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WHEN AFRICAN FEVER CALLED ...
2016

Director of Public Health, Gibraltar

- Port Officer phone call.
- A semi-conscious patient had been brought ashore in a launch.
- Port Authority had no prior warning of the arrival.
- Patient bore a note that he might have “an infectious disease”.
- The ship had carried out the transfer outside territorial waters.
- The ship had now left the scene and was not responding to calls.
- The Local Agent had apparently informed the Port Doctor (PMO).
- The PMO had remotely instructed to send patient to hospital.
- The Port was effectively left with :

a very ill person

diagnosis unknown

history unknown

no means of repatriation

- Instructions to Port Officer:
 - No transfer to hospital until medically assessed.
 - Get the Port Doctor on site
 - Ascertain last Port of Call
 - Forward the Maritime Declaration of Health
- Infection Control Practitioner:
 - A&E alerted, warned to expect a seafarer with unknown infectious disease.
- 16:13🕒 [Port Doctor] :
 - Patient semi-conscious, no history, respiratory distress, infection status unknown.
 - Needs ambulance for resuscitation and urgent transfer to hospital.
- 16:20🕒 [Port Officer] :
 - MDH not found. No other papers. Last port logged was Abidjan (Ivory Coast).

SUMMARY : Ivory Coast is not on Ebola list. No travel history. No medical history. Seriously ill, requires urgent hospitalisation.

- 16:38🕒 Instructed Ambulance staff:
 - Approach as if dangerous pathogen, wearing full personal equipment and applying infection control precautions.
 - Assess and Resuscitate, transfer patient when hospital ready to receive.
- 16:42🕒 Instructed Infection Control Practitioner :
 - Prepare A&E to receive patient.
 - Implement VHF precautions on staff and premises until working diagnosis obtained
 - Prepare side rooms in both Critical Care and Medical Ward
- Discussed with Consultant Microbiologist
 - Possible diagnoses include : Tetanus, Lassa fever, Falciparum Malaria, Enteric fever, Bacterial septicaemia, Dengue.
 - Unlikely : Ebola, MERS-CoV, Avian flu
- Notified Duty Executive and Ministry
 - No working diagnosis yet, but Ebola not in the first line.

SUBSEQUENT RESPONSE

- Ambulance and Paramedics
- Infection Prevention & Control
- A&E Resuscitation
- Medical and Intensive care
- Investigation & testing

The patient expired the same day
Diagnosis confirmed as
Falciparum Malaria
4 days later

SO, WHAT WENT WRONG? WHY DID THIS INCIDENT HAPPEN AND END LIKE THIS?

- TREATMENT : Could treatment have saved life?
- CARE : How much pre-hospital care is reasonable?
- FACILITY : Is the hospital equipped to deal with cases of this kind?
- PREVENTION : How was such an ill person landed with so little information?

etc.

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MULTIPLE LAYERS OF PORT HEALTH PROTECTION

International Maritime Conventions

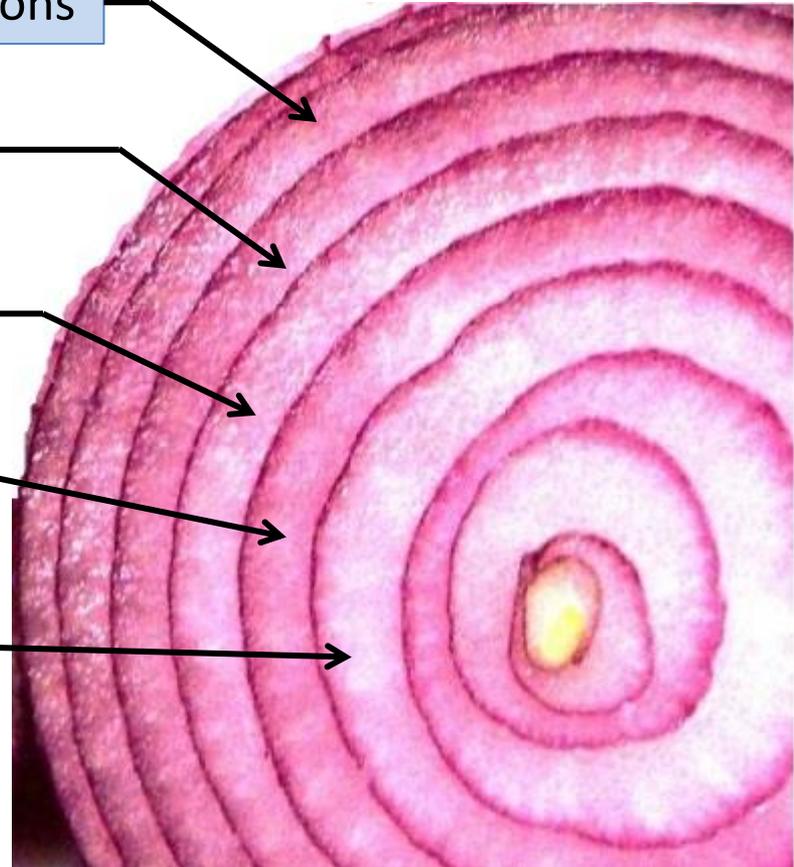
International Health Regulations

Port Authority Rules

Port Medical Protocol

Director of Public Health

**SOMETHING
SOMEWHERE
HAD FAILED**



- The IMO is a specialized agency of the United Nations and is the global authority for the safety and security of international shipping.
- IMO Conventions require that **ships should notify local Port Authorities in advance of any transfers of people and goods.**

