



NIUE SHIP REGISTRY

Website: www.niueship.com

GUIDANCE ON MEDICAL CARE (Circular NMC8.2012 (rev0))

PURPOSE: Provides guidance to the requirements of medical care onboard Niue-flagged ships and ashore as established by MLC 2006 (Maritime Labour Convention, 2006).

APPLICATION: This marine circular applies to all Niue-flagged ships manned with seafarers.

RELATED DOCUMENTS:

1. MLC 2006 – Maritime Labour Convention, 2006, as amended
2. IHR, 2005 – International Health Regulations, 2005, as amended
3. IMO Circular MSC/Circ.1042 – List of contents of the “Emergency Medical Kit/Bag” consideration for its use on Ro-Ro Passenger Ships not normally carrying a medical doctor, dated 28 May 2002
4. IMO Circular MSC/Circ.1172 – Identification of Passenger ships, other than RO-RO Passenger Ships, which should benefit from being equipped with the emergency medical kit/bag, dated 25 May 2005
5. IMDG Code Supplement – Medical First Aid Guide for Use in Accidents Involving Dangerous Goods (MFAG), 2014 Edition
6. WHO Guidelines for the Storage of Essential Medicines and other Health Commodities, 2003
7. WHO International Medical Guide for Ships (IMGS), 3rd Edition 2008
8. WHO Quantification Addendum – International Medical Guide for Ships, 3rd Edition 2010
9. International Maritime Health, 2009, 60, 1-2 – 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

REQUIREMENTS:

A. Medical Chest Requirements

1. A medical chest shall contain:
 - 1.1. the appropriate inventory (types, dosage and quantities of medicines, medical supplies and equipment) by taking into consideration the ship's route, operation and number of persons on board. Guidance on this is provided in the WHO IMGS (International Medical Guide for Ships) and its Quantification Addendum (reproduced in **Annex I** of this circular); and
 - 1.2. latest edition of applicable publications, forms and charts (refer to **Table (A)** below)

TABLE (A) - Publications, Forms and Charts to be Carried on Board

Publication, forms and charts	Quantity (per ship)
WHO IMGS (International Medical Guide for Ships) - hard copy of latest edition	1
IMDG Code Supplement - MFAG (Medical First Aid Guide for Use in Accidents Involving Dangerous Goods) - hard copy of latest edition for ships carrying dangerous goods	1
WHO Quantification Addendum - IMGS, 3rd Edition 2010 - hard copy	1
Medical Logbook	1
Controlled Drugs Register	1
Cards for tele-medical advice (fill in before calling for radio-medical advice)	10 cards up to 40 persons 20 cards for 41-100 persons
Cards/Charts for tracking temperature	10 cards up to 40 persons 20 cards for 41-100 persons
Crew Medical Record Form (CMR) (download at: https://niueship.com/form)	10 pre-printed forms up to 40 persons 20 pre-printed forms for 41-100 persons
Master's Medical Report (Form MMR) (download at: https://niueship.com/form)	10 pre-printed forms up to 40 persons 20 pre-printed forms for 41-100 persons

2. Notwithstanding the above, the contents of a ship's medical chest is not mandated through any statutory requirement except for ships carrying dangerous goods.
3. Inventory carriage requirements for the types, amounts and quantity of medicines, medical equipment and supplies for:
 - 3.1. ships with a qualified medical doctor on board providing medical care (applicable to passenger ships and ship carrying 100 persons and above that engage on international voyages exceeding 3 days) should be determined after consultation with the ship's medical doctor and/or pharmacist.
 - 3.2. ships without a medical doctor on board should refer to **TABLE (B)** below and the corresponding guidance in the WHO IMGS (reproduced in **Annex I** of this circular), and consult a medical practitioner or pharmacist if in doubt.

