



Reporting of Occupational Diseases, as required by the Merchant Shipping (Health and Safety at Work)(Amendment) Regulations 2013

This notice is intended for Ship Owners, Managers, Masters, Medical, Safety, Deck and Engineering Officers and all seafarers on Merchant Ships.

PLEASE NOTE:

Where this document provides guidance on the law it should not be regarded as definitive. The way the law applies to any particular case can vary according to circumstances – for example, from vessel to vessel and you should consider seeking independent legal advice if you are unsure of your legal position.

Summary

This notice should be read in conjunction with:

Merchant Shipping Act 2002 as amended

Merchant Shipping (Health and Safety at Work) (Amendment) Regulations 2013

- The Merchant Shipping (Health and Safety at Work) (Amendment) Regulations 2013 introduce a requirement for employers to report occupational diseases which are identified in seafarers serving on Bermuda ships.
- The requirement to report arises only where a written report has been provided by a registered medical practitioner diagnosing a specific disease and confirming that the seafarer has been employed in a relevant work activity.
- The procedure is based on that applying to employers on land under the Occupational safety and health Regulations 2009, but reports should be sent to the, Department of Maritime Administration, Bermuda.
- The Shipping Notice details the reporting requirements and includes at Annex 1 the list of reportable diseases and work related activities.
- The form for reporting a disease is at Annex 2

1. Introduction

- 1.1 The Merchant Shipping (Health and Safety at Work)(Amendment) Regulations 2013 (“the amending regulations”) introduce a legal requirement for employers of Seafarers on Bermuda registered merchant vessels to report any case involving any of the occupational diseases specified in the Annex 1 to this Notice and whose work involved on the activities also specified in this Annex. A case is reportable only if the employer has received a written statement prepared by a registered medical practitioner diagnosing the disease as one specified in the Schedule.

- 1.2 The requirement to report occupational diseases does not apply to pleasure vessels, fishing vessels, warships or naval auxiliaries or ships of traditional build.

2. The System of Reporting

- 2.1 The diseases which are reportable are listed in Annex 1 to this Notice, which also states the type of work activity which may give rise to exposure to the disease and is accepted as a recognized risk. An employer must report a listed disease when;

- It has been diagnosed in writing by a doctor;
- The seafarer is currently employed in an associated work activity

A report of a case will not necessarily signify that it is caused by work; it will mean that the seafarer affected works on a job where in general the disease is likely to have an occupational origin.

- 2.2 Employers have to report cases of diseases only if they have received a written diagnosis from a doctor. A self-employed person need only be informed by a doctor that they are suffering from a listed disease to make it reportable.
- 2.3 Within Bermuda, registered medical practitioners are already required to report occupational diseases for land based workers in line with the Occupational Safety and Health Regulation, 2009 (BR 65/2009). The amending regulations apply the same system to seafarers on Bermuda ships, except that, the reports must be made to the Department of Maritime Administration. Reports must be received from Bermuda Doctors who are registered and hold a license to practice in Bermuda.
- 2.4 Reports from Bermuda Approved Doctors, appointed by the Minister, as well as overseas doctors will also be accepted, provided that the doctor is registered and has a license to practice under the regulations applying in their own country.

3. Submission of Disease Reports

- 3.1 When an employer receives a report from a doctor identifying a reportable occupational disease, they are required to complete the form at Annex 2 and send the original, together with a copy of the doctor's report (original to be retained by the company) to the Department of Maritime Administration at the address below. Reports must be handled with due consideration of confidentiality, in accordance with ILO Code of Practice on Protection of Workers' Personal Data (http://www.ilo.org/safework/info/standards-and-instruments/codes/WCMS_107797/lang--en/index.htm).
- 3.2 A copy of the report is to be held on file by the employer for a period of 40 years following the submission of the report. Electronic copies are permitted. Records may be called upon by for inspection by the Minister.
- 3.3 The Department of Maritime Administration will confirm receipt within 5 days, and will do so in writing to the person detailed in Part A of the report form.

- 3.4 The Department of Maritime Administration will retain the reports for statistical purposes and in order to take any appropriate follow up action, such as the issue of guidance or safety alerts, in relation to any particular occupation diseases identified.

