Isle of Man Ship Registry
Maritime Labour Notice

Medical care onboard ship and ashore	Ref. MLN 4.1 (Rev 8) Issued 11/09/2026

1. Medical Care Onboard Ship and Ashore

MLC Regulation 4.1 requires the shipowner to provide medical and essential dental care at no cost to seafarers. In general, the seafarer should have health care as comparable as possible to that generally available to workers ashore. This MLC Requirement is prescribed in the following Isle of Man Regulations:

- Merchant Shipping (Maritime Labour Convention) Regulations 2013, Part 13 Medical care on-board ship and ashore; and
- The Merchant Shipping (Medical Stores) Regulations 2015.

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Section 1
Medical care onboard ship and ashore

1.1 Qualified medical doctor and medically trained personnel onboard

All ships are required to carry qualified medical personnel in accordance with the following minimum requirements:

1 Ships carrying 100 or more persons and ordinarily engaged on international voyages of more than 3 days' duration must carry a qualified medical doctor.
2 Ships which are ordinarily capable of reaching qualified medical care and medical facilities within eight hours must have at least one designated seafarer with STCW A-VI/4.1 approved medical first-aid training.
3 All other ships must have at least one designated seafarer with STCW A-VI/4.2 approved medical care training, who is in charge of medical care and administrating medicine as part of his or her regular duties.

1.2 Radio equipment and radio medical advice

A ship must carry a complete and up-to-date list of radio stations relevant to the ship's area of operation, through which medical advice can be obtained. If the ship is equipped with satellite communication it must carry an up-to-date and complete list of coast earth stations where medical advice can be obtained.

Radio Medical Advice is available to all ships at sea by contacting HM Coastguard. Advice is provided by two UK designated centres at Aberdeen Royal Infirmary and Queen Alexandra Hospital, Portsmouth, but initial contact should be made with the Coastguard.

1.3 Preventative measures and health education programmes

Shipowners must provide information on preventative measures such as health promotion and health education programmes to seafarers. In order to achieve this, reference can be made to information on health promotion and education activities available through several industry publications. For example www.seafarershealth.org

The shipowner should refer to information regarding occupational accidents, diseases, and fatalities available through the IOM Ship Registry annual report, flag State and industry publications, in order to integrate lessons learned.

1.4 Publications

All ships must maintain current copies of the following publications for assistance in developing medical help and evacuation programs:

- International Medical Guide for Ships or the Ship Captain's Medical Guide;
- International Code of Signals as required by SOLAS Chapter V regulation 21; and
- Ships carrying dangerous goods (in packaged or bulk form) must also carry the 'Medical First Aid Guide for Use in Accidents Involving Dangerous Goods'.

A seafarer with responsibility for medical care or medical first-aid must 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, to enable the designated seafarer to understand the type of information needed by the advising doctor as well as the advice received.

1.5 Forms to be carried on Isle of Man registered ships

The *Ship Master's Medical Report Form (IOM form MR001 or shipowner's equivalent), Patient Health Status Form (IOM form MR002),* and *Report of a case of Occupational Disease (IOM form OD001)* should be available onboard. The information collected on these forms must remain confidential and should not be communicated with anyone who is not involved with the medical care of the seafarer.

MR001 – Ship Master's Medical Report Form

The purpose of MR001 is to capture a sufficiently comprehensive record of every medical case onboard and thereafter it shall be safely filed in the ships medical log. The form records the initial onboard report details on the front page and continues on the back page with any telemedical details that may have been requested by the ship, (applicable radio logs may be attached as relevant medical records). It concludes with a report from the examining doctor in a case where the seafarer needs to be seen by a doctor. On ships that carry a doctor this may be an onboard visit but more likely will be a visit to a doctor onshore. Shipowners may use their own Medical Report form(s) so long as they contain, as a minimum, the information in MR001.

MR002 – Patient Health Status Form

Form MR002 is used when an injured or sick seafarer requires medical evacuation. This form provides the most important and immediate details of the patient that will be relevant to the medivac service and/or the onshore medical facility. In preparation for evacuation, the completed MR002, the seafarer's medical records (if available) and any other necessary documentation such as passport can be placed in a (plastic) envelope ready to be sent with them.

OD001 – Report of a case of Occupational Disease

There is a legal requirement to report any occupational disease occurring on a Manx ship to the IOMSR. Information on the reporting of occupational diseases can be found in MLN 4.3(E).

1.6 Medical care ashore

Seafarers have the right to visit a medical doctor or dentist without delay in ports of call where practical. *'Where practical'* relates to the availability of medical facilities and not the convenience of the ship.

The shipowner should assist seafarers suffering from disease in gaining admission to medical facilities for care.

1.7 Medical assistance to other ships and international cooperation

The shipowner should provide guidance for rendering aid to other ships in distress. Guidance can be obtained from the *International Convention on Maritime Search and Rescue, 1979*, as amended, and the *International Aeronautical and Maritime Search and Rescue (IAMSAR) Manual*. These publications, if applicable, should be onboard the ship.

Section 2

Medical stores

2.1 Merchant Shipping (Medical Stores) Regulations 2015

The Merchant Shipping (Medical Stores) Regulations 2015 state the medical stores that should be carried. These Regulations apply to all ships subject to the Maritime Labour Convention, which requires that national laws and Regulations shall as a minimum provide for the following:

> *all ships shall carry a medicine chest, medical equipment and a medical guide, the specifics of which shall be prescribed and subject to regular inspection by the competent authority; the national requirements shall take into account the type of ship, the number of persons onboard and the nature, destination and duration of voyages and relevant national and international recommended medical standards.*

The shipowner and the master must ensure the ship is equipped and operated in accordance with the Regulations and this MLN.