TABLE (B) – Niue Ship-Specific Guidelines by WHO Category and Type of Ship Operations for Ships Without a Medical Doctor On board

WHO Category	Type of Ship Operations
Category A	Ocean going ships
Category B *Include an Emergency Medical Kit/Bag as per IMO Circular MSC/Circ.1042 and MSC/Circ.1172	<ol style="list-style-type: none"> 1. Coastal, Great Lakes or nearby foreign ports with voyages not more than 24 hours from port of call. 2. Fishing vessels on extended voyages exceeding 7 days. 3. Yachts on voyages exceeding 60 nautical miles from safe haven. 4. Ro-Ro Passenger Ships (not normally carrying a medical doctor)*
Category C	<ol style="list-style-type: none"> 1. Fishing vessels on voyages 7 days or less and in close proximity to a port of call. 2. Yachts on voyages within 60 nautical miles or less from safe haven.
Mobile and immobile floating production, storage and offloading units (FPSOs) and floating storage units (FSUs)	To establish inventory in consultation with a qualified medical practitioner or pharmacist.
Note: Additional first-aid kits shall be provided in the engine room and galley for ships of 500 GT and above.	

3.3. ships, including ferries, carrying dangerous goods or their residues, shall, in addition to the above, comply with the MFAG (Medical First Aid Guide for Use in Accidents Involving Dangerous Goods – found in the IMDG Code Supplement). For cargoes classified as dangerous but yet to be included in the MFAG, ship operators should, through the ship's occupational safety and health policies, ensure that information pertaining to the nature and risk of the substances are provided to the seafarers together with the necessary PPE (personal protective equipment) and antidotes. Medicines and equipment already available in the IMGS list may be counted toward the MFAG numerical requirement.

3.4. passenger ships that do not have a medical doctor on board (such as RO-RO Passenger Ships) should carry an Emergency Medical Kit/Bag (refer to **Table (B)** above) with the following labelled instruction:

"The medicines in this bag are to be used by a qualified medical practitioner or a registered general nurse, a qualified paramedic or ship personnel in charge of medical care on board under the direct supervision of either a medical practitioner on board the ship or under telemedical advice/prescription by a TMAS (Telemedical Advice Service)."

4. Controlled Drugs

4.1. Controlled drugs are graded according to the harmfulness attributed to it when misused and are categorized into 3 classes:

- Class A – covers heroin, morphine and opium;
- Class B – covers barbiturates and codeine; and
- Class C – covers anabolic steroids among other drugs

- 4.2. Certain countries forbid the sale of controlled drugs to ships not registered in that country, thus ship operators should be familiar with the controlled drugs distribution laws in the countries where their ships are trading in order to know the options available for procurement.
- 4.3. The only Class A drug presently allowed to be carried on board Niue-flagged ships is Morphine Sulphate.
- 4.4. Ships shall not carry excess quantities of Class A and Class C drugs without approval from the Flag.
- 4.5. All controlled drugs shall be kept in the Master's safe or behind a double lock system.
5. Supply, labelling, re-supply, replacement and storage of medicines
 - 5.1. All medicines shall be supplied in standard small packages, and to the extent possible, in single dose portions. The prescribed active ingredients and strengths shall be observed and considered when the prescribed active ingredient is not available.
 - 5.2. Given that ships obtain medicines from different countries, it is not possible to recommend exact pack sizes. In most instances, the closest pack size should be stocked. It is recommended, to the extent possible, that medicines stocked are in aluminum blister retail packages as they provide better protection from the harsh storage conditions on board a ship, normally come with batch/lot numbers printed on the label, and can be checked by the competent authority of the country in which the supplying pharmacy is based to ensure that they are not substandard or counterfeit.
 - 5.3. Medical instructions and medicine labeling should be in English and the language understood by the crew.
 - 5.4. It is recommended that labels include the following information:
 - generic name;
 - indications;
 - contraindications/warnings;
 - route of administration and dosage;
 - batch/lot number;
 - expiration date;
 - contact details of the supplying pharmacy;
 - special instructions for storage, if any; and
 - special marking stating that it is a controlled substance, if applicable.
 - 5.5. There should be sufficient reference material and identification cards on product use for the medicines carried on board.
 - 5.6. Medicines with expiration dates should be replaced within 3 months of expiry and be disposed after replacement. Take note that certain countries do impose fines on ships with expired medicines when entering their territory.
 - 5.7. All medicines shall be stored in accordance with the manufacturer's recommendation.
 - 5.8. The medical chest should be stored under lock and key, except for first aid kits, and be checked regularly and resupplied as necessary.
6. Disposal of medicines and medical supplies

