



01. Amendment Strategy

02. Working Environment of Seafarers on board

03. Current State of Maritime medical care

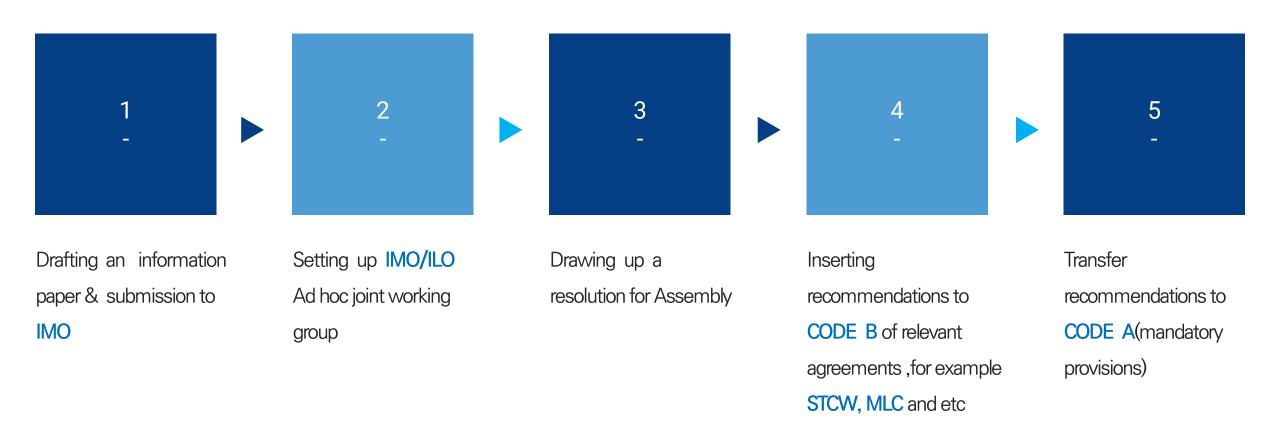
04. K-Telemedicine Service

05. Challenges

06. Amendment of STCW Convention

# 1. Amendment Strategy of IMO Conventions





# 1. Amendment Strategy of IMO Conventions



### 01. MSC/INF 01



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MARITIME SAFETY COMMITTEE 1st session MSC 97/INF.01 ± 5 November 2015 ±

Agenda Item 1 ENGLISH ONLY

<Promotion of Health Condition of Seafarers by Introduction of Maritime Telemedicine Services>

#### Submitted by the Republic of Kores

#### SUMMARY

secutive summary: This document grovides information on a Maritime Telemedicine

by Regula ic of Korea which aims to address measures to improve senteres' health by developing maritime telemedicine service

Strategic direction 53

High-level action: 528

Planned outgut

Action to be taken: Paragraph 10, Paragraph

Related document

#### INTRODUCTION

1. Following discussion on maritime belamed one system at a grevious session of the Committee, Member States and observe organizations were invited to consider the issue and submit gropously to the next session. This note is intended to inform MISC 98 of a relevant organing project funded by the Regulatio of Korea.

#### Necessit

2 The sesferer, unlike the workers on land, work at a inferior atmosphere which may include unwarded, cesseless nose and vibrations, sudden coldiness and hotness, long gened of ormduty hours without proper rest and last but not less, lack of exercise, of fresh food and of fresh water due to lack of agence. For healthcare and prevention of disease of seefaren, it is mandatory for seafarens to necessar medical examination before emberhation but there exists a lack of system to



### 02. IMO/ILO Joint Working group

INTERNATIONAL MARRIES ORGANIZATION



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LEGAL COMMITTEE 1\*session Azenda item 1 LEG 79/4 5\*November 2015 ORIGINAL: ENGLISH

#### PROVISION OF FINANCIAL SECURITY

Proposal for the establishment of a Joint IMO/ILO Ad Hoc Expert Working Group to consider the subject of liability and compensation regarding claims for death, personal injury and abandonment of architects.

#### Note by the Secretariat

#### SUMMARY

Executive summary: This document reports on the agreement of ILO to IMO's proposal to catablish the Joint Group

atablish the Joint Group

Action to be taken: Paragraph 2

Related documents: MSC 97/DIF 01

In response is a proposal made by the Legal Committee at its nicety-accords assisting the Governing Body of ILO at its 2734 sension held in November 2015 agreed to establish a joint DMO/ILO Ad Hoc Expert Wesking Geogy is consider the subject of liability and compensation regarding claims for death, personal injury and demonstrated or stanform. The Governing Body of ILO authorized the helding of a meeting of this Working Group is London, if agreed by DMO, with a maximum duration of DMO, with a maximum duration of five working days and a compensation of eight ILO participants.

