

CREW HEALTH ADVICE

Crew Health Advice: What is Hypothermia?

Hypothermia is a condition caused by prolonged exposure to very cold temperatures meaning the body loses heat faster than it can produce it.

The textbook definition is that a person is hypothermic when their core body temperature drops below 35 degrees Celsius.

What are the main reasons people suffer from hypothermia?

- Not wearing the right clothes for the environment.
- Clothing gets wet and the air temperature is cold.
- Drinking alcohol or taking certain types of drugs. This causes blood vessels to dilate and the blood is cooled more quickly.
- Major trauma. Blood loss causes chilling of the core temperature and will affect the person's ability to form clots around damaged vessels.

What are the signs and symptoms of Hypothermia?

In adults the following symptoms may be present:

- Shivering – this will disappear as the person becomes more seriously hypothermic
- Exhaustion or feeling very tired
- Confusion
- Memory loss
- Slurred speech
- Drowsiness
- Fumbling hands

Symptoms of Hypothermia often sound like something else. Low blood sugar or possibly a head injury can also cause

similar symptoms. Therefore, it is important to assess the situation and look at the environmental factors, the persons clothing and how long they have been exposed to cold temperatures. Have they been involved in an accident? What was the mechanism of injury? Could they be losing blood somewhere?

How to treat someone that we suspect has Hypothermia

- Remove them from the source and get them to a place where you can begin your assessment and treatment. At this point it is really important to understand just how vulnerable a hypothermic person is. Rough handling can dramatically increase the danger that they are in. So handle the person very gently and move them as little as possible.
- As always, assess their ABC's and treat any issues accordingly.
- **Conscious?** Once in a suitable area, remove any wet clothing and wrap them up in a blanket, sleeping bag or something similar. Make sure you also cover their head but not their face.
- The idea is to warm their core – the head, neck, chest, abdomen and groin.
- As long as they are able to manage their own airway and are able to tolerate it then warm drinks will also help.
- **Unconscious?** Assess breathing and if it is undetectable then begin CPR and continue the rewarming process. Have you ever heard the expression "They are not dead, until they are warm and dead"? It is because, in some cases, hypothermic victims who are rewarmed can be successfully resuscitated.



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Always ask yourself this:
Did the patient get cold then die?
 or
Did the patient die and then get cold?

How do I take their temperature?

To do this accurately we need to try to get a core temperature. This is done using a thermometer designed to take low readings and is inserted through the anus into the rectum approximately 15cm.

Do they need to go to hospital?

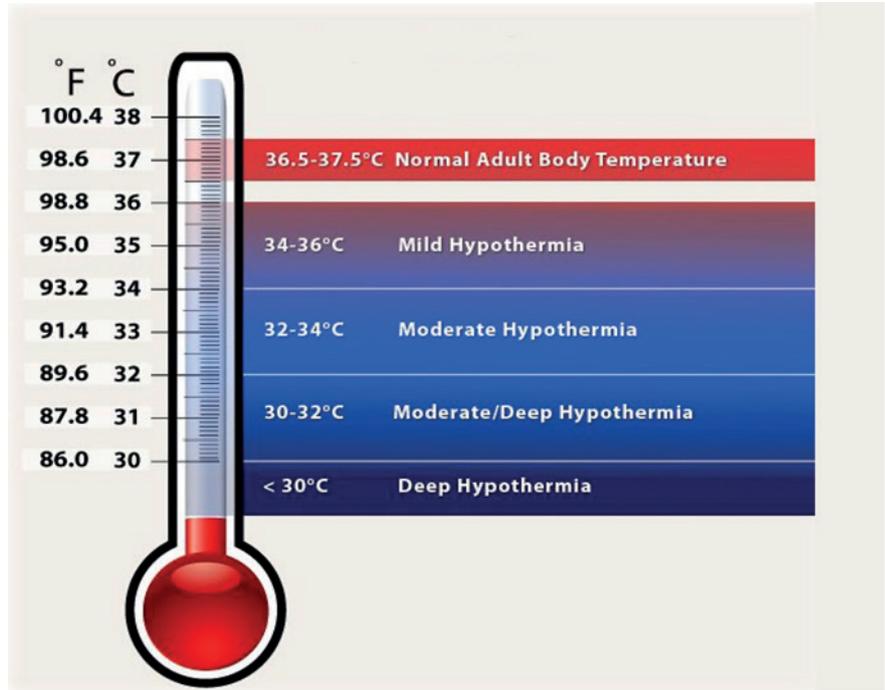
YES! – Organise a medical evacuation at the earliest opportunity and make sure you have as much information as possible to pass on to the receiving facility.