Medicines and medical supplies shall be properly disposed in accordance with all applicable international requirements and the laws and regulations of the country in which the disposal is made.

 - 6.1. Disposal of Non-Controlled medicines and medical supplies
 - 6.1.1. Expired medicines and medical supplies should be sent to an approved shore-side contractor for disposal or returned to the supplier, where possible.

- 6.1.2. In the event where the above is not possible, the expired items may be incinerated at sea on condition that the ship has a written waste disposal policy and program in place that includes information relating to the appropriate incineration temperatures which should be carried out only by authorized personnel. Records of such incineration should be kept as part of the medical inventory.
- 6.1.3. NSR (Niue Ship Registry) recommends engaging licensed pharmaceutical distribution centers that are available globally to handle the disposal needs for ships that regularly encounter problems locating shore-side facilities that accept such wastes.

6.2. Disposal of Controlled Drugs

6.2.1. Controlled drugs may be disposed lawfully in a number of ways such as:

- 6.2.1.1. Engaging the person or company that is able to lawfully supply them, such as a qualified doctor or pharmacist;
- 6.2.1.2. Incineration (refer to section 6.1.2);
- 6.2.1.3. inertization; and
- 6.2.1.4. waste encapsulation.

For additional information on the disposal of medical wastes, see WHO Guidelines for the Storage of Essential Medicines and other Health Commodities, 2003.

6.2.2. Regardless of the method used for disposal of controlled drugs, the entire process from unpacking till the final destruction of the controlled drug should be witnessed by at least 2 persons and documented in the Controlled Drugs Register.

6.3. Defibrillators

There is no mandatory requirement for the carriage of defibrillators, however, ships that do carry defibrillator(s) are recommended to have procedures in place for regular maintenance of the equipment in accordance with the manufacturer's instructions, as well as provide adequate training and refreshers for designated first aiders that also cover care after defibrillation.

6.4. While the ship operator is the ultimate entity responsible for the content of the Medical Chest, the Master is responsible for keeping and managing the use of the medical supplies by ensuring that the supplies are properly dispensed and records kept of their disposition (delegation of this responsibility to a properly trained and certified crew member is allowed).

B. Inspections and Certification Requirements

1. MLC 2006 Standard A4.1.4 (a) requires the medical chest to be inspected at intervals not exceeding 12 months and this such inspection and certification may be achieved by engaging a pharmacist or pharmacy, approved by the competent authority in which the pharmacist or pharmacy is located and preferably specialized in marine supplies, to provide this service.
2. Inspection of the medicine chest may be carried out on board or remotely. Where a remote inspection is carried out, the Master is to:
 - 2.1. ensure that the medicines are not expired and their packaging not damaged.
 - 2.2. ensure that all medical equipment are usable and not damaged.
 - 2.3. provide the pharmacist the updated medicine and medical supplies inventory list.
 - 2.4. inform the pharmacist on the WHO Category (A, B, or C) that the ship falls into (refer to **TABLE (B)** above), and if the medical chest is stocked in accordance with the guidance contained in WHO IMGS (reproduced in **Annex I** of this circular) or with other guidance and specify if so.

