

NATIONAL MARITIME OCCUPATIONAL HEALTH AND SAFETY COMMITTEE GUIDELINES TO SHIPPING COMPANIES ON ALCOHOL MISUSE

Background

The Chamber of Shipping, the National Union of Rail, Maritime and Transport Workers (RMT) and Nautilus International first published Alcohol Abuse at Sea: Guidelines to Shipping Companies in 1981. These were revised in 1992 under the banner of the National Maritime Occupational Health and Safety Committee (NMOHSC) following the introduction of the new penalties for conduct endangering ships, structures and individuals, including conduct under the influence of alcohol, in the Merchant Shipping Act 1988

In March 2004 Part 4 of the Railways and Transport Safety Act 2003 (the Act), entitled "Shipping, Alcohol and Drugs" came into force. This made it an offence for a seafarer to be impaired by drink or drugs whilst on duty on board a ship, or at any time on board a passenger vessel if he or she might be required to undertake emergency duties to protect the safety of passengers. In April 2004 the NMOHSC published a further revision of its guidelines, emphasising the need for companies to undertake risk assessments to help determine the maximum permitted blood/alcohol levels for seafarers on board under the policy and providing guidance on testing.

In June 2010 the International Maritime Organisation (IMO) adopted amendments to the International Convention on Standards of Training, Certification and Watchkeeping, 1978 (STCW). Among the amendments were new requirements in Regulation VIII/1 (Fitness for duty) and its associated Code provisions for all administrations to ensure the establishment adequate measures to prevent alcohol and drug abuse. Section A-VIII/1 of the Code prescribed a limit of 0.05% blood alcohol content for masters, officers and other seafarers while performing designated safety, security and marine environmental duties. Section B-VIII/1 recommended that each company consider the implementation of a clearly written policy of drug and alcohol abuse prevention, including prohibition to consume alcohol within four hours prior to serving as a member of a watch.

The Act was modified in 2015 by the Shipping (Alcohol) (Prescribed Limits Amendment) Regulations 2015, to bring UK law into line with the STCW 2010 Manila Amendments.

The NMOHSC has therefore decided again to revise its guidelines, in order to reflect current thinking and practice in the shipping industry and to provide an authoritative industry statement.

1. Introduction

- 1.1 Moderate consumption of alcoholic drinks is a feature of social relaxation and interaction in many environments. However, on board a ship any level of alcohol consumption by crew members has implications for the safety of the ship and other persons.

- 1.2 Any seafarer who is under the influence of alcohol whilst on board is potentially a danger to their ship and persons on board. Even small quantities of alcoholic drink have been shown to be sufficient to impair judgment and increase the risk of accidents.
- 1.3 In addition a seafarer with an alcohol-related problem (see Paragraph 1.7 below) is unlikely to be capable of working safely at any time.
- 1.4 Inappropriate consumption of alcohol can affect work performance and lead to problems of discipline and supervision. It can be the cause of unsafe acts endangering the ship, the seafarer and others on board, the cargo and the marine environment. It can cause ill-health and in extreme cases death and can ultimately be extremely costly both to the employer and to seafarers and their families.
- 1.5 Coping with alcohol misuse requires active employer interest and involvement. Managing the issue requires careful consideration of questions of safety, health, welfare, sickness, absence management and discipline.
- 1.6 For these reasons it is considered important that shipping companies adopt policies on alcohol as part of their health and safety policies. A company policy which follows the guidelines set out in this document will enjoy the support of the trade unions Nautilus International and RMT.
- 1.7 In this guidance, “alcohol-related problem” means either alcohol dependency or habitual drinking to an extent which may be detrimental to health and the safety of the ship, the seafarer and others on board, the cargo and the marine environment. It should be viewed as a potentially treatable illness.
- 1.8 In this guidance, “seafarer” means any person employed on board or in service of any sea-going vessel.

