TOP EVER MARINE MANAGEMENT PHILIPPINE CORPORATION

512 Gen Hizon., St., Bangkal, Makati City, Philippines 1233

Admin Memo 2025-004 **(REVISED)** 18 February 2025

Re: Crew Health

To: All Staff

(1) Re-issuing Admin Memo 2024.3 for reference.
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QUOTE
Date: Wed, Jan 24, 2024 at 10:31 AM
Subject: 0124-ARC-4-Admin Memo.2024.3 - Crew Health

Admin Memo.2024.3

To: All Staff

Re: Crew Health

Recent crew case casts an unfortunate perception on our crew health procedure.
Considering the diagnosis of the crew, it would be fair to assume that this would fall into a disability case.
As a preventive measure, it is important that we strengthen our crew health parameters.
Clearly, this would have an effect on our crew pooling as such, these initiatives should be implemented in a given period of time.

In review of our current crew health issues, it is vital that we strengthen our crew PEME policies.

As preventive measure, kindly find the following items:

a) Age Health Experience Screening (AHE)
Along with "Experience", crew are primarily assessed on their qualification criteria of Principal and Top Ever.
That would also include Age and Health.
As such, we should be more meticulous and advanced in the preparation of our crew as per qualification markers.

b) Pre-PEME

Prior pandemic, we conceptualize the Pre-PEME procedure, within which the disembark crew will check their Medical Conditions as per current PEME and work on
the medical conditions that would compromise their line up. This would be on the own account of the crew.

Example, if a crew has an elevated sugar level bordering on diabetic, the crew should present a test result that his sugar level is within normal limits before he can be considered
to be lined up for a specific vessel. A good Pre-PEME result would indicate that the crew indeed is taking care of his health.

We took this out of the routine procedure due to crew mobility issues during the Pandemic. However, it's high time that we reinstate this procedure.

c) High Risk Medical Conditions

The following medical conditions can be considered as High Risk, thus would be a "less priority" and/or "NFR" status.

- High Hypertension
- Diabetic
- Hypertension + High Cholesterol
- Fatty Liver Stage 2
- Gallbladder Stones
- Kidney Stones
- Enlarged Prostate + High PSA
- Vertigo
- History of Back Pain

In addition to above, we definitely will exclude crew from our crew pooling with this medical condition:

- Hypertension and Diabetic / High Sugar Level

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(d) Further, we are also studying the merit of the following:

- 40 Yrs old and Above - Require Prostate Ultrasound
- 55 Years old and above - Different Package / Maybe different PEME Clinic

We shall update on item (d) based on its feasibility.

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UNQUOTE

(2) In addition, the following are current information from our <u>company designated physician</u>:

1. Hypertension- the goal is to keep blood pressure below 140/90. Crew should manage their stress and have their blood pressure monitored. they should comply with maintenance medication and other doctors advise. Suggest Validity of their medical to 1 year only to ensure proper monitoring.

2. Diabetes- the main things that a crew should do to control diabetes is to take their maintenance medication religiously, have a low sugar and carbohydrate diet,, proper exercise, and regular monitoring of their blood sugar. It is recommended that those who have diabetes as a pre-existing condition have their own personal blood glucose machine.

They should have pneumonia and hepatitis vaccine. Maintain a good BMI. Validity of medical with this condition should be 1 year only.

3. HIgh cholesterol- aside from hypertension control, crew with high cholesterol should take medications that will lower their cholesterol level as prescribed by their doctor. Blood chemistry levels should be regularly monitored.

4. Fatty liver- Risk factors for this condition include obesity, a high-fat diet, high alcohol intake. Crew should undergo liver function tests, lipid profile, hepatobiliary ultrasound, Hba1c regularly as part of their medical process. The important aspect of fatty liver disease control is avoidance of alcohol and fatty food, and maintain on phospholipid treatment.

5. Gallbladder stones- the definite treatment for this condition is surgery. However, as a dictum, if the crew is asymptomatic and below 40 years of age, such patient can be labeled fit depending on the size of the stone. Crew should take Ursodeoxycholic Acid as maintenance to prevent progression of the condition.

6. Kidney stones- we generally label patients with this condition as Unfit until treated. There are a few cases which can be cleared by a nephrologist or urologist particularly those with very few non- obstructing stones. Low salt diet plays an important role in the prevention of progression of this condition.

7. Enlarged prostate- this is common among males 50 years old and above although it can occur at an earlier age. If the patient is symptomatic, such as those with urinary abnormalities, the condition should be treated first before being declared fit. Crew should avoid alcohol and caffeine, especially after dinner.

8. Back pain- crew with these symptoms should undergo MRI of the thoracolumbar spine to determine if they have any spinal abnormalities. Should we discover this during PEME, I suggest they be labeled UNFIT. In my practice, I encounter a lot of repatriation due to low back pain.

I have discussed the conditions individually however, as a whole, the following should be recommended:

1. shorten the validity of their medical depending on the severity of their pre-existing condition
2. ensure regular monitoring of their conditions to know the stage of progression
3. show medications that they will bring to ensure compliance
4. make sure that crew is aware of his condition and know how to control it and prevent progression. The responsibility of preventing progression of the condition lies solely on the crew himself once he board the ship.
5. Stricter fitness and unfitness policy
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(3) Additional Guidelines

1) Per DOH guidelines cholecystolithiais is unfit until treated irregardless of size and number.

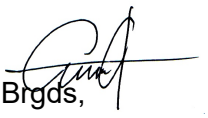
2) Renal calculus is unfit until surgery or lithotripsy but urologist/ nephrologist may issue clearance when size is non-obstructing less than 0.4 cm

3) Per DOH guidelines enlarged prostate or BPH with moderate urinary symptoms and positive PSA is unfit. Consider that Prostate size >30ml may already cause urinary symptoms

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Please be guided.

Thank you.



Brgds,
Archie Orbeta
President