- 2.5. provide the number of persons allowed on board by the safety equipment certificate to the pharmacist.
- 2.6. highlight to the pharmacist if the vessel carries dangerous good/chemicals.
3. If the inspection is carried out satisfactorily, then certification in the form of Form MIS "Medical Chest Inspection & Supply" (downloaded at <https://niueship.com/form>) should be requested from the registered pharmacist. Regardless of whether certification is in the form of Form MIS or other certificate/statement, it should include a statement confirming that all required contents of the medical chest are present and will not expire during the period covered by the certificate/statement. Where NSR's Form MIS is not used, then such certificate/statement should include the following to the extent possible:
 - 3.1. Name of Vessel;
 - 3.2. IMO Number;
 - 3.3. Registry of Vessel;
 - 3.4. Unique document/certificate serial number/ID code;
 - 3.5. Full name, title, signature and stamp of the pharmacist; and
 - 3.6. Dates of issuance and expiry.
4. If the inspection result was unsatisfactory, the Master shall take corrective action until a satisfactory result is obtained through certification.
5. Flag State inspections may also be used to verify that the medical chest is adequate and certified.

C. Recordkeeping

1. Medicines and medical supplies shall be inventoried annually and a list containing the following information for each item shall be regularly updated and maintained on board:
 - 1.1. expiry date;
 - 1.2. remaining quantities after use or resupply;
 - 1.3. storage conditions; and
 - 1.4. disposal information.
2. Crew Medical Record (Form CMR) - (can be downloaded at <https://niueship.com/form>)
 - 2.1. In order to facilitate the exchange of medical and related information between the ship and shore in cases of illness or injury, the Master or the certified designated medical care provider shall complete Form CMR, to the extent possible, whenever a seafarer on board needs to receive medical treatment on shore.
 - 2.2. Alternative forms that serve the same purpose may be used in lieu of Form CMR.
 - 2.3. The Form CMR (or alternative forms), shall be:
 - 2.3.1. treated as confidential (may be provided to the seafarer upon request) and be filed together with the seafarer's medical records; and
 - 2.3.2. kept for a period of 2 years.
3. Master's Medical Report (Form MMR) - (can be downloaded at <https://niueship.com/form>)
 - 3.1. The Master shall, with the assistance of the ship's doctor or certified designated medical care provider, complete Form MMR for each medical case managed on board that is a result of a seafarer being injured or ill exceeding 72 hours, or requires medical assistance on shore.
 - 3.2. The Form MMR (or alternative forms), shall be:
 - 3.2.1. filed in the ship's Medical Log together with Form CMR (or alternative forms); and
 - 3.2.2. kept for a period of 2 years.

4. Medical Log Book

Shall be maintained on every ship to record the nature and medical treatment of every case of illness or injury that has occurred to any seafarer, passenger or persons whilst engaged in the operations of the ship.

5. Controlled Drugs Register (CDR)

All information relating to the type, quantity, supplier name and receipt date of controlled drugs received by the ship shall be entered into the CDR which shall be kept for a period of 2 years and cover the following:

5.1. Information relating to its order and use

- Name of person ordering the dose
- Name of person administering the dose
- Name of person receiving the dose
- Running count of remaining stocks after each use

5.2. Information relating to damage, lost or spoilt

- Date and time
- Description (e.g. broken ampoule, dose prepared but unadministered, etc.)

5.3. Inventory check at least once a week of remaining stock against records of use and running count.

5.4. Information relating to disposal

- Method
- Type and quantity
- Date and time
- Receipts and witness documentation including signatures

6. Records in Electronic form

All records mentioned under Section C may be kept and managed electronically.

D. Medically Trained Personnel

1. Ships without a doctor on board should have 1 seafarer certified as a:

1.1. "Medical Care Person in Charge" responsible for medical care and administering medicine as part of their regular duties; and

1.2. "Medical First Aid Provider" designated to undertake the duties of providing immediate first aid in case of injury or illness.

2. The designated "Medical Care Person in Charge" and "Medical First Aid Provider" may be the same person if he/she holds both certification.

3. Seafarers designated to provide medical care and/or first aid:

3.1. shall report all health-related conditions on board to the Master and the ship's Medical Logbook to the Master on request.