2. **Aims**

- 2.1 The policy should aim to:
 - promote the health, safety and welfare of seafarers;
 - maintain a safe and effective shipboard environment;
 - provide guidance to seafarers on safe and sensible alcohol consumption;
 - make known to seafarers the harmful effects of alcohol misuse;
 - identify at an early stage seafarers who may have an alcohol-related problem;
 - provide confidential advice for seafarers known to have alcohol-related problems and, if necessary, refer them for treatment.

3. **The policy**

- 3.1 The policy should be in writing and should:-

- designate a director with overall responsibility for the policy;
- indicate concern for the health and welfare of employees, shipboard safety and the environment;
- state clearly the maximum blood/alcohol levels permitted by the company for seafarers on board;
- state clearly any rules as to the possession of alcoholic drinks by seafarers on board;
- set out any testing procedures to be used by the company to enforce the policy;
- state that seafarers found to be in breach of the rules laid down in the policy will be subject to company disciplinary procedures up to and including summary dismissal from employment, as well as possible criminal proceedings;
- state that any seafarer who believe he/she may have an alcohol-related problem will be provided with assistance in confidence by the company strictly on condition that he/she informs the company of this voluntarily and not in consequence of any testing;
- state that the company will co-operate with Customs' authorities and other regulatory bodies as necessary.

3.2 The policy should include a declaration that the company recognises that an alcohol-related problem may constitute a potentially treatable illness and will ensure that it may be regarded as such within the terms of its policy.

3.3 In the formulation of its policy, the company should undertake prior consultation where appropriate with the seafarers' organisations and obtain their support for the policy, in order to ensure its smooth implementation and acceptance by seafarers.

4. **Determination of the maximum blood/alcohol levels permitted by the company for seafarers on board**

4.1 The company should carry out a risk assessment, taking into account the nature of the trade(s) in which it is involved, the design of the ship, the characteristics of its cargoes, the schedules of duties of crew members and the operations in which they are involved, to inform the determination of the permissible blood/alcohol levels on board.

4.2 The company should then take into consideration the following factors:-

- the extent to which the ship is a home to its crew as well as a workplace;
- the length of tours of duty on board;
- the need to maintain the trust and confidence of the travelling public;
- the company's ability to enforce its chosen level;
- relevant national and local legislation in ports of call.

4.3 The company should then reach a decision on its maximum permitted level and make clear that exceeding this level will be treated by the company as gross misconduct.

5. Testing

- 5.1 There are various forms of testing for blood/alcohol content available. The commonest forms of testing are pre-employment, periodic routine, post-incident, “for cause” and random (unannounced) testing. It is for companies to consider which forms of testing, if any, they wish to use.
- 5.2 The blood/alcohol content reading that shows up in any test will indicate the quantity of alcoholic drink consumed immediately before the test is taken. Hence pre-employment and periodic routine testing should not be relied upon to determine whether a seafarer has an alcohol-related problem.
- 5.3 Post-incident testing can provide vital evidence for an investigation into any incident, as it will indicate whether or not any seafarers involved in the incident were under the influence of alcohol at the time of the incident or its immediate aftermath.
- 5.4 “For cause” testing can be useful in confirming whether or not any seafarer is under the influence of alcohol and potentially a source of danger when the company has reason to suspect that this is the case. The results can then be used as evidence in disciplinary or grievance proceedings.
- 5.5 Random unannounced shipboard testing can assist companies in enforcing the maximum blood/alcohol content that is permitted by the company. However a power to carry out random testing would need to be introduced with sensitivity and the company should take care to check whether such a power is compatible with its existing terms and conditions of employment. If not, the company would need to seek variations in its contracts of employment. The company should state clearly which seafarers will be subject to random testing on board and which persons will be empowered to carry out tests.
- 5.6 It is essential that the company ensures that all testing is carried out under procedures that will have legal standing. A test should be performed either by means of a properly calibrated evidential breathalyser, a blood or urine sample which is held under controlled chain-of-custody conditions or a proprietary testing kit.
- 5.7 The company should take note that, if it asks a Maritime and Coastguard Agency (MCA) approved doctor to carry out screening on a seafarer at the same time as the seafarer undergoes a statutory medical examination, such a test will be treated separately from the statutory medical examination. A doctor may only pass information of the results of such a test to the company if the seafarer has given permission in writing.
- 5.8 Any testing should be undertaken with due regard to medical ethics. Testing methods and procedures should respect the dignity of male and female employees.