2.2 Medical stores categories

All IOM registered ships are required to carry medical stores in compliance with the list stated in Appendix 1. This list has been reproduced from the medical stores list included in the Maritime and Coastguard Agency publication MSN 1905 (M+F).

The medical stores list has 3 categories which are defined as follows:

a. a ship which operates 30 nautical miles or less from the nearest port with adequate medical facilities must carry medical stores of Category C;

b. a ship which operates more than 30 but less than 150 nautical miles from the nearest port with adequate medical facilities must carry medical stores of Category B; and

c. all other ships must carry medical stores of Category A.

A provision is available in the Regulations for a shipowner, having taken advice from a qualified medical practitioner or pharmacist, to determine whether any additional or different quantities, products or equipment are required onboard, having taken into account the nature of the voyage and in particular:

a. ports of call;
b. destination;
c. duration;
d. type of work to be carried out during a voyage;
e. nature of the cargo;
f. number of persons working onboard; and
g. anti-malarial drugs if operating in tropical areas.

If this provision is used and the ship is carrying medical stores containing different products or equipment or fewer quantities than stated in Appendix 1, evidence must be available (e.g. a letter, or email correspondence) to show that a qualified medical practitioner or pharmacist has been consulted in accordance with the requirements stated above.

It is also permissible, if following the advice from a qualified medical practitioner or pharmacist, to substitute exact equivalents to the medicine and dosage required in Category A, B or C medical stores, provided the equivalent level of treatment is assured.

When an item from the medical stores is used, it should be replaced as soon as reasonably practical; it does not have to be done immediately.

2.3 First aid kits

In addition to any other medical stores required by the Regulations, ships of:

a. less than 500 GT must carry at least one first aid kit, which shall be kept in an easily accessible location as determined by the shipowner; and
b. 500 GT or more must carry a minimum of three first aid kits; one must be located in the galley, one in the engine room and one at an easily accessible location such as in the hospital or on the bridge.

First aid kits must be portable and be enclosed in a waterproof container.

The contents of the first aid kit are set out in Appendix 2.

2.4 Medical stores to be carried on a ship transporting dangerous goods

All ships carrying dangerous goods in excess of the limited quantities permitted in the IMDG Code must:

a. carry the correct medicines and equipment in the quantities specified in Appendix 14 of the MFAG for the type of dangerous goods carried; and

b. have an up to date copy of the MFAG available onboard.

If the medicines and equipment specified in the MFAG are already included in the ship's medical stores, additional stocks do not have to be carried.

*MFAG - Medical First Aid Guide for Use in Accidents Involving Dangerous Goods which is the Chemicals Supplement to the International Medical Guide for Ships, published by the World Health Organisation.

2.5 Emergency medical kit for Ro-Ro passenger ships not normally carrying a doctor

Ro-Ro passenger ships (including high-speed craft) not normally carrying a doctor must carry an 'emergency medical kit/bag' which must:

a. be portable;

b. contain the list of contents of the "emergency medical kit/bag" as stated in the Appendix to MSC/Circ.1042*;

c. be kept securely;

d. be labelled as follows:

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

e. be maintained by the master or a person authorised by the master.

*MSC/Circ.1042 means the document entitled 'List of Contents of the Emergency Medical Kit/Bag' and Medical Consideration for its Use on Ro-Ro Passenger Ships Not Normally Carrying a Medical Doctor' published by the Maritime safety Committee of IMO on 28 May 2002.

2.6 Standards of medical stores

All medical stores must conform to the standards and requirements of the:

a. British Pharmacopeia;

b. European Pharmacopeia; or

c. United States Pharmacopeia.

If there is ever any doubt as to whether a medicine conforms to one of the required standards, the packaging can be checked. If the medicine conforms to British Pharmacopeia it will state (BP), European Pharmacopeia (Ph Eur) and United States Pharmacopeia (USP).

2.7 Storage of medicines

All medicines must be stored in a locked cabinet to prevent misuse, while ensuring they can be promptly accessed when they are required to be used.

This does not apply to first aid kits and the emergency medical kit or bag.

Any storage advice issued from the medicine's manufacturer should be followed, such as requirements for refrigeration or keeping the medicine in a dry ventilated environment.

2.8 Expired medicines & incineration

Expired medical stores must be:

a. withdrawn from use;

b. placed in a separate secure container;

c. clearly marked as expired on the packaging; and

d. removed from the ship at the first port of call after expiry, where disposal is permitted, but in any event within 3 months of expiry.

Expired medical stores (with the exception of controlled drugs) may be destroyed in the ship's incinerator. This is permitted if:

a. if it has not been possible to dispose of the expired medicines ashore; and

b. the ship must have a written medicine waste disposal policy that includes procedures for incinerating medical stores at appropriate temperatures by authorised personnel.

2.9 Medical stores inventory

An inventory of all medical stores must be maintained by the master, or a person authorised by the master, in order to verify the correct medical stores are maintained onboard.

The inventory must:

a. be updated each time an item is purchased, disposed of, or used; and

b. include, for each item:

   i. the generic name;
   ii. the expiry date, if any; and
   iii. quantity.

2.10 Inspection of medical stores

Medical stores must be inspected on an annual basis to ensure:

a. the ship is carrying the correct category of medical stores;
b. medical stores are in date;
c. medical stores are correctly stored;
d. the inventory of medical stores is up to date;
e. the controlled drugs register is up to date; and
f. expired medical stores have been withdrawn from use.