#### Action requested of the Committee

2 The Legal Committee is limited to take note of this information and decide to appropriate. It particular, the Committee is invited to consider possible dates for the proposed meeting as well as the compensation of the Working Group.

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### 03. A. Res1053(27)



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ASSEMBLY 30th session Agenda Item 1 A 30//Res 1053 ± 7 December 2015 ± Original: ENGLISH

#### Resolution A.1053(27)

Adopted on 5 November 2015 ± (Agenda Item 1)

### PROMOTION OF SEAFARERS' HEALTH BY + INTRODUCTION OF MARITIME TELEMEDICINE SERVICES

THE ASSEMBLY OF THE INTERNATIONAL MARITIME ORGANIZATION AND THE GOVERNING BODY OF THE INTERNATIONAL LABOR OFFICE.

NOTING that '32 Technology, ravigation and higher safety management standards' is included in IMO 3DS[Strategy Direction]: Safety of Life at Sea, 3.28 Development and Implementation of S-Navigation Strategies' is also included in 3.2 as HARPHigh Level Action Plant, and one of the separates M-50Marking Service Socialists belonging to S-Marketin in a second marking explana-

CONSIDERING that seafarers' disease risk is higher than workers on land due to their own denganous working environments.

RECALLING that there are blind spots in equity of seaferers' health and medical care.

RSCALLING ALSO that as a result of international indifference to seafenest medical welfare, medical care divices are not obligatory on board and ship owners are turning away the solutions for solving this groblem as well.

RECALLING FURTHER that since it is easy to acquire a medical manager certificate, practical medical care for seaferers is not active.

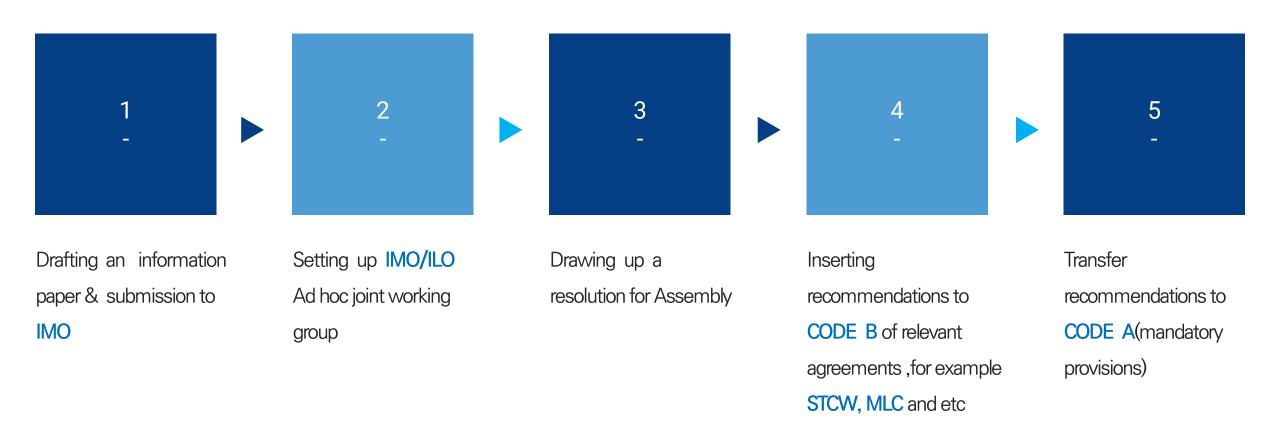
CONCERNED that health care and medical expirators system at see are still unsatisfactors.

NOTING ALSO that (MAGInternational Marktime Organization) and (LO(International Labor Organization) have been requesting each government to grogness continuous and systematic investigation for seaferent health and disease.



# 1. Amendment Strategy of IMO Conventions





# 2. Working Environment of Seafarers



### 01. Workplace Characteristics

Since most ships are made of steel, it is very likely for one to suffer even with a small bump against the ship structure.

And the frequency of accidents that require emergency measures is high due to workplace characteristics on board.

### 02. Mentality

Seafarers are under tremendous amount of stress due to certain job characteristics: the separation between rest and work is vague, and responsibility and requirements to carry out their job are considerably high.

### 03. Social Culture

Cultural conflicts are increasing due to an increase in multicultural vessels where multinational seafarers work at. Also, one is facing stress caused by having to confront the same people for almost 24 hours in a restricted space.

### 04. Vibration

Health condition of seafarers is gradually deteriorating due to continuous vibration and noise caused from engines ceaselessly.

### 3. Present Condition of Medical Care for Seafarers



- Existing international conventions regarding medical assistance to seafarers are only focusing on follow-up care of diseases and remote medical advices.
- Taking a step further, we promote the introduction of maritime telemedicine services to reduce the outbreak of disease of seafarers and improving their health condition.