3.2. shall be trained in accordance to the International Convention on Standards of Training, Certification and Watchkeeping, 1978, as amended, (STCW), and such training should be based on the contents of the most recent editions of the IMGS, MFAG, and the medical section of the *International Code of Signals* (published by the IMO) .

3.3. shall undergo refresher training approximately every five years to ensure proper utilization of all medicines or medical supplies on board.

4. The designated "Medical Care Person in Charge" and "Medical First Aid Provider" should always make full use of all available medical advice by radio or radiotelephone and be able to understand the type of information required by the advising doctor as well as the advice received. When in doubt about the action required to treat a patient, a doctor should always be consulted.
5. Doctors and/or nurses serving on ships do not require the certification mentioned in Section 3.2 above but the ship operator is responsible for verifying their medical qualifications.

E. International Health Regulations (2005) (IHR) – entry into force 15 June 2007

1. Require a Master of a ship arriving from a foreign port to submit a Maritime Declaration of Health (MDH) prior to arrival in port of a State that is a party to IHR (2005). The MDH contains a series of health-related questions, including those addressing illness, death and sanitary measures on board, to which a Master must attest. A model MDH can be found as Form MDH which can be downloaded at <https://niueship.com/form>.
2. Replaced the "Deratting Certificate" and "Deratting Exemption Certificate" under the IHR 1969 with the "Ship Sanitation Control Certificate" and the "Ship Sanitation Control Exemption Certificate".

F. Pest Control

1. The control of pests such as insects, rodents etc. is important to prevent the transmission of disease and illness to seafarers and other persons on board a ship.
2. Ship operators should consider available pesticides individually and utilize them in accordance with their manufacturer's instructions and as recommended by the "Revised Recommendations on the Safe Use of Pesticides in Ships" of the IMDG Code Supplement.
3. Ship entering mosquito infested ports on a regular basis should be fitted with appropriate devices such as nets or screens and have enough mosquito repellent to cover 1 for each crew, and also carry adequate anti-malarial medicines in their medical chest to protect all crew before, during, and after arrival/departure to and from a malaria endemic area.
4. In developing a holistic pest control strategy, which should have individual pesticides considered and utilized in the most effective way according with their manufacturer's instructions, ship operators should consider WHO's IHR 2005 and GSS (Guide to Ship Sanitation) which contain ship designer and constructor guidelines for the control of insects for sleeping quarters, mess rooms, dining rooms, indoor recreational areas, and all food spaces, as well as control measures that may be employed by the master and crew.

Annex 1

Inventory Guidelines for Medicines and Medical Supplies for Ships Without a Doctor on Board

Category A: Ocean-going merchant ships. Stock levels are based on a 6 months' supply for crew of 25-40 persons.

Category B: Merchant ships engaged in coastal trade or going to nearby ports that travel no more than 24 hours from a port of call. Stock levels are based on a 6 months' supply for crew of approximately 25.

Category C: Fishing boats or private craft usually traveling no more than a few days from home port, or a few hours from a port of call. Stock levels are based on supply for crew of approximately 15.

(I) Recommended Quantities of Medicines (based on WHO Quantification Addendum in conjunction with the International Medical Guide for Ships, 3rd Edition)

¹ Quantities marked with a "+" are suggested quantities irrespective of crew size

