

Standard Safety, Special Edition: The Standard for seafarer health

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The Standard
for service and security

The Standard



Yves Vandeborn
Director of Loss Prevention
+65 6506 2852
yves.vandeborn@ctplc.com

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Despite the time, effort and resources expended by the maritime industry, a vessel is only as seaworthy as the crew who man it.

There are many reasons why a crew member may be considered unfit for duty, and there are different levels of impact that an unfit seafarer may have on a vessel's safety and operations. A crew member suffering from a chronic dermatological condition would have negligible impact on ship safety, but may cause disruption and incur costs when obtaining treatment. A bridge watchkeeper whose sight has deteriorated could compromise the navigational safety of the vessel. Unfit seafarers nullify the time, effort and resources expended by a shipowner to ensure its vessel is safe.

In the past, shipowners relied on the medical certification process used by flag states to ensure their crew's fitness. This process involved seafarers undergoing standardised tests designed to indicate if they were suffering from any condition that might render them unfit for sea service and, if so, being certified of the same. As most ship managers and owners are aware, many of these certificates were, and still are, of questionable validity.

In response to this issue, The Standard Club has developed its own system for the medical examination of seafarers serving on board its members' ships. The examination is an enhanced pre-employment medical, or PEME, designed to prevent seafarers from obtaining employment without their full medical status being known to the shipowner. By creating this scheme, The Standard Club aims to improve vessel safety, reduce the number of claims related to preventable illnesses and ensure that seafarers have full awareness of their own medical status.

This special edition of Standard Safety is designed to provide club members with an introduction to the scheme. In the first articles we look at the challenges - crew claims as experienced by the club, some case studies of common issues and the problems faced when dealing with the Filipino court system. We then look