


QUALITY STANDARD SYSTEM MANUAL	  HALCYON MARINE HEALTHCARE SYSTEMS	DOCUMENT NO. <b>QFU 4.0</b>	EFFECTIVITY DATE: October 22, 2018
			REVISION NO.: 7
		PREPARED BY: Marilar F. De Guzman, MD QAM	APPROVED BY: Glennnda E. Canlas, MD Medical Director
SUBJECT: PROCESSING PROCEDURE			

## 1.0 OBJECTIVES

- 1.1 To have not more than 5 complaints per month from client companies regarding erroneous medical information.
- 1.2 To be able to recommend final status for all patients not more than 24 hours from the day they were recommended for final review.
- 1.3 To have no complaints from patients and client companies with regards to professionalism of processing physicians.
- 1.4 To have not more than 5 corrective action reports per month.
- 1.5 To ensure 80% punctuality in attendance per month.

## 2.0 SCOPE

This procedure involves all aspect of evaluating, recommending, certifying, preparing and releasing medical reports of patients who were referred for PEME at Halcyon Marine Healthcare Systems.

## 3.0 DEFINITION

None

## 4.0 RESPONSIBILITY AND AUTHORITY


- 4.1 The Processing Physician is responsible for all aspects of this procedure.
- 4.2 The Processing Assistant is responsible for facilitating Screening patients; recommending fitness to patients PEME already reviewed by the Processing Physician; preparing reports and census and assist in checking of DOH certificate and medical attachment.

## 5.0 REFERENCES

- 5.1 HMHS Policies/ Guidelines
- 5.2 Department of Health Guidelines
- 5.3 ILO/WHO Consultation on Guidelines on the Medical Examinations of Seafarers
- 5.4 UK P&I Medical Guidelines

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- 5.5 Norwegian Regulations of 5 June 2014 No. 805 on medical examination of employees on Norwegian ships and mobile offshore units
- 5.6 North of England Guidelines
- 5.7 Standard Club Guidelines
- 5.8 French, Swedish and Danish Guidelines
- 5.9 Company Profile
- 5.10 MCA Guidelines
- 5.11 UKOOA Guidelines
- 5.12 Dutch Guidelines
- 5.13 American P&I Guidelines
- 5.14 SKULD Guidelines
- 5.15 KOTC Medical Guidelines
- 5.16 Swedish Guidelines
- 5.17 Japan P&I Guidelines
- 5.18 West of England Guidelines
- 5.19 Steamship Guidelines
- 5.20 GARD List of Enrolled Vessels (<https://muggard.force.com>)

## 6.0 POLICIES

- 6.1 The Processing Physician and Processing Assistants ensures that all medical information contained in the medical reports and certificates are complete and accurate.
- 6.2 All Processing personnel ensure the security and confidentiality of all medical results circulating within the Clinic premises and those that are released to the Companies.
- 6.3 Recommendation of PEME status shall be FIT, UNFIT, PENDING and EXPIRED.
- 6.4 Patients for Final Review are decked equally by the Primary Care Physicians and Follow up Assistants in the FR list of the version 2 system. Primary Care Physicians and Follow up Assistants ticks the final review box and it is automatically decked on the FR list. Patients are categorized as RUSH and if UNFIT. They are distinguished

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by color. All RUSH patients for final review are in RED and UNFIT patients are in BLUE.

- 6.5 The Senior Primary Care Physicians upon FR, can directly recommend fitness for simple and outright fit cases. Upon recommendation of final status, Processing Physician and Senior Primary Care Physician will tick the appropriate box whether fit or unfit, hearing, sight, color vision and look out duties if fit/unfit. The information is reflected in the patient's final medical certificate. Once fitness/unfitness box is ticked it will be automatically logged on the FIT list.
- 6.6 For patients that were reviewed and remain PENDING, Processing Physician will un-tick the FINAL REVIEW – ACTIVE box to remove the patient's name in the FR list.
- 6.7 FIT/ UNFIT medical reports shall be segregated from Pending reports. Pending reports shall be forwarded to the Primary Care Physician.
- 6.8 Pending cases shall be forwarded to the Primary Care Physician.
- 6.9 Difficult cases (those that cannot be resolved by the Processing Physician) shall be referred to the Medical Director/General Manager for Operations.
- 6.10 The Processing Physician shall also coordinate with companies, crewing agents, medical directors regarding difficult, problematic and rush cases.
- 6.11 The Processing Physician and Processing Assistant shall also review results and work – ups of Screening, post-medical and repatriation cases prior to clearing and allowing patients to proceed with the new PEME. Pertinent documents shall be scanned and uploaded properly in the patient's database.
- 6.12 Miss outs from other units are monitored and documented in the Processing Group Chat and reported to the General Manager for Operations and shall be dealt accordingly. An incident report is requested from the unit and Corrective action reports will be issued based on the frequency and gravity.