Name	Form	Strength	Indication	Quantities per 10 crew ¹			Notes
				A	B	C	
Acetylsalicylic acid	Tablet	300mg	Pain, fever and inflammation; prevention of blood clots in angina and myocardial infarction	50	50	-	
Aciclovir	Tablet	400mg	Primary or recurrent herpes simplex infection; severe varicella (chickenpox) and herpes zoster (shingles) infection	70+	35+	-	
Adrenaline	Ampoule	1mg/ml	Anaphylaxis and severe asthma	10+	5+	5+	
Tetracaine (amethocaine)	Eye drop	0.5%	local anaesthesia for eye examinations and procedures	20+	20+	-	
Amoxicillin/ clavulanate acid	Tablet	875mg/125mg	Bacterial infections, including wound, skin, respiratory, and urinary tract infections; prostatitis; pelvic inflammatory disease	20+	10	-	
Artemether	Ampoule	80mg/ml	Management of severe (complicated) malaria	12+	12+	-	
Artemether + Lumefantrine	Tab	20mg/120mg	Treatment of malaria	24+	24+	-	Double quantity if > 30 crew
Atropine	Ampoule	1.2mg/ml	Management of slow heart rate (bradycardia) of myocardial infarction; treatment of organophosphate poisoning	10+	5+	-	Double quantity if cargo carried contains organophosphates
Azithromycin	Tablet	500mg	Alternative to penicillin in patients with penicillin allergy; wounds; in combination with ceftriaxone for moderate/severe pneumonia and pelvic inflammatory disease (PID); in combination with ceftriaxone or ciprofloxacin in urethritis due to sexually transmitted infections (STIs); genital ulcer; impetigo; cholera; diphtheria; group A streptococcal (GAS) sore throat; typhoid; pertussis	10+	5+	-	

Ceftriaxone	Ampoule	1g (as sodium salt)	Third-generation cephalosporin antibacterial; shock as a result of severe infection; penetrating abdominal injuries; moderate to severe pneumonia; appendicitis; ulcerative colitis; jaundice; cholecystitis; septic abortion; puerperal sepsis; urethritis; pelvic inflammatory disease; cellulitis; septic arthritis; meningitis	15	5+	-	
Cetirizine	Tablet	10mg	Pruritus; hay fever; scombroid fish poisoning; urticaria; anaphylaxis.	30+	30+	-	
Charcoal, activated	Powder	N/A	Treatment of poisoning and drug overdose; reduces gastrointestinal absorption	120g+	120g+	-	
Ciprofloxacin	Tablet	250mg	Cat bite; gastroenteritis; heavy gastrointestinal haemorrhage; urinary tract infection; prostatitis; sexually transmitted infections (STIs); epididymitis; cellulitis from wounds received in seawater; anthrax; typhoid	20+	10+	-	Double quantity if > 30 crew
Cloves, oil of	Liquid	N/A	Toothache	10ml	10ml+	-	
Dexamethasone	Ampoule	4mg/ml	Life-threatening and severe asthma; anaphylaxis; severe allergic reactions	3	1	-	
Diazepam	Tablet	5mg	Alcohol withdrawal; psychosis (if patient remains agitated after haloperidol)	50+	20+	-	
Docusate with senna	Tablet	50mg/8mg	Constipation; to avoid straining in patients with anal fissure and haemorrhoids	30+	-	-	
Doxycycline	Tablet	100mg	Infections such as sexually transmitted infections (STIs); cellulitis; anthrax; plague.	10	-	-	
Ethanol, hand cleanser	Gel	70%	Alternative to hand-washing when hands are not obviously soiled	500ml	500ml+	100ml +	
Ethanol	Liquid	70%	Disinfection of instruments and surfaces	500ml	100ml	-	
Fluorescein	Eye strips	1%	To detect damage to the cornea	20+	20+	-	
Furosemide	Ampoule	40mg/4ml	Severe fluid retention in the lungs (pulmonary oedema) due to cardiac failure	5+	5+	-	
Glucagon	Ampoule	1mg	Hypoglycaemia	1+	1+	-	Recommended to carry a glucose measuring instrument on board
Haloperidol	Ampoule	5mg/ml	Severe psychotic hallucinations and delusions; severe agitation and aggressiveness	5	5+	-	