- The ship was en route from Ivory Coast.
- It was not scheduled to enter Gibraltar, but was only passing by.
- It did not notify the Port that it intended to land a sick crewman.
- It contacted a local shipping agent to supply a launch for transfer.
- The transfer was carried out outside Gibraltar waters.
- A note was pinned to the man's clothing.
- An email was sent to the Port after the transfer.
- Put simply, this was a case of "DUMP AND RUN"

THE FIRST PROTECTION LAYER (IMO CONVENTION) FAILED

- The WHO introduced the IHR (2007) updating IHR (1969), which is binding on all member states of the United Nations.
- The IHR requires vessels to declare all sickness on board 24 hours prior to arrival at any port on the **Maritime Declaration of Health**

- The Master of the ship did not file a proper MDH.
- A MDH form was completed and emailed after the landing.
- The MDH declared that there were no infectious diseases on board.
- The MDH had some clinical information that might have been useful
- In hindsight, we know that the Master had clinical information that he knew but did not enter on the MDH

THE SECOND PROTECTION LAYER (IHR - MDH) FAILED

PORT AUTHORITY RULES

- The Port Authority maintains a list of Shipping Agents.
- It requires Shipping Agents to obtain permission prior to
 - Carrying out transfers of crew or landing personnel
 - Contacting any medical practitioner to provide services

- The shipping agent M accepted a commission to pick up and land an ill seaman from the ship without notifying the Port.
- M contacted the Port Doctor to arrange medical care for the seaman without notifying the Port.
- M left two untrained launch crewmen to manage the transfer of the sick man from the ship to the launch that included winching him.
- M notified the Port only after the launch was inbound.

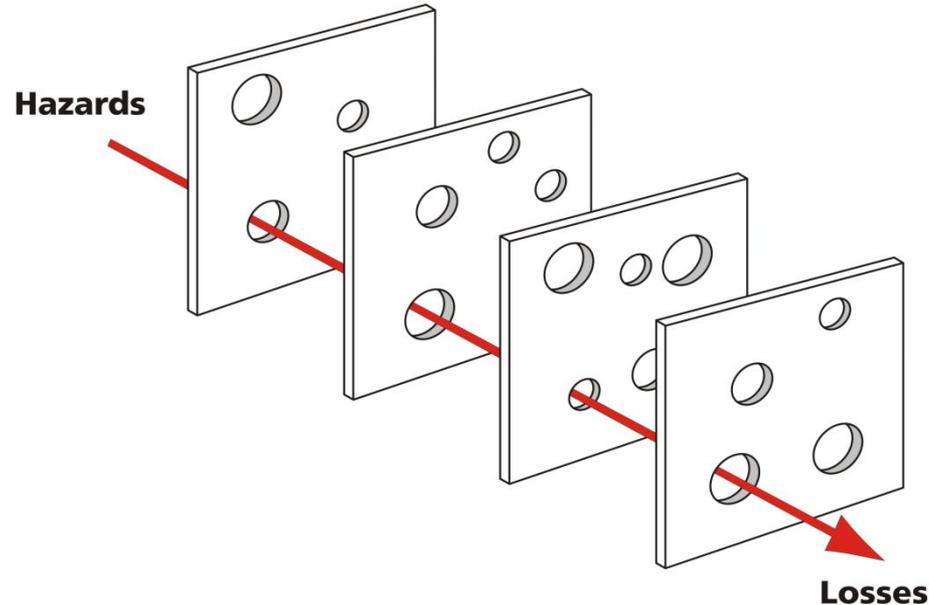
THE THIRD PROTECTION LAYER (PORT RULES) FAILED

- The Port maintains a list of private doctors on call for medical needs of ship passengers and crew, any services being funded directly by users.
- Port Doctors are required to comply with the **Port Medical Protocol** issued by the Director of Public Health.
- Neither the Port nor the Government has any contract with these doctors.

- Port doctor accepted referral from shipping agent (protocol breach 3.4).
- Port doctor allowed patient to be disembarked without consulting the Director of Public Health (protocol breach 4.1).
- Port doctor instructed patient to be sent to hospital without prior examination (protocol breach 6.2).

THE FOURTH PROTECTION LAYER (PORT DOCTOR) FAILED

SO WHAT HAPPENED?

SYSTEM
FAILURE
MODEL

- Failure in communication pathways from ship to shore.
- (?) Criminal Act by the ship in Dump and Run.
- Reckless behaviour by shipping agent.
- Breaches of protocol by Port doctor.

I have never seen this in 18 years of practice

- **INTERNATIONAL MARITIME** : Port Authority has reported the vessel and its Master to the IMO.
- **SHIPPING AGENT** : The Port Authority has initiated proceedings against the shipping agent.
- **NEW PORT MEDICAL SERVICE** : The Port Authority will in future be restricting the provision of medical services to ships to a Medical Pool. Doctors who wish to join the pool will have to sign an undertaking and be required to comply with the Port Medical Protocol.
- **ISOLATION FACILITY**: The Health Authority is looking into a self-contained Isolation facility with its own Laboratory and Waste disposal.