometer for refrigerator	1
Mortuary transfer bag	mortuary transfer bag	1
<b>IMMOBILIZATION AND TRANSPORTATION EQUIPMENT</b>		
Malleable splints	malleable finger splint	1

	malleable forearm/hand splint	2
	malleable splint leg	2
Cervical ridge collar	cervical rigid collar variable size for neck immobilization	1
Stretcher	stretcher equipment allowing immobilization and crane or helicopter lifting	1



## Appendix B – Publications, Forms, and Charts

### Publications, Forms, and Charts to Be Carried

The following publications, forms and charts must be carried on board each vessel in the quantities indicated. The forms and charts may be in electronic forms.

PUBLICATION, FORMS, AND CHARTS	QUANTITY Per Vessel
<i>International Medical Guide for Ships (IMGS)</i> (hard copy of most recent edition*)	1
<i>Quantification Addendum, International Medical Guide for Ships, 3rd Edition</i> , World Health Organization, 2010 (hard copy)	1
<i>Medical First Aid Guide for Use in Accidents Involving Dangerous Goods (MFAG)</i> (hard copy of most recent edition; carry if transporting dangerous goods)	1
Cards for telemedical advice (fill in before calling for radio medical advice)	10 cards up to 40 persons 20 cards for 41-100 persons
Cards or charts for tracking temperature	10 cards up to 40 persons 20 cards for 41-100 persons
Ship Master's Report Form	10 cards up to 40 persons 20 cards for 41-100 persons
Injury and Illness Medical Record (MI-105MR)	0 cards up to 40 persons 20 cards for 41-100 persons
Medical logbook	1
Controlled drugs register	1