The inspection may be carried out by:

a. the master, a medical doctor or a qualified pharmacist; or
b. a person authorised by the master, providing there are written procedures onboard which must include all the requirements set out in the paragraph above.

2.11 Automated External Defibrillators (AEDs)

AEDs are used to treat sudden cardiac arrest. AEDs analyse the individual's heart rhythm and can send an electric shock to the heart to try to restore a normal rhythm. Modern AEDs are inexpensive and simple to operate.

It is not a statutory requirement for ships to carry AEDs however they are included on the 'Recommended Additional Equipment' list.

If an AED is carried, it is recommended that procedures are put in place to ensure the equipment is maintained in accordance with the manufacturer's instructions and training should be provided to the person(s) designated to operate the equipment.

Section 3

Controlled drugs

Specific provisions for controlled drugs required to be carried on a ship as part of the medical stores, are regulated by the UK's Misuse of Drugs Regulations 2001 (SI 2001/3998). This has been applied with some minor changes to the Isle of Man via the Misuse of Drugs Regulations (Application) Order 2002 (SD 72/02). These Regulations apply to an Isle of Man registered ship wherever it may be located.

Schedule 2 of the Misuse of Drugs Regulations 2001, states the list of controlled drugs. It should be noted that morphine sulphate and codeine phosphate *depending on dose/formulation are required to be carried on an Isle of Man ship operating in a category A or B area. These drugs are defined as a controlled drug in accordance with Schedule 2 of the Regulations. A copy of the latest list of drugs controlled under the misuse of drugs legislation is available on the following link:

https://www.gov.uk/government/publications/controlled-drugs-list#history

Controlled drugs should be obtained only from a retail pharmacist. All requests for the supply of controlled drugs require a written requisition; an example of wording which could be used is given in Appendix 3.

The following requirements apply to morphine sulphate and codeine phosphate *depending on dose/formulation (and any other drug listed on Schedule 2 of the Regulations) if they are supplied to a ship:

a) When the drug is supplied to any person on a ship an entry shall be made in the official log book (this should not include the name of the person who the drug is administered to);
b) All controlled drugs must be securely stored; for example in the ship's safe or in a separate locked compartment of the medical cabinet and access must be limited to the master or a person nominated by the master;
c) Controlled drugs must not be destroyed onboard and shall be disposed of to a constable, or to a person who may lawfully supply that drug; and
d) A record must be made in the controlled drugs register and a separate register or separate part of the register shall be used for each drug. The controlled drugs register must be retained onboard for two years after the date of the last entry. Shipowners may use their own register or purchase a commercially available version. An example of the controlled drugs register is shown below:

FORM OF REGISTER

Record of_____ obtained and issued

Date	Obtained from or issued to		Authority of person	Quantity		
	Name	Address	supplied to possess	Obtained	Issued	Remaining

It is recommended that receipts are kept whenever controlled drugs are supplied to the ship or sent ashore for disposal.

Ships should not carry quantities of morphine sulphate and codeine phosphate *depending on dose/formulation greater than the quantities stated in Appendix 1.

Section 4

Precautions against malaria

There is a significant risk for any person travelling to a malaria risk area of getting malaria and preventative precautions must be taken.

Avoiding malaria involves several steps known as the ABCD approach of malaria prevention, which is recommended by the UK's National Health Service:

1 Awareness of risk
The shipowner and master need to be aware if the ship is travelling to a malaria risk area so the seafarers can be advised and preventative action can be taken. Advice on malaria risk areas worldwide is available on the National Travel Health Network and Centre website:
https://travelhealthpro.org.uk/factsheet/52/malaria

2 Bite avoidance
In order to reduce the chance of being bitten:
   a. cabin and accommodation doors, windows and natural air ventilators must be kept shut. The Merchant Shipping (Crew Accommodation) Regulations 1978 has specific requirements for protecting the crew accommodation by means of screening which must be followed;
   b. pools of stagnant water should not be allowed to develop on deck or in lifeboats where mosquitoes might breed;
   c. any person going on deck or ashore especially during early evening and at night, should:
      i. wear light loose-fitting trousers and shirts with long sleeves; and
      ii. use insect repellent on skin which should be re-applied frequently. The most effective repellents contain Diethyltoluamide (DEET); and
   d. if staying ashore in non-air conditioned accommodation, sleep under an intact mosquito net that has been treated with insecticide.

3 Check if malaria prevention tablets need to be taken
If malaria prevention tablets need to be taken, it should be ensured the right antimalarial tables are taken at the correct dose and the course must be finished. Anyone suffering from another illness or taking treatment for another medical condition, should check with a doctor to ensure they are prescribed medication they can tolerate.

4 Diagnosis
Nothing guarantees 100% protection against malaria. If anyone shows any symptoms while they are in an area where malaria is found, or after being in an area where malaria is found they need to see a doctor immediately. The doctor will need to be advised of any antimalarial tablets which have been taken and the countries the patient has travelled to in the last 12 months.

Further information on preventing malaria can be found in the Ship Captain's Medical Guide and on the National Health Service website:
http://www.nhs.uk/Conditions/Malaria/Pages/Prevention.aspx

Section 5

Guidance on the carriage of medical oxygen cylinders

Appendix 14 of the Medical First Aid Guide (MFAG) requires ships carrying dangerous goods to carry 40 litres@200bar oxygen cylinder(s) in the ship's hospital. The Ship Registry considers carrying such large quantities of oxygen inside the accommodation may pose both fire and safety issues. As a result of consultation with industry, this appendix offers guidance to IOM registered ships on how such quantities of oxygen can be safely installed.

