

TMAS FORM

1. Introduction and Background

The International Maritime Organization Maritime Safety Committee issued Circular 960 in June 2000 detailing guidelines to Governments on Telemedical Assistance at Sea as an integral part of maritime rescue consistent with the International Convention on Maritime Search and Rescue.

The Maritime Rescue Co-ordinating Centre, Cape Town Radio and the Medical Emergency Transport and Rescue Organization (METRO) Emergency Medical Services have cooperated in the provision of Telemedical Assistance at Sea (TMAS) in terms of Circular 960.

Requests for TMAS are received at Cape Town Radio and patched through to the duty Medical Officer of METRO EMS who assess each case, advises on medical care, and recommends decisions on medical evacuation.

To facilitate accurate precise communication of patient medical information and ensure the physicians have good data on which to base decisions an agreed format of the TMAS report has been adopted. The format is created in a style familiar to maritime operations and contains adequate information to ensure competent decision making by consulting physicians.

FORMAT: TELEMEDICAL ASSISTANCE AT SEA (TMAS) REPORT

1. Code prefix in **RED** are compulsory/minimum requirement
2. Info in **BLUE** new requirement as of September 2014
3. See inputs by Doctor (EMS Western Cape) in **GREEN**
4. Section 1 to be completed by Captain of vessel
5. Section 2 to be completed by EMS Doctor



SECTION 1

Code Prefix	Content	Explanation
A	Ship name, call sign, flag, Port of registry	Ship name, call sign, flag, port of registry of the ship e.g. /SHIPNAME/ABCD/GREEK/MONROVIA
B	Time	Time of report in UTC. 6 digit date time group giving day of the month and hours and minutes in UTC followed by the month e.g. /291000 JUL//
C	Position	The position of the ship at the time of reporting. 4 digit group giving latitude in degrees and minutes suffixed with "N" (north) or "S" (south) and 5 digit group giving longitude in degrees and minutes suffixed with "E" (east) or "W" (west) e.g. /1212S 00527E//
E	Ship type	Type of ship written in full e.g. /CONTAINER VESSEL//
F	Destination	Destination of ship e.g. /CAPETOWN//
F1	Ports called on in past 30 days (Provide Port name and country)	LAGOS / NIGERIA 25Apr14// LAS PALMAS/CANARY ISLANDS20Apr14//LISBON/PORTUGAL 17Apr14//SOUTHAMPTON/UK 10Apr14
F2	Local Shipping Agent	Company and Name: Bloggs Shipping/ Peter Pan
G	ETA Destination	Estimate Time of Arrival e.g. /010700 MAY//
H1	Contact person on board	Contact person on board ship e.g. /MASTER//
H2	Patient surname	Patient surname e.g. /JOE SOAP//
H3	Date of Birth	Date of Birth of patient (DDMMYYYY) e.g. /21041961//
H4	Age	Age of patient e.g. /48//
H5	Gender	MALE OR FEMALE e.g. /MALE//
H6	Nationality and Passport number	Nationality of patient e.g. /GREEK// B215784215
H7	Occupation on board	Occupation on board of the patient e.g. /2ndOFFICER//
H8	Photo of ill or injured patient	Photo of ill or injured patient to be faxed/emailed to the address nominated by the doctor.
I1 (If cause)	Medical circumstances illness	Medical circumstances of patient on board the ship that has an illness e.g. /ILLNESS//
I2 (If cause)	Medical circumstances accident	Medical circumstances of patient on board the ship that has had an accident e.g. /ACCIDENT//
I3 (If cause)	Medical circumstances Poisoning	Medical circumstances of patient on board the ship that has been poisoned e.g. /POISONING//
J	Previous medical history	Previous medical history of the patient e.g. /SUPPLY FULL MEDICAL HISTORY// If available//
P	Ongoing treatment	To be advised by Medical Consulting Physician
Q1	Care on board before Tele consultation	Type of care given to patient by ships personnel, before the consultation with Doctor
Q2	Medical equipment and medication stores on board	Provide a list of the medical equipment and medication stores on board the vessel in order to assist with MEDICO
R1	Medical Observation – Blood Pressure	Systolic
R2	Medical Observation – Blood Pressure	Diastolic