Hydrocortisone	Cream	1%	Allergy and other inflammatory skin conditions	60g	30g	-	
Ibuprofen	Tablet	400mg	Inflammation; mild to moderate pain	100	50	50+	
Isosorbide dinitrate	Tablet	5mg	Angina; myocardial infarction	10	10	5+	
Lignocaine	Ampoule	1%, 5ml	Local anaesthesia	5	5	-	
Loperamide	Tablet	2mg	Diarrhoea	30	30	10+	
Mebendazole	Tablet	100mg	Intestinal worm infections (not tapeworms)	6+	6+	-	
Metoprolol	Tablet	100mg	Hypertension; atrial fibrillation; angina pectoris; migraine prophylaxis	60+	-	-	
Metronidazole	Tablet	500mg	Ulcerative colitis; antibiotic associated colitis; jaundice; cholecystitis; trichomoniasis	30+	20+	-	
Miconazole	Cream	2%	Topical antifungal	2x30g tube	1x30g tube	-	Double quantity if women on board
Midazolam	Ampoule	5mg/ml	Seizures (epileptic fits); alternative to haloperidol for sedation of violent patients	10+	5+	-	
Misoprostol	Tablet	200µg	Prevention of post-partum haemorrhage	3+	3+	-	Required only if females on board
Morphine	Ampoule	10mg/ml	Severe pain and pain not responsive to other analgesics	10	10	-	
Morphine	Liquid	1mg/ml	Severe pain in patients able to eat or drink	100ml+	100ml+	-	Double quantity if > 30 crew
Naloxone	Ampoule	0.4mg/ml	Reverse the effects of opiates, particularly in overdose	10+	5+	-	
Omeprazole	Tablet	20mg	Gastro-oesophageal reflux and peptic ulcer disease	30+	30+	-	Double quantity if > 30 crew
Ondansetron	Tablet	4mg	Prevent vomiting and sea-sickness	10	10	10+	
Oral Rehydration Salts (ORS)	Sachet	1 sachet/200ml of water	Prevention and treatment of dehydration, especially due to diarrhoea	15L (75)	10L (50)	2L+ (10)	Quantities in brackets are number of sachets based on sachets made up to 200ml
Oxymetazoline	Nasal drop	0.5%	Nasal obstruction due to allergies or viral infection, or to improve sinus drainage in sinusitis	2	1	-	
Paracetamol	Tablet	500mg	Pain and fever	100	50	25	
Permethrin	Lotion	1%	Hair, pubic, and body lice	200ml+	100ml+	-	Double quantity if > 30 crew
Permethrin	Lotion	5%	Scabies	300ml+	100ml+	-	
Povidone iodine	Liquid	10%	Disinfection of skin and wounds	100ml	100ml	100ml +	
Povidone iodine	Ointment	10%	Minor wounds	1+	1+	-	
Prednisone	Tablet	25mg	Acute asthma attack; severe inflammatory reactions	30+	30+	-	
Salbutamol	Inhaler	100µg/dose	Acute asthma and anaphylaxis	1	1	-	
Sodium chloride	Liquid	0.9%, 1litre	Fluid replacement	5+	1	-	
Tetracycline	Eye ointment	1%	Eye and ear infections	2	1	1+	
Vitamin K	Ampoule	10mg/ml	Reverse unwanted effects of warfarin or similar drugs (e.g. rat poison)	2+	2+	-	
Water for injection	Ampoule	5ml	Reconstitution parenteral medications	10	5+	-	

Zidovudine+ lamivudine	Tablet	300mg/150mg	Prophylaxis against HIV after needle-stick injury	56+	56+	-	
Zinc oxide	Paste / ointment	20%	Protect irritated skin (e.g. anal pruritus)	200g+	100g+	100g+	

(II) Supplies and Equipment (International Medical Guide for Ships, 3rd Edition)