The MFAG applies to ships:

a. carrying substances stated in the general index of the International Maritime Dangerous Goods Code (IMDG Code);
b. complying with the International Code for the Construction and Equipment of ships carrying Dangerous Chemicals in Bulk (IBC Code as amended); and
c. complying with the International Code for the Construction and Equipment of Ships Carrying Liquefied Gases in Bulk (IGC Code)

In order for a ship to comply with Column A or B of Appendix 14 of the MFAG, the following quantities of oxygen are required:

- 40 litre@200 bar medical oxygen cylinder in the ships hospital, assembled for direct use with 1 flow meter unit with two ports for supplying oxygen for 2 persons at the same time. If more than 1 non-portable oxygen cylinder is used, there must be 2 flowmeter units for supplying oxygen for 2 persons at the same time; and
- one complete portable set with 2litre@200 bar of oxygen ready for use and a spare cylinder of 2litre@200 bar.

Medical oxygen cylinders with less than a 200-bar filling pressure may be used provided that the total volume of oxygen delivered by multiple cylinders is at least equal to that contained in a 40 litre/200 bar cylinder or a 2 litre/200 bar cylinder.

Storage of medical oxygen cylinders

In order to resolve the conflict between the intentions of MFAG and the fire and safety issues, the Ship Registry recommends that compliance with the MFAG requirements can be achieved by either of the following means.

a. The supply of smaller cylinders inside the accommodation
The required amount of medical oxygen in a number of smaller cylinders: for example 4 cylinders of approximately 10 litres@200bar each, or equivalent. One of the cylinders should be stored in the hospital ready for immediate use. The other remaining cylinders are to be securely stored in a suitable space outside the accommodation, where the cylinders will be protected from deterioration and where the risk of fire and explosion is minimised.

b. The use of a single 40 litre cylinder fitted with a safety device to prevent accidental release
As a consequence of the difficulty that can be experienced in obtaining and refilling 10 litre cylinders, in the event that a 40 litre cylinder is installed it is recommended the following guidance is used:

The 40 litre@200bar medical oxygen cylinder can be stored:

- outside the accommodation block, as close to the hospital as is reasonably possible, in a secure and weather protected cabinet; or
- inside the accommodation block in the hospital beside the bed(s), provided the cylinder is securely locked in a frame connected directly to the steel structure of the ship.

In either case, it is recommended the safety device to prevent accidental release of high pressure oxygen into the hospital is installed as follows:

The oxygen regulator in the pipework from the 40 litre cylinder should have a relief valve fitted with a discharge line piped outside the hospital to free air. This ensures that if there is a fault in the system, high pressure oxygen cannot escape into the low pressure side of the system, and will be vented outside of the accommodation.

All systems should be maintained and inspected as follows:

- inspected annually onboard by a competent person in compliance with the manufacturer's instructions. *Note: a competent person may be a senior member of the ships staff.*

- medical oxygen has a limited shelf life of 3 years and should be landed ashore for re-charging prior to the expiry date.

- the cylinders are to be hydrostatically tested every 5 years, or at an interval specified by the manufacturer, whichever occurs sooner.

- oxygen pressure regulators should be serviced at least every 5 years.

- grease or oil should not be used to lubricate high pressure oxygen fittings.

- all high pressure pipes from the bottle to the regulator should be subject to a pressure test every 3 years by the manufacturer or his appointed agents.

- the hospital ventilation system should be maintained as per the manufacturer's instructions and operating correctly at all times.

- there should be a warning sign on the hospital door stating; *'high concentrations of oxygen may be present'.*

- there should be a sign in the hospital adjacent to the oxygen installation stating; '*all system valves to be shut when not in use'.*

Appendix 1

Medical stores for vessel categories A, B & C

For any items marked the specified quantity is considered sufficient regardless of crew size.*

The columns in this Appendix are as follows:

Column 1 Is the reference number in the Annexes to the EC Directive 92/29 as amended by 2019/1834. This is included for identification of treatments when seeking or receiving telemedical advice from any European Community Member State.

Column 2 The list of treatments in column 2 of the tables in Annex 1 is mandatory.

Column 3 Is the recommended medicine and dosage strength which IOMSR considers best complies with the mandatory treatment. As these are not statutory, equivalents may be substituted on the advice of a qualified medical practitioner or pharmacist, provided they are satisfied that an equivalent level of treatment is assured.

Column 4 Is the recommended quantity of medicine / equipment which IOMSR considers sufficient to provide treatment for 10 seafarers. A higher or lower quantity may be carried based on a risk assessment, in consultation with a pharmacist. The risk assessment may consider (for example) the operating area and pattern of the vessel, including distance from shore, and the likelihood of more than one crew member requiring the same treatment. A reduced quantity should only be carried where the risk assessment demonstrates that there is no reduction in protection for the crew as a result. Recommended quantities (Column 4) will not always reflect standard packs. In this case the recommendation is for the nearest available dispensing sales pack above the minimum recommended quantity. This will ensure the patient information leaflet is enclosed. Category C kits in lifeboats and liferafts are supplied as sealed kits, items in other Category C kits may be replenished as and when necessary.