# 4. Perception and Current State of Health Care for Seafarers



Unsatisfactory medical system impedes the long-term embarkation of seafarers and causes shortage in overall global seafarer supply.

35%

Job dissatisfaction

68.8/100 points

Difficulty in medical care

75.3/100 points

Risk of accidents and disease







**48%**Preference for healthy life



2.9 times

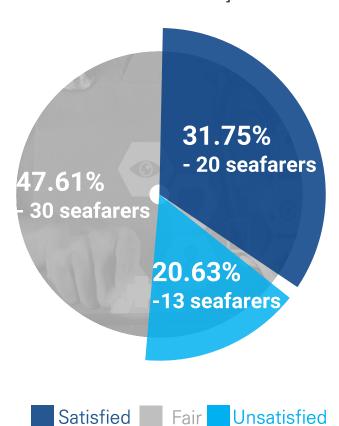
2.9 accidents occurred per person

# 6. Current State of Maritime Telemedicine Service

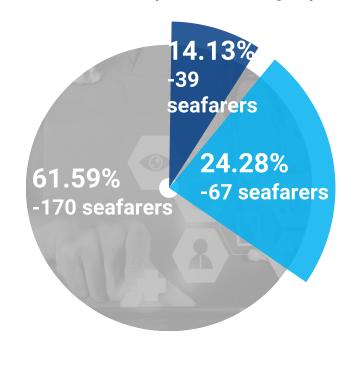


\_ 02. Satisfaction with Emergency Medical Treatment

[Satisfaction with emergency medical treatment]

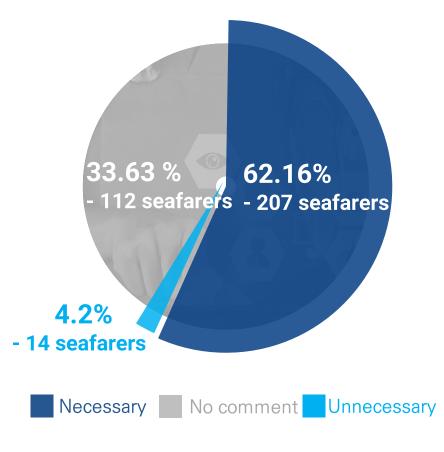


[Satisfaction with present policy regarding medical treatment only in case of emergency]



Satisfied Fair Unsatisfied

[Need for improvement of medical equipment on board]



### 7. K-Telemedicine Service



Korea has been conducting this research in a long-term. It is now implementing a maritime
telemedicine service demonstration project in order to solve the inequity of medical care
service for seafarers.

STEP 02.
Implementation of the Project on a
Trial Basis

STEP 01. Development of Maritime
Telemedicine Service System

- Gather information
- Basic & Detailed design

Telecommunication equipment on board

- Satellite telecommunication
- Shore-based telecommunication server

STEP 03.

Actual Demonstration of the System

- Gather information
- · Basic & Detailed design

STEP 04.
Introduction to International Conference

- Drafting an information paper and submitting to IMO
- Hosting a special threeparty committee with the cooperation of ILO

## 7. K-Telemedicine Service



/ 01.

Maritime telemedicine service demonstration was held, where Per Okkels, the Vice-Minister of Health and Welfare of Denmark observed.

/ 02.

Business cooperation with Phillips Korea was agreed regarding maritime telemedicine service field.



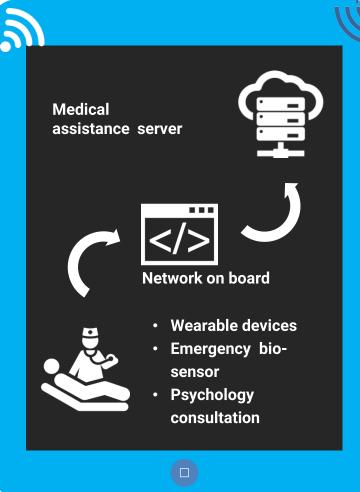


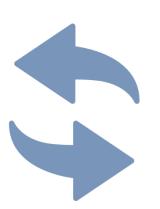


# 8. K-Telemedicine Service System Platform

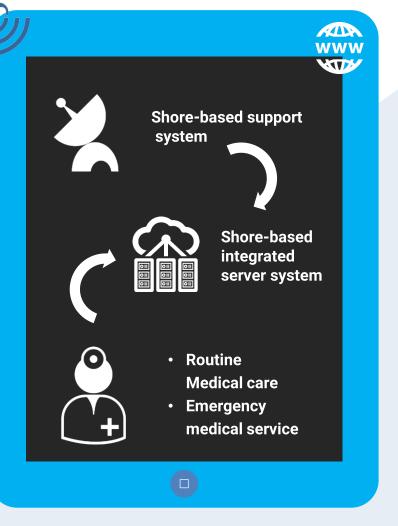




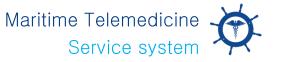




### **Shore-based support system**



## 9. Challenges



• The Rep. of Korea has found the following challenges while implementing maritime telemedicine service demonstration projects.