Category	Recommended Item	Quantity per 10 crew
(A) RESUSCITATION EQUIPMENT		
Appliance for the administration of oxygen	Portable oxygen set, complete, containing:	1
	1 oxygen cylinder, 2L/200bar	1
	1 spare oxygen cylinder, 2L/200bar	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
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 masks	1
Cannula for mouth-to-mouth resuscitation	Brook Airway, Lifeway, pocket face mask or equivalent	1
(B) DRESSING MATERIAL AND SUTURING EQUIPMENT		
Adhesive dressings	Assorted wound-plaster or plaster strips, water-resistant	200
Eye pads	Eye pads	3
Sterile gauze compresses	Sterile gauze compresses, 5 x 5cm, sterile	100
	Sterile gauze compresses, 10 x 10cm, sterile	100
Gauze roll	Gauze roll, 5cm and 90cm or 60cm x 100m, non-sterile	1
Gauze dressing with non-adherent surface	Non-adherent gauze dressing, square, 10cm	100
Vaseline gauze	Paraffin gauze dressing, 10 x 10cm, sterile	50
Bandage	Elastic fixation bandage, 4m x 6cm	3
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, 5m	1
Adhesive elastic bandage	Adhesive elastic bandage, 4m x 6cm	10
Triangular sling	Triangular sling	5
Sterile sheet for burn victims	Sterile sheet for burn patients	1
Honey for dressing burns	1kg	1
Adhesive sutures or zinc oxide bandages	Adhesive tape, waterproof, skin-friendly, 5 x 1.25cm	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, 0.5ml	2
Suturing equipment	Sutures, absorbable with curved non-traumatic needs, 1-O, 3-O, & 4-O or 5-O	10 each
Gloves	Disposable examination gloves	50
	Surgical gloves sizes, 6.5, 7.5, 8.5, sterile, in pairs	3 of each size
(C) INSTRUMENTS		
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, 180mm, straight	1
Haemostatic clamps	Haemostatic clamp, Halstead mosquito, 125mm, stainless steel	3
Disposable razors	Razor, disposable	50
(D) EXAMINATION AND MONITORING EQUIPMENT		
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

(E) EQUIPMENT FOR INJECTION, INFUSION, AND CATHETERIZATION		
Equipment for injection	Syringes, Luer connection, 2ml, sterile, disposable	50
	Syringes, Luer connection, 5ml, sterile, disposable	50
	Hypodermic subcutaneous needle, Luer connection, 16 x 0.5mm, sterile, disposable	20
	Hypodermic intramuscular needle, Luer connection, 40 x 0.8mm, sterile, disposable	20
Equipment for infusion	Needles, 19G, blunt, "drawing up" type	20
	Intravenous infusion cannula 16G (1.2mm) and 22G (0.8mm), Luer-lock connection, sterile non-recap type	10 each
	Intravenous giving set, Luer-lock connection, sterile	3
Bladder drainage equipment	Tourniquet, blood-taking type to be used with intravenous infusion cannula	1
	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	
(F) GENERAL MEDICAL AND NURSING EQUIPMENT		
Eye protection	Plastic goggles or full-face masks	2
Plastic apron	Disposable	20
Kidney dish	Kidney dish, stainless steel, 825ml	2
Plastic backed towels	Towels, plastic backed, absorbent 600 x 500mm	10
Safety box	Safety box for sharps disposal, 5L	1
Mask	Mask, duckbill type, disposable	50
Tape measure	Tape measure, vinyl coated, 1.5m	1
Draw sheets	Draw sheet, plastic 90 x 180cm	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
Aluminium foil blanket	Aluminium foil blanket	1
Condoms	Male condoms	100
Wash bottle	Plastic wash bottles, 250ml	1
Plastic bottle	Bottle, 1L, plastic with screw top	3
Dressing tray	Stainless steel dressing tray, 300 x 200 x 30mm	1
Plastic apron	Apron, protection, plastic, disposable	20
Bowl	Bowl, stainless steel, 180ml	3
Specimen jars	Jars, plastic, with lids and labels, 100ml	10
Plaster-of Paris bandage	Bandages, POP, 5cm and 10cm x 2.7m	12 each
Stockinet	Sizes for arm and leg splints, 10m roll	1 each
Cotton wool	Cotton wool roll, 500g	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
(G) IMMOBILIZATION AND TRANSPORTATION EQUIPMENT		
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