1	2	3	4		
Ref No.	**Treatment requirements**	**Medicine and dosage strength representing best practice**	**Recommended quantity for 10 workers (unless *)**		
			A	**B**	**C**
1. Cardio Vascular					
(a)	Cardiovascular Sympathomimetics	i) Adrenaline / Epinephrine injection BP 1.0mg/1ml inj	10*	5*	-
		ii) (Optional) Adrenaline auto-injector (0.3mg or 0.5mg)	5*	5*	-
(b)	Anti-angina preparations	i) Glyceryl Trinitrate 400mcg/dose 200 dose sublingual spray	1	1	1*
		ii) Metoprolol 50mg tab	56*	28*	-
		or			
		Atenolol 25mg tab	56*	28*	-
(c)	Diuretics	i) Furosemide 40mg tab	28*	28*	-
		ii) Furosemide 20mg/2ml inj	10*	-	-
(d)	Anti-haemorrhagic medicines, including uterotonics if there are women onboard.	i) Tranexamic Acid 500mg tab	60*	60*	-
		ii) Tranexamic Acid 500mg/5ml inj	5*	-	-

1	2	3	4		
Ref No.	**Treatment requirements**	**Medicine and dosage strength representing best practice**	**Recommended quantity for 10 workers (unless *)**		
			A	**B**	**C**
		If there are women on board: iii) Phytomenadione (Vitamin K) 2mg/0.2ml inj (paediatric) iv) Ergometrine 500mcg	 5* 5*	 5* 5*	 - -
(e)	Antihypertensive	i) Amlodipine 5mg tab ii) Atenolol 25mg tab or Metoprolol 50mg tab	56* Use 1b(ii)*	28* Use 1b(ii)*	- -
(f)	Antiplatelet drugs	i) Aspirin 300mg tab ii) (Optional) Clopidogrel 75mg tab	32* 28*	32* -	RA 32* -
2. Gastrointestinal system					
(a)	Medicines for indigestion, reflux, gastric/duodenal ulceration Antacids	i) Lansoprazole 30mg tab or ii) Proprietary alginate antacid of choice	28 As reqd	28 As reqd	- -
(b)	Anti-emetics	i) Ondansetron 4mg tab or Domperidone 10mg tab ii) Prochlorperazine maleate 3mg buccal tab iii) Cyclizine 50mg/1ml inj or Promethazine hydrochloride 25mg/1ml inj	60* 60* 50* 10* 10*	30* 30* 50* 5* 10*	- - - - -
(c)	Laxatives	i) Lactulose 10g/15ml or Magnesium hydroxide 79mg/1ml ii) Bisacodyl 5mg tab iii) Glycerol 4mg suppository	500ml* 500ml* 60* 12*	300ml* 200ml 20* -	- - - -
(d)	Anti-diarrhoeals	Loperamide 2mg capsules	30	30	30
(e)	Haemorrhoid treatment	i) Proprietary preparation	As reqd	As reqd	-
3. Analgesics Anti-Spasmodics					
(a)	Antipyrexia, analgesics, anti-inflammatories	i) Paracetamol 500mg tab ii) Ibuprofen 400mg tab or Naproxen 250mg tab iii) Diclofenac sodium 100mg supp	100 100 56 10*	50 50 28 10*	50 50 28 -
(b)	Strong analgesics	i) Codeine Phosphate 30mg tab or	28	28	-

1	2	3	4		
Ref No.	**Treatment requirements**	**Medicine and dosage strength representing best practice**	**Recommended quantity for 10 workers (unless *)**		
			A	**B**	**C**
		Tramadol 50mg tab	60	30	-
		ii) a) Morphine Sulphate 10mg/1ml inj, and	10	10	RA 10
		b) Naloxone 400mcg/1ml inj (Naloxone must be carried if Morphine Sulphate is carried)	10	10	RA 10
		or			
		Tramadol 100mg/2ml inj	20	10	RA 10
		iii) (Optional) Methoxyflurane 3ml inh	1	1	RA 1
(c)	Antispasmodics	i) Hyoscine butylbromide 10mg tablets.	56*	56*	-
4. Nervous system					
(a)	Anxiolytics	i) Diazepam 5mg tab	28*	28*	-
		ii) Diazepam 10mg/2ml inj	10*	-	-
(b)	Neuroleptics	i) Chlorpromazine hydrochloride 25mg tab	28*	28*	-
		or			
		Haloperidol 5mg tab	28*	28*	-
		ii) Chlorpromazine hydrochloride 25mg/1ml inj	10*	-	-
		or			
		Haloperidol 5mg/1ml inj	10*	-	-
(c)	Seasickness	i) Cinnarizine 15mg tab	84	84	60
		or			
		Promethazine teoclate 25mg tab	28	28	-
		ii) Prochlorperazine maleate 3mg buccal tab	Use 2b(iii)	Use 2b(iii)	-
		or			
		Promethazine hydrochloride 25mg/1ml inj	Use 2b(iii)	Use 2b(iii)	-
		or			
		Cyclizine 50mg/1ml inj			
(d)	Anti-epileptics	i) Diazepam 5mg tab	Use 4a(i)	Use 4a(i)	-
		ii) Diazepam 10mg/2ml inj	Use 4a(ii)	-	-
		iii) Diazepam rectal solution 10mg/2.5ml	5*	5*	-
5. Allergy and Anaphylaxis					
(a)	Anti-histamines	i) Cetirizine 10mg tab	60*	30*	-
		or			
		Loratadine 10mg tab	60*	30*	-
		ii) Chlorphenamine 10mg/1ml inj	10*	5*	-
		or			

1	2	3	4		
Ref No.	**Treatment requirements**	**Medicine and dosage strength representing best practice**	**Recommended quantity for 10 workers (unless *)**		
			A	**B**	**C**
		Promethazine hydrochloride 25mg/1ml inj	Use 2b(iii)	Use 2b(iii)	-
(b)	Steroids	i) Hydrocortisone 100mg inj. (with diluent if required)	5*	1*	-
		ii) Prednisolone 5mg tablets	56	56	-
6. Respiratory System					
(a)	Asthma	i) Salbutamol inhaler 100mcg/dose 200 dose inh	1	1	RA 1
		ii) Beclomethasone 100mcg/dose 200 dose inh	1	1	-
		iii) Spacer compatible with both salbutamol and beclometasone	1*	1*	RA 1*
(b)	Anti-tussives	Proprietary cough mixture	As reqd	As reqd	-
7. Anti-infection					
(a)	Antibiotics	i) Co-Amoxiclav 500mg/125mg tab or Amoxicillin 500mg cap	63 42	21 21	- -
		ii) Ciprofloxacin 500mg tab	20	10	-
		iii) Azithromycin 500mg tab or Erythromycin 500mg tab	6 28	3 28	- -
		iv) Doxycycline 100mg cap	50	16	-
		v) Metronidazole 400mg tab	21	21	-
		vi) Metronidazole suppositories 1g	10*	-	-
		vii) Co-Amoxiclav 1.2g inj	10*	-	-
		viii) Ceftriaxone injection 1g inj	10*	-	-
		ix) Aciclovir 400mg tab	56*	-	-
		x) Fluconazole 50mg tab or Terbinafine 250mg tab	14* 14*	7* 7*	- -
(b)	Anti-parasitics	Mebendazole 100mg tablets	6*	6*	-
(c)	Anti-tetanus vaccines and immunoglobulin	i) Tetanus vaccine (DTP or other combinations are acceptable) 0.5ml inj	5*	1*	-
		ii) Tetanus immunoglobulin 250iu inj	1*	-	-
(d)	Anti-malaria medicines – requirement for inclusion in the medical stores is dependent upon	For prophylaxis, and for treatment of active disease. Dependent upon operational area and expert advice. Risk assessment required.	See MGN 652 Amdt. 1	See MGN 652 Amdt. 1	-

1	2	3	4		
Ref No.	**Treatment requirements**	**Medicine and dosage strength representing best practice**	**Recommended quantity for 10 workers (unless *)**		
			A	**B**	**C**
	operational area				
8. Compounds promoting rehydration, caloric intake and plasma expansion					
	WHO Generic Formula	Oral rehydration salts, as per current WHO 9formula sachet or Proprietary equivalent sachet	20 20	20 20	- -
9. Medicines for external use					
(a)	**Skin medicines**				
	Antiseptic solutions	Proprietary solution of choice 250ml Chlorhexidine-based preparation Or Proprietary sterile wipes - pack of choice Chlorhexidine-based preparation	1* 1*	1* 1*	1* 1*
	Antibiotic ointments	i) Aciclovir 5% cream 2g ii) Fusidic acid 2% cream/ointment 15g or Mupirocin 2% cream/ointment 15g	1 1 1	1 1 1	- - -
	Anti-inflammatory (NSAID) and analgesic ointments	i) Hydrocortisone 1% cream 15g tube ii) Proprietary NSAID gel/ointment 30g	2 As reqd	- As reqd	- As reqd
	Anti-fungal skin treatments	i) Miconazole nitrate 2% cream 30g or Terbinafine 1% cream 30g If there are women on board: ii) Clotrimazole 500mg pessary	2 2 2	1 1 1	- - -
	Burn treatments	i) Silver Sulfadiazine 1% cream 50g ii) Proprietary antiseptic cream	2 -	1 -	- 1
	Miscellaneous skin preparations	i) a) Permethrin 5% cream 30g and b) Permethrin 1% Cream Rinse or Malathion 0.5% 200ml ii) Proprietary barrier cream ii) Magnesium sulphate paste 50g	2* 2* 2* 1* 1*	- - - - -	- - - - -
(b)	**Eye Medicines**				
	Antibiotic and anti-inflammatory treatments	i) Chloramphenicol 1% ointment 4g The following eye drops are recommended in single dose form:	4	1	-

1	2	3	4		
Ref No.	**Treatment requirements**	**Medicine and dosage strength representing best practice**	**Recommended quantity for 10 workers (unless *)**		
			A	**B**	**C**
	Steroid drops	ii) Dexamethasone 0.1% 0.5ml	20*	20*	-
	Anaesthetic drops	iii) Tetracaine 0.5% 0.5ml	20*	20*	-
	Hypotonic miotic drops	iv) Pilocarpine 2% 0.5ml	20*	20*	-
	Diagnostic drops	v) Fluorescein Sodium 1% 0.5ml or Fluorescein strips	20* 20*	20* 20*	- -
	Sterile saline solution for eyewash	vi) Sterile saline solution for eyewash 20ml	20	20	-
(c)	**Ear/Nasal Medicines**				
	Antibiotic / anti-inflammatory treatments	i) Combined antibiotic and steroid ear drops 10ml	2*	1*	-
	Nasal drops or spray	i) Xylometazoline 0.1% 10ml or Oxymetazoline 0.05% 15ml	1* 1*	1* 1*	- -
(d)	**Medicines for oral and throat infections**				
	Antiseptic mouthwash	i) Proprietary antiseptic mouthwash 250ml	1	1	-
(e)	**Local anaesthetics**				
	Local anaesthetics for subcutaneous injection	i) Lidocaine hydrochloride 1% 5ml inj	10*	10*	-
	Local anaesthetic for topical application	ii) Lidocaine 2% and chlorhexidine in lubricant gel (in applicator) 0.25%	1	-	-
	Dental anaesthetics and antiseptic mixtures	i) Proprietary anaesthetic gel	1	1	-
		ii) Oil of Cloves 10ml	1*	1*	-
(f)	Water for injection	i) Water for injection 10ml inj	40	-	-

MEDICAL EQUIPMENT				
Requirements	*Specification*	*Quantity*		
		A	*B*	*C*
1. Resuscitation Equipment				
Equipment for mouth-to-mouth resuscitation and airway equipment	i) Bag/valve/mask (BVM); supplied with large, medium and small masks	1*	1*	-
	ii) Pocket face mask with valve and oxygen inlet	1*	1*	1*
	iii) Oropharyngeal airway sizes 3 and 4	1 of each *	1 of each *	-
	iv) (Optional) Nasopharyngeal airways 6mm and 7mm internal diameter	1 of each *	1 of each *	-
Appliance for the administration of oxygen	Oxygen giving set comprising of the following: 1) Oxygen reservoir 2) 1 flow metre unit giving a minimum setting of 400 litres including 1 pressure regulator 1 flow meter unit 1-15 litres/min And (optional) Oxygen concentrator with flow capacity of 8- 10 litres/min 3) 1 set of oxygen tubing 4) 5 x medium concentration face masks 5) 5 x high concentration disposable nonrebreather oxygen masks with reservoir Each part constructed so that it can only be assembled in the correct manner	1	1	-
Equipment for mouth to mouth resuscitation	Manual aspirator and two suction catheters	1*	1*	-
2. Dressing and suturing equipment				
Tourniquets	Trauma tourniquet	1*	1*	RA 1*
Skin wound repair	Skin stapler disposable with 15 staples and Staple remover or Non-absorbable sutures swaged to a half circle needle sterile size 3.0 and Absorbable sutures swaged to a half circle needle sterile size 3.0	1 1 2 2	1 1 1 1	- - - -
Wound skin adhesive	Skin adhesive 0.5ml single use	2*	2*	-
Adhesive elastic bandage	Adhesive elastic bandage 7.5cm x 4m	2*	1*	1*

Elasticated bandage	Crepe bandage 7.5cm x 4m	2*	2*	-
Tubular gauze bandage, for finger dressings	20m length with applicator	1*	1*	-
Disposable gloves – non sterile	Latex-free, small, medium, large	20* pairs of various sizes	20* pairs of various sizes	10* pairs of various sizes
Disposable gloves – sterile	Latex-free sizes 6, 7, 8	10* pairs of various sizes	5* pairs of various sizes	-
Adhesive dressings	Assorted sterile	20	20	10
Sterile compression bandages with unmedicated dressing pads (ambulance dressings)	1) Medium, No.1 12cm x 10cm 2) Large, No.2 20cm x 15cm 3) Extra large, No.3 28cm x 20cm	3* 3* 2*	2* 2* 1*	2* 2* 1*
Adhesive sutures	Adhesive wound closure strips 100mm x 12mm 6 pack	4	4	2
Sterile gauze swabs	sterile gauze swabs size 7.5cm x 7.5cm 5 pack	4	4	2
Sterile sheet for procedures	Sterile sheet for procedures 50cm x 50cm	1	1	-
Triangular bandage	Triangular bandage	2*	2*	-
Burn Dressings	i) Plastic wrap roll 30cm x 80m	1*	1*	- -
Paraffin gauze dressings	Paraffin gauze dressings, 10cm x 10cm Or Hydrogel dressings 10cm x 10cm	20* 20*	10* 10*	- -
3. Instruments				
If necessary, instruments should be sterilised as per the Ship's Captain's Medical Guide				
Disposable scalpels	e.g. 10 blades	2*	-	-
Instrument box (made of suitable material)		1*	1*	-
Scissors	i) Dressing scissors blunt/sharp ii) Dressing scissors sharp/sharp iii) Tough cut scissors	1* 1* 1*	1* 1* 1*	- - -
Dissecting forceps	Toothed forceps	1*	1*	-
Haemostatic clamps	Haemostatic clamp/Needle holder	1*	1*	-
Splinter/needle forceps	Splinter forceps	1*	-	-
Disposable razors	Disposable razors	5*	-	-
4. Examination and monitoring equipment				
Pen torch	Pen torch with blue filter for eye exam	1*	1*	-
Disposable tongue depressors	Disposable tongue depressors	10*	10*	-
Urine analysis testing strips	Urine analysis testing strips 25 strips/pack, to test for: Leukocytes Nitrites Protein Glucose Specific gravity Ketones Blood pH	1 pack *	-	-
Patient vital signs monitoring chart	Patient vital signs monitoring chart 25 sheets as per Ship Captain's	1 pad*	1 pad*	-

	Medical Guide			
Medical incident report forms	Medical incident report forms 25 sheets as per Ship Captain's Medical Guide	1 pad*	-	-
Pregnancy test kit	When women onboard	3*	-	-
Stethoscope		1*	1*	-
Sphygmomanometer		1*	1*	-
Standard clinical thermometer		1*	1*	-
Glucometer	i) Glucometer with 25 testing sticks ii) Lancets for use with glucometer	1* 25	- -	- -
Pulse Oximeter	Pulse Oximeter	1*	-	-
Malaria test kit – requirement for inclusion in the medical stores is dependent upon operational area	WHO approved malaria test kit	1*	As reqd.	-
5. Equipment for injection, perfusion, puncture and catheterization				
Bladder drainage equipment (suitable for men and women)	i) Bladder drainage set (including urine bag, spigots and tube) ii) Foley Catheter 12 or 14 gauge, 10 ml balloon (short / medium term use adults) in iii) Water for injections 5ml iv) Penile sheath set	1* 2* As per 9(f) 1*	- - - -	- - - -
Disposable syringes	2ml, 5ml, 10ml	10 of each	5 of each	As reqd. RA
Disposable hypodermic needles	21G (0.8mm) and 23G (0.6mm)	20 of each	10 of each	-
"Sharps" disposal box	1 litre size	1*	1*	-
Intravenous or intraosseous infusion set (depending on training)	i) Intravenous cannulae 18g ii) Intravenous cannulae 20g iii) Cannula dressing iv) Tourniquet – quick release or i)Intraosseous (IO) access device ii) IO dressing	5* 5* 10* 1* 1* 2*	2* 2* 5* 1* 1* 2*	- - - - - -
Intravenous fluid set	i) Intravenous fluid giving set ii) Saline flush 5ml iii) Intravenous fluid – Ringers Lactate 1 litre	2 10* 2	2 10* 2	- - -
6. General Medical Equipment				
Personal protective medical and nursing equipment	i) Disposable Aprons ii) Masks (surgical type 2) iii) Respirator mask (FFP2 or FFP3) iv) eye protection	50* 50* 10* 5*	10* 10* 5* 5*	- - - -
Bedpan	(stainless steel or sterilisable plastic)	1*	-	-
Hot water bottle	With fabric cover	1*	-	-

Urine bottle (urinal)		1*	-	-
Icebag		1*	-	-
7. Immobilization and setting equipment				
Set of splints of different sizes for the extremities	i) Finger splint – malleable ii) Forearm/lower limb splint – malleable iii) Vacuum splints and pump – upper and lower limb set Or Inflatable splints – upper and lower limb set	1* 1* 1* 1*	1* 1* 1* 1*	- - - -
Traction splint	Traction splint for thigh	1*	1*	-
Collar semi-rigid for neck immobilisation	Adult size pack of 3, small, medium and large or Adult adjustable collar	1* 1*	1* 1*	-
8. Disinfection, Disinsectization and Prophylaxis				
Water – disinfection compound	Of choice	As reqd.	-	-
Liquid insecticide	Of choice – Proprietary product	As reqd.	-	-
Powder insecticide	Of choice – Proprietary product	As reqd.	-	-

RECOMMENDED ADDITIONAL MEDICAL EQUIPMENT			
	Quantity		
	A	B	C
Naso-gastric tube 14G	1*	1*	-
Plastic measuring jug 1/2 litre size	1*	1*	-
Disposable paper towels	100*	100*	-
Plastic backed absorbent paper bed pads	10*	-	-
Lotion bowl (size at least 200mm x 90mm, stainless steel or sterilisable plastic, to be marked "medical")	1*	-	-
Kidney dish (size 250mm stainless steel or sterilisable plastic)	1*	-	-
Safety pins, rustless medium	6*	6*	6*
Magnifying glass 7.5cm diameter with handle	1*	1*	-
Nail brush	1*	1*	-
Stretcher equipment (A system for trauma management, i.e. immobilisation and stretcher equipment most suited for treatment on the vessel concerned)	1*	1*	-
Body bag – large size	1*	1*	-
Dental Kit: 1) Excavator double ended Guys' pattern G2 2) Filling paste inserter (for inserting filling paste into the tooth) 3) Dental mirror size 4 on handle 4) Cavit (temporary dental filling) tube	1 Set of all items	-	-
Defibrillators subject to risk assessment	-	-	-
Tough cut stainless steel scissors	-	-	1 pr
Triangular bandages about 90cm x 127cm	-	-	4
Sterile paraffin gauze dressings	-	-	10
Plastic burn bags	-	-	1

Appendix 2

First aid kits

The first aid kit must contain the following items which must be kept in a portable waterproof container.
4 x triangular bandages, 90cm x 127cm base
6 x medium sterile bandages with unmedicated dressing, 10cm x 8cm
2 x large sterile bandages with unmedicated dressings, 13cm x 9cm
2 x extra large unmedicated dressings, 28cm x 17.5cm
6 x medium safety pins, rustless
20 x assorted elastic adhesive dressings medicated
2 x sterile eye pads with attachment
2 x packages containing sterile gauze swabs
5 pairs of large size disposable gloves
Sterile eye wash in eye wash bottle.

Appendix 3

Example of a requisition form for obtaining controlled drugs

Controlled drugs must only be obtained from a retail pharmacist or other person licensed to supply drugs, who will require an order such as shown in the example below. The order must be signed by either the shipowner or the master.

Requisition

To .....(*name and address of authorised supplier*)

From.....(*name of ship, master or shipowner*)

Master's Certificate of Competency number.....

Address.....(*shipowner's address*)

Please supply.....

.....(*name, strength and total quantity of drugs*)

The above drugs are required for the medical stores of the above named ship in compliance with the Merchant Shipping (Medical Stores) Regulations 2015.

Signature.....

Name.....

Occupation.....

Date.....

It is not necessary for the master or shipowner to personally receive the controlled drugs from the supplier, but if the drugs are received by another person the requisition must be endorsed by the master or shipowner as follows:

I empower..... to receive the above drugs on my behalf. A specimen of their signature is provided below.

Specimen signature of person empowered .....

Signature of master / shipowner .....

Please note - The Isle of Man Ship Registry cannot give legal advice. Where this document provides guidance on the law it should not be regarded as definitive. The way the law applies to any particular case can vary according to circumstances - for example, from vessel to vessel. You should consider seeking independent legal advice if you are unsure of your own legal position.