The following handover template is in the Ship Captain's Medical Guide – 23rd Edition. It is an ideal guide to the type of information to gather for handover.

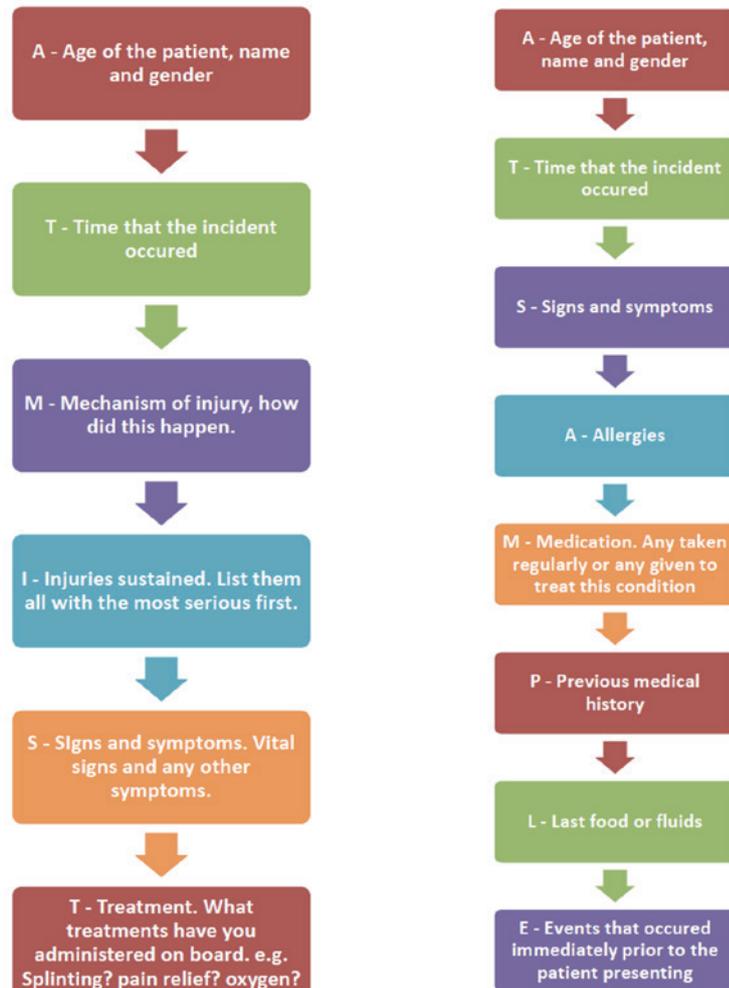
This advice was compiled in collaboration with Red Square Medical, who offer a full range of maritime medical services, from training and consultancy services, right through to mass casualty incident planning and training.

www.redsquaremedical.com

Handover template



Temperature basics



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The Club was the first to launch a crew health scheme in 1996 due to increasing crew illness claims and a lack of accountability of clinics. Since 1996, the Crew Health programme has become one of the Club's leading loss prevention initiatives. The aim of the programme is to reduce the volume and value of crew illness claims which are caused by a pre-existing illnesses or disease. These underlying conditions often impact on the crew member's fitness for service and can endanger not only the health of the seafarer but also the onboard safety of other crew.

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Sophia joined Thomas Miller in 1992 and from 1994 worked as a claims handler dealing mainly with French and Spanish Members. In 2004, Sophia became the Crew Health Programme Director. Sophia has undertaken a large number of clinic audits, implemented the standard medical

form and clinic guidelines. She has also lead the scheme through the largest period of growth and development with a doubling of approved clinic facilities and a four fold member increase. Sophia is a Director of Thomas Miller & Co. Ltd.

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Saidul Alom joined Crew Health from the European Region Service Team in 2004. Saidul provides administrative support to the Crew Health programme and is responsible for liaison with the approved clinics on financial billing matters and ensuring prompt payment of all clinic fees.

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Stuart joined Thomas Miller in 1998 as a claims trainee for UK P&I Club's Greek Members. In April 2005 Stuart joined Crew Health as the Team Administrator. Stuart is responsible for co-ordination of Member entries and administration for the clinic approval process.