R3	Medical Observation – Breaths per minute	Number of breaths per minute e.g. / 11 per minute//
R4	Medical Observation – Temperature	Temperature of patient e.g. / 37 Celsius//
R5	Medical Observation – Pulse	Pulse of patient e.g. / 72 per minute//
R6	Medical Observation – Weight in Kilograms	Weight of patient e.g. / 96 kilograms
R7	Medical Observation – Height in meters	Height of patient e.g. / 1.7 meters

SECTION 2

Code Prefix	Content	Explanation
S	Diagnosis(ES) by doctor	To be advised by Medical Consulting Physician
T	Medical Instructions	To be advised by Medical Consulting Physician
U1	Medical Assistance Required. Ship to divert to port	Ship to divert to port YES or NO E.g./Yes//
U2	Medical Assistance Required. Ambulance	Is a ambulance required when/if ship docks YES or NO e.g./Yes//
U3	Medical Assistance Required. Doctor, Nurse or Paramedic	Is a Doctor, Nurse or Paramedic required when/if ship docks YES or NO e.g./Doctor//
U4	Medical Assistance Required. Medical Evacuation	Does the patient need to be Evacuated YES or NO e.g./Yes//
U5	Medical Assistance Required. Medevac Time Frame	Does the Medevac need to take place immediately or daylight hours e.g./Immediately
U6	Medical Assistance Required. Medevac Method	Does the ship need to dock or helicopter Winch/Stretcher or Helicopter Winch/Strop e.g. Dock//
U7	Medical Assistance Required. Air Drop of supplies	Does the ship require medical supplies to be air dropped? Yes or No e.g. No//
U8	Medical Assistance Required. Quarantine Situation	Does the patient need to be in quarantine. Yes or No e.g. No//



SAMPLE:- TELEMEDICAL ASSISTANCE AT SEA (TMAS) MESSAGE

Section 1

A/SHIPNAME/ABCD/GREEK/MONROVIA
B/021000 APR//
C/1212S 00527W//
E/CONTAINER VESSEL//
F/CAPETOWN//
F1 LAGOS / NIGERIA 25Apr14// LAS PALMAS/CANARY ISLANDS20Apr14//LISBON/PORTUGAL
 17Apr14//SOUTHAMPTON/UK 10Apr14
F2 Bloggs Shipping/Peter Pan
G/010700 MAY//
H1/MASTER
H2/JOE SOAP//
H3/21041961//
H4/48//
H5/MALE//
H6/GREEK// **B215784215**
H7/2ND OFFICER//
H8/FAX OF EMAIL PHOTO OF PATIENT
I1/ILLNESS// (If cause)
I2/ACCIDENT// (If cause)
I3/POISONING// (If cause)
J/SUPPLY FULL MEDICAL HISTORY//
P/ **TO BE ADVISED BY MEDICAL CONSULTING PHYSICIAN**
Q1/TYPE OF CARE GIVEN PATIENT BY SHIPS PERSONNEL BEFORE THE CONSULTATION WITH DOCTOR
Q2/LIST OF MEDICAL EQUIPMENT AND MEDICATION STORES ON BOARD THE VESSEL
R1/130
R2/80
R3/11 PER MINUTE//
R4/37 CELCIUS//
R5/72 PER MINUTE//
R6/96 KILOGRAMS
R7/1.7 METERS

Section 2

S/ **TO BE ADVISED BY MEDICAL CONSULTING PHYSICIAN**
T/ **TO BE ADVISED BY MEDICAL CONSULTING PHYSICIAN**
U1/YES//
U2/YES//
U3/DOCTOR//
U4/YES//
U5/IMMEDIATELY
U6/DOCK//
U7/NO//
U8/NO//