1. Communication Cost

2. Cyber Security

- 3. Responsibility of Health Care Provider on Shore
- 4. Lack of Capability of medical care providers on board

### 10. Amendment of STCW Convention



### **Current Article of Convention**

#### Regulation VI/4

Mandatory minimum requirements relating to medical first aid and medical care

- 1. Medical first aid provider
- 2. Medical care provider
- 3. Certificate

### Proposal of Amendment

### Regulation VI/4

Mandatory minimum requirements relating to medical first aid and medical care

- 1. Medical first aid provider
- 2. Medical care provider
- 3. Telemedicine service provider
- 4. Certificate

We suggest a new QUALIFICATION with the name, \( \text{telemedicine service provider} \)
& Include the details on STCW Regulation VI/4 – Section 3.

### 10. Amendment of STCW Convention



• The entire article of Regulation VI/4 of STCW Annex Chapter VI after the amendment are as follows.

### Regulation VI/4

### Mandatory minimum requirements relating to medical first aid and medical care

- 1. Seafarers designated to provide medical first aid on board ship shall meet the standard of competence in medical first aid specified in section A–VI/4, paragraphs 1 to 3 of the STCW Code.
- 2. Seafarers designated to take charge of medical care on board ship shall meet the standard of 2 competence in medical care on board ships specified in section A–VI/4, paragraphs 4 to 6 of the STCW Code.
- 3. Seafarers designated to take charge of maritime telemedicine service system on board shall meet standard of competence in medical care on board in section A-VI/4, paragraphs 7 to 10 of the STCW Code.
- 4. Where training in medical first aid or medical care is not included in the qualifications for the certificate to be issued, a special certificate or documentary evidence, as appropriate, shall be issued indicating that the holder has attended a course of training in medical first aid or in medical care.

### 11. Amendment of STCW CODE - Section B



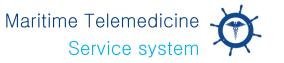
The amendment content of Regulation VI/4 of STCW CODE – Section B are as follows.

#### Section B-VI/4

### Mandatory minimum requirements related to medical first aid and medical care

- 7. Every seafarer who is desinated to provide telemedicine service on board ship shall have at least an year of experience as medical care provider on board
- 8. Every seafarer who is designated to provide telemedicine service on board ship shall be required to demonstrate the competence to undertake the tasks, duties and responsibilities listed in column 1 of table B-VI/4-3.
- 9. The level of knowledge of the subjects listed in column 2 of table B-VI/4-3 shall be sufficient to enable the designated seafarer to take appropriate operation of maritime telemedicine service system at all times \*
  - \* IMO Model Course 1.16 "Maritime Telemedicine" may be of assistance in the preparation of courses.
- 10. Every candidate for certification under the provisions of regulation VI/3, paragraph 2 shall be required to provide evidence that the required standard of competence has been achieved in accordance with the methods for demonstrating competence and the criteria for evaluating competence tabulated in columns 3 and 4 of table B-VI/4-3.
  - This amendment will be transferred to STCW CODE Section A (mandatory provisions) after numerous conferences by the international society.

### 11. Amendment of STCW CODE - Section B



#### Table B-VI/4-3

### Specification of the minimum standard of proficiency in maritime telemedicine

#### Column 1

#### COMPETENCE

Effective use of maritime telemedicine service system

#### Column 2

### KNOWLEDGE, UNDERSTANDING AND PROFICIENCY

Operation of maritime telemedicine service system

- Use of maritime telemedicine service equipments and troubleshooting
- 2. Instruction and care for chronic patients on board

3. Management of PHR of seafarers

MEDICAL ENGLISH
Guidance to reduce the outbreak of disease of seafarers
Guidance to improve the health condition of seafarers

### Column 3

# METHODS FOR DEMONSTRATING COMPETENCE

Assessment of evidence obtained from practical instruction and demonstration

Where practicable, approved practical examination at a hospital

#### Column 4

# CRITERIA FOR EVALUATING COMPETENCE

Should effectively execute the requirements and instructions of shore-based medical professionals

Should follow the manual provided by the manufacturer of maritime telemedicine service equipment

MEDICAL ENGLISH should be in accordance with \( MARITIME \)
TELEMEDICINE
ENGLISH\( \) published by IMO and WHO.





### MISSION of IMO

To promote safe, secure, environmentally sound, efficient and sustainable shipping through cooperation.