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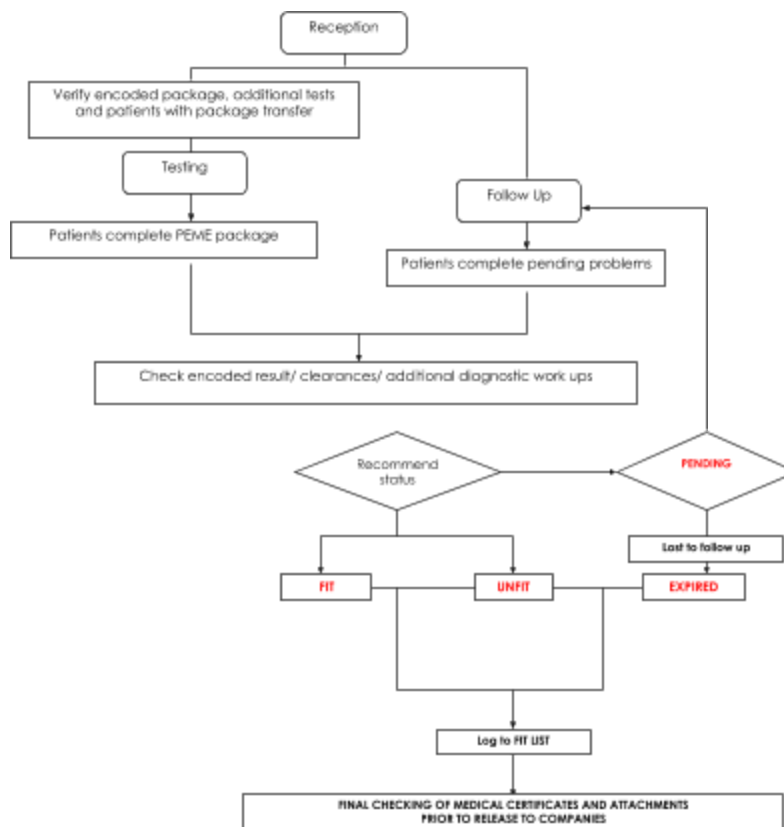
- 6.13 Processing physicians are responsible in preparing unfit medical reports to be sent to companies thru e-mail.
- 6.14 Processing Physicians are responsible for preparing reports in reply to company queries with regards to repatriation cases and on-board consultation.
- 6.15 Processing Physicians are tasked to ensure that proper and correct contact person/s is/are listed in the email prior to sending unfit medical reports and reports in reply to company queries with regards to repatriation cases on-board consultation.
- 6.16 Processing Physicians are also tasked to ensure adherence to Data Privacy Act in releasing medical reports to contact persons.
- 6.17 Processing Assistants are responsible for preparing for monthly DOH Unfit Census, the statistics if forwarded to the General Manager for Operations for review and approval prior to sending to DOH. This is to comply with the DOH AO 2013-006, to submit reports under section V,B.2.E. (Annex E) to DOH BHFS on a monthly basis.
- 6.18 In the event of System Downtime, the Processing Physicians will refer to copies of transmittal being sent to the company and results uploaded in the Google Drive for review prior to final disposition and checking of medical certificates.
- 6.19 In cases of power outage, the Processing Physicians will manually collate the results from all the units for review prior to final disposition and for checking of medical certificates.

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## 7.0 PROCEDURE



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## 8.0 PROCEDURE FOR USE OF CONCESSION DECLARATION

- A. Template for referral to Dr. Easmon. These are the ***cases where the clinic has decided that the patient should be considered unfit as per the Club's guidelines***. However, the manning agency is insisting that the case be referred to the Independent Consultant of North of England's PEME scheme for consideration.

### FROM THE CLINIC:

"The clinic has informed the manning agency that as per the Club's guidelines the patient is unfit. However, the manning agent has requested that the case be elevated to the medical director for final decision."

### FROM DR. EASMON :


"At present the Risks for him to be employed at Sea are too great, and also such risk factors would possibly place other members of the ship at risk.

As an independent second opinion, at present, the risks of employing this Client are too great to both himself and possibly other members of the crew and as such he should NOT be given employment at Sea. "

- B. Template for Manning Agency. In such cases where the manning agency insists that the crew be employed ***in spite of his falling outside of the Club's guidelines for fitness*** as per the principal's request, the following template will be used requesting proof of this from the principal

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**IMPORTANT NOTICE FOR MANNING AGENT**

**PLEASE NOTE CANDIDATE ....., WHO HAS PRESENTED WITH A MEDICAL PROBLEM, MAY BE GIVEN A CONCESSIONARY FIT STATUS. THIS FORM MUST BE PRESENTED TO YOUR PRINCIPAL/ PROSPECTIVE EMPLOYER IMMEDIATELY FOR CONFIRMATION THAT THEY WISH TO OFFER A CONTRACT TO THE CANDIDATE.**