5.9 The company may wish to provide non-evidential breathalysers on board for self-testing by seafarers. However the company and its seafarers should be aware that the results of any such tests should be treated with caution.

6. **Implementation**

6.1 This should include:

- ensuring that the policy is understood by all staff;
- providing up-to-date information on the dangers of alcohol misuse and the characteristic signs of alcohol misuse. This might involve, for example, the provision and distribution of leaflets and posters, discussion sessions on board and the use of safety committees;
- providing for suitable educational material to be supplied to management and employees;
- providing for any seafarers who believe they have an alcohol-related problem to receive assistance and/or treatment in confidence;
- providing instruction for staff who have special responsibilities for implementing the policy;
- providing for the policy to be monitored and reviewed;

7. **Identification**

7.1 Characteristic signs of an alcohol-related problem may include;

- moodiness, irritability, lethargy and depression;
- behavioural problems at work or socially;
- decreased work performance;
- accident proneness;
- excessive drinking;
- facial flushing and bleary eyes;
- hand tremor;
- frequent lateness and/or absenteeism.

7.2 Some seafarers, whilst not overtly displaying any of the above signs, may nevertheless habitually consume alcohol to an extent which may be detrimental to health. This too should be viewed as a potentially treatable illness.

8. **Prevention**

8.1 The company should implement appropriate preventive measures on board its ships to reduce the likelihood of alcohol misuse. These will depend on the factors listed in Sections 4.1 and 4.2 above but could include the following;

- the provision of media to enable seafarers to communicate with family members etc. whilst on board
- the availability of low alcohol or alcohol-free drinks;
- the provision of educational materials, programmes and courses;

- the provision of recreational facilities such as libraries, video facilities, gymnasiums and swimming pools.

9. **Assistance and treatment**

- 9.1 Where a seafarer has voluntarily informed the company that he/she has an alcohol-related problem, he/she should be removed from shipboard duty and given leave of absence on grounds of ill-health. The company personnel manager, designated welfare officer or medical adviser should be informed and the process of remedial action initiated.
- 9.2 The seafarer should be required to undergo a prescribed course of treatment in confidence. The Dreadnought Unit at St Thomas' Hospital is one centre which can provide treatment.
- 9.3 The company should regard any absence from work considered necessary for treatment in the same way as any other ill-health absence under the company sickness benefit provisions, provided the seafarer follows the prescribed treatment.
- 9.4 When the seafarer is fit to return to sea following treatment, close and regular contact with the seafarer should be maintained by the Master or a designated officer to monitor progress.
- 9.5 An alcohol-related problem should not be considered grounds for disciplinary measures against a seafarer unless treatment is refused or is unsuccessful, or if the seafarer commits a breach of the company policy on alcohol following treatment.

10. **Disciplinary procedures**

- 10.1 Because of the dangers to safety that can be caused by alcohol misuse, disciplinary procedures should be applied to any seafarer who is found to be in breach of the company's policy on alcohol, in accordance with the company's disciplinary code.
- 10.2 It will normally be appropriate to treat a breach of the policy as gross misconduct. This applies even when the seafarer claims, during the disciplinary proceedings, to have an alcohol-related problem, provided the company has implemented the recommendations in Section 3.1.

11. **Monitoring**

- 11.1 The effectiveness of the policy should be monitored by the personnel manager, and reviewed as appropriate. Examining accident statistics, the number of people identified as needing help, the results of any testing carried out under the policy and patterns of sickness and absence may provide indicators of the programme's effectiveness.