More Information

Department of Maritime Administration

3rd Floor, Global House

43 Church Street

Hamilton, HM12

Bermuda

Tel: +1 441 295 7251

Fax: +1 441 295 3718

e-mail: registry.bermudashipping@gov.bm

web-site: www.bermudashipping.bm

REPORTABLE DISEASES

NOTE: List as set out in HSE's Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.

Occupational Diseases

1. Where, in relation to a seafarer, the responsible person receives a diagnosis of –
 - a) Carpel Tunnel Syndrome, where the person's work involves regular use of percussive or vibrating tools;
 - b) Cramp in the hand or forearm, where the person's work involves prolonged periods of repetitive movement of the fingers, hand or arm;
 - c) Occupational dermatitis, where the person's work involves significant or regular exposure to a known skin sensitizer or irritant;
 - d) Hand or Arm Vibration Syndrome, where the person's work involves regular use of percussive or vibrating tools, or the holding of materials which are subject to percussive processes, or processes causing vibration;
 - e) Occupational Asthma, where the person's work involves significant or regular exposure to a known respiratory sensitizer; or
 - f) Tendonitis or tenosynovitis in the hand or forearm, where the person's work is physically demanding and involves frequent, repetitive movements,

The person responsible must follow the reporting procedure in this notice.

Exposure to carcinogens, mutagens and biological agents

2. Where in relation to a person at work, the responsible person receives a diagnosis of –
 - a) Any cancer attributed to an occupational exposure to a known human carcinogen or mutagen (including ionizing radiation); or
 - b) Any disease attributed to an occupational exposure to a biological agent,

The responsible person must follow the reporting procedure in this notice.



OCCUPATIONAL DISEASE REPORT FORM
FOR BERMUDA REGISTERED MERCHANT SHIPS

The Merchant Shipping (Health and Safety at Work) (Amendment) Regulations 2013 require employers of seafarers on Bermuda registered ships to complete and submit this form to the Maritime Administration when seafarers are diagnosed by a medical practitioner with an occupational disease, and where the seafarers have been engaged in the corresponding type of work specified for that disease also in Annex 1 of this Shipping Notice.

[One form should be submitted for each disease]

Please submit the completed form to: Department of Maritime Administration
3rd Floor, Global house
43 Church Street
Hamilton, HM12
Bermuda

Fax: +1 441 295 3718

e-mail: registry.bermudashipping@gov.bm

The form must be completed by the employer or a responsible person.

Completing and signing this form does not constitute an admission of guilt or liability of any kind, either by the person making the report or any other person.

PART A

About You

1. What is your full name?

2. What is your job title?

3. What is your telephone number?

5. What is the land based address and postcode?

About your organization

4. What is the organisation's name?

6. What is the name of the vessel on which the seafarer is currently working?

7. Does the affected person usually work aboard this vessel

YES		NO	
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8. What type of vessel is it?

(Reference list below)

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- a) Passenger / Cruise / Ferry
- b) Container / Cargo
- c) Tanker
- d) Offshore / Supply / Offshore support
- e) Research
- f) Standby
- g) Tug / Support / Maintenance
- h) Yacht
- i) Other – Please specify

9. Where does it operate from and to?

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PART B

1. What is their Rank?

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2. What is their job title?

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3. What is their date of birth? (dd/mm/yyyy)

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4. Are they

MALE		FEMALE	
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5. Is the affected person (tick one of the following boxes)

Employed
Self-employed
Trainee / Cadet (Give details below)

PART C

The disease you are reporting

1. Please give:

The name of the disease, and the type of work it is associated with and quote the RIDDOR reference number (see Annex 1 of Shipping Notice 2013- XXX)

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2. What is the date on the statement from the doctor who first diagnosed or confirmed the disease (dd/mm/yyyy)

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3. What is the name and address of the Doctor?

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PART D

Describing the work that led to the disease

Please describe any work done by the affect person which might have resulted in the disease.

Give as much details as you can for instance if the disease is thought to have been caused by exposure to an agent at work (e.g. a specific chemical) please say what he agent is, consider also the environmental conditions, the part played by people, the name and type of machinery involved and another information which is relevant.

Give you description here : (use a second sheet of paper if necessary)

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PART E

Your Signature

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Date: (dd/mm/yyyy)

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If returning by post/fax, please ensure this form is signed, alternatively, if returning by e-mail, please type your name in the signature box.

For Official Use

Ref No:

Entered By:

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