**CONCESSION NOTICE FROM PRINCIPAL**

**PLEASE PROVIDE THE CLINIC WITH CONFIRMATION FROM THE PRINCIPAL THAT THEY ARE WILLING TO HIRE:**

**SEAMAN'S NAME / POSITION:**

**AGENCY NAME:**

**MEDICAL CONDITION:**

**NAME OF CLINIC:**

**ACKNOWLEDGED BY PRINCIPAL:**

**DATE:**

**PROCEDURE FOR USE OF CONCESSION NOTICE FROM PRINCIPAL:**


Step 1: Concession Notice from Principal to be signed by Principal.

Step 2: Fitness with concession given by Clinic.

Step 3: Patient signs Patient Concession Form.

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If the Principal does not sign the Concession Notice from Principal, then the clinic may declare the patient unfit.

#### 9. FOR SIGNING OF THE THE CONCESSION NOTICE FROM PRINCIPAL BY THE MANNING AGENT REPRESENTATIVE

In the event that the signatory on the "Concession from the Principal" form is not the principal but a representative from the manning agency, it should be indicated that he is signing on the principal's behalf with "**For** \_\_\_\_\_ (Principal's name and not just company name) after his or her own signature.

With this, the manning agent is confirming (and the clinic has documentation) that he has spoken to the principal. Again, this is to ensure that the principal is aware of the medical condition from the very start.

In some cases where the company has an Owner's Representative at the manning agency the clinic may decide to accept the Owner's Representative signature as equivalent to that of the Principal's.

It is to the Clinic's discretion if they will require additional documentation (i.e. letter) from the principal confirming their approval.

PLEASE NOTE: The Clinic should continue to abide by any existing policy from the Company/Principal that does not allow for any concessions at all until advised otherwise by the Company/Principal.


#### OFFICERS WHO ARE FIRST TIMERS TO THE COMPANY WITH A MEDICAL CONDITION REQUIRING MEDICATIONS e.g. HPN, DM

- The medical condition should be acknowledged by company and 1 year validity will be given to the medical of the patient. Concession declaration is not needed

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## 10.0 CHAIN OF RESPONSIBILITY

### ENSURING THE ACCURACY, INTEGRITY AND TIMELINESS OF THE MEDICAL RESULTS AND CERTIFICATE

#### **STEP 1 PROCESSING ASSISTANT**

Check the package of companies if with Screening and to double check results if may proceed with proper PEME

#### **STEP 2 ENCODING FROM TESTING AND PE UNITS**

All encoders to re-check work prior to saving.  
MDs to check previous PEME or post –PEME and make notation.

#### **STEP 3 FOLLOW-UP MD**

In addition to current status, checks that there is a notation regarding the previous PEME having been reviewed and counterchecks the assigned package/additional tests against the package requested on referral form.

#### **STEP 4 PROCESSING MD**

Checks all the medical information and ensure completeness of package to determine fitness.  
Indicates all notations to be printed on the medical certificate.


## 11.0 COMPANY ENDORSEMENTS

### 1. BW

- 1.1 Requires only one MD in charge of their crew ( for transmittals or consultations at follow up)
- 1.2 Indicate in the medical reports to the company (generic, brand name, dosage of medications and length of time to be taken by the crew)

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2. Singa – HAL
  - 2.1 Refer cases to Dr. Gonzales whether new or e-crew if requiring medications for any medical condition
3. AEGEAN CREWING INC.
  - 3.1 All medical conditions for referral to company. Risk should be included in the medical report.
  - 3.2 Date when patient will return for follow up should be included in the transmittal.
  - 3.3 Reasons for referring patient to the Specialist should also be included in the referral.
  - 3.4 Reason for requesting additional tests that are not included in the package should be included in the daily transmittal.
  - 3.5 Reactive HbsAg and Hepatitis profile result (HbeAg and Anti Hbe) should be included in the transmittal.
4. KOTC
  - 4.1 All audiometry abnormality should be referred to an ENT specialist for clearance.
  - 4.2 Required vaccinations are: Typhoid, Hepatitis A, and Yellow Fever
  - 4.3 Patients previously given Typhoid vaccines should be revaccinated within 6 months before previous vaccine's expiry.
  - 4.4 All abnormal HBT and/or KUB findings should be referred to the Gastroenterologist and/or Urologist for clearance.
  - 4.5 All blood results outside the clinic's normal range should be repeated except for Dyslipidemia cases.
  - 4.6 All treadmill clearances should be uploaded.
  - 4.7 All KOTC crew who completed their PEME should be sent to KOTC medical advisor for final approval.
5. For complete list of companies and specific company endorsements, please refer to company profile.

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