GUIDANCE ON EXCHANGE OF MEDICAL INFORMATION BETWEEN
TELEMEDICAL ASSISTANCE SERVICES (TMAS) INVOLVED IN
INTERNATIONAL SAR OPERATIONS

1 The Maritime Safety Committee, at its eighty-second session, 29 November
to 8 December 2006, with a view to providing guidance for telemedical services, approved the
Guidance on exchange of medical information between telemedical assistance services (TMAS)
involved in international SAR operations, prepared by the Sub-Committee on
Radiocommunications and Search and Rescue, at its tenth session (6 to 10 March 2006), as
set out in the annex.

2 Member Governments and international organizations are invited to bring the annexed
guidance to the attention of all concerned.

***
1 Introduction

1.1 The purpose of this circular is to provide guidance on exchange of medical information between two telemedical assistance services (TMAS) involved in SAR operations for medical assistance at sea when an international co-operation is required.

1.2 The MSC/Circ.960 on medical assistance at sea:

   - states that an optimal arrangement for medical assistance at sea is based on the following five elements:
     - one or more RCCs;
     - a telemedical assistance service (TMAS);
     - means of intervention at sea;
     - shore-based arrangements;
     - common operational procedures,

   - informs or reminds States of the elements of a global system of medical assistance at sea and encourages those which had not yet done so to set up such a system (which to a large extent uses existing elements), including an officially designated maritime telemedical assistance service;

   - defines the objectives, capacities and planning of a TMAS; and

   - lists the means of radiocommunication essential for medical assistance at sea.

2 Need for exchange of medical information between TMASs

2.1 Given the international dimension of maritime navigation, a medical problem may occur on board a ship far from its country of origin. In such a case the master, who is responsible for the care of those on board, normally calls his designated national TMAS, which can perform a telemedical consultation in his language. Should there be need, following telemedical consultation, for an evacuation to the nearest shore, the master contacts the MRCC responsible for SAR operations in the maritime zone concerned.

2.2 In order to facilitate and enhance planning of the medical aspects of a SAR operation involving medical assistance at sea, all available medical information collected by the TMAS carrying out the telemedical consultation should be transferred to the TMAS attached to the responsible MRCC. This is to avoid an additional teleconsultation by the second TMAS.
3 **A common “Medical Information Exchange Form”**

A common form for the exchange of medical information would facilitate the transfer of all available and relevant medical information between the two TMASs (see appendix).

4 **Guidance on exchange of medical information**

On the basis of international partnership agreements, the “medical information exchange form” should be used for SAR operations involving medical assistance at sea, as follows:

- when, following a telemedical consultation, a TMAS requires a medical evacuation, the physician should complete the medical information exchange form;

- once the MRCC responsible for the SAR operation has been identified, the TMAS will transmit the form to the corresponding TMAS partner of the MRCC concerned;

- the MRCC should thus be informed by its designated national TMAS of the medical constraints affecting the SAR operation; and

- after the completion of the SAR operation, the operational TMAS will send any available information on medical follow-up to the TMAS that had performed the remote consultation.
CONFIDENTIAL MEDICAL INFORMATION

MEDICAL ASSISTANCE AT SEA
TMAS - TMAS Medical Information Exchange Form

To: TMAS: ........................................................................................................................................
    (via MRCC if necessary: ......................................................................................................)
Date: …/……/…… Time: ….…h…… Physician: Dr.……………………

PATIENT

Surname: ........................................... First Name: ...........................................
Date of Birth: ……/ ……/…… Age: …….. Sex: M □ F □
Nationality: ............................................. Occupation on board: ...........................................

MEDICAL CIRCUMSTANCES

☐ Illness ......................................................................................................................................
☐ Accident ......................................................................................................................................
☐ Poisoning ......................................................................................................................................

Since: …………..

Previous Medical History | Ongoing Treatments | Care on board before Teleconsultation
----------------------------|-------------------|----------------------------------
.............................................................. | .............................................................. | ..............................................................
.............................................................. | .............................................................. | ..............................................................

MEDICAL OBSERVATION

Pulse: … …/ min  BP: …/…mmHg
BR: … …/ min  T: …… °C
Weight: …… Kg
Height: …… m ....

Diagnosis(es) given: ...........................................................................................................................
.............................................................. | .............................................................. | ..............................................................
.............................................................. | .............................................................. | ..............................................................
.............................................................. | .............................................................. | ..............................................................
IDENTIFICATION OF THE REQUIRING TMAS:

Name: ..............................................................................................
Address:............................................................................................  Tel: ...........................................................
..........................................................................................................  Fax: ...........................................................
..........................................................................................................  E-mail: ...........................................................

MEDICAL INSTRUCTIONS

............................................................................................................................... ............................................................................
............................................................................................................................... ............................................................................
............................................................................................................................... ............................................................................

MEDICAL ASSISTANCE REQUIRED

Medical Decision:  □ Ship diversion to (Port): .................................................................
                   □ Ambulance
                   Medical Team:  □ Doctor  □ Nurse  □ Paramedic

□ Medical Evacuation
   Medevac Time frame:  □ Immediate  □ Daylight hours
   Medevac Method:  □ Land on  □ Winch/stretcher  □ Winch/Strop
                   Medical Team:  □ Doctor  □ Nurse  □ Paramedic

□ Air Drop of supplies:
............................................................................................................................... 
............................................................................................................................... 

□ Quarantine situation
...........................................................................................................................
...........................................................................................................................

SHIP

Ship Name: .............................................................. Call Sign: .................................
Type: ................................................................. Flag: ..............................................
Location: ............................................................ Port of Origin: ..................................
          Departure/DTG: ...................................... Destination: .................................
          ETA / DTG: ............................................
Contact: ......................................................................................................................  

Please send back all the available follow-up information to:

TMAS Name: ....................................................................................
Address: ........................................................................................... Tel: ...........................................................
..........................................................................................................  Fax: ...........................................................
..........................................................................................................  E-mail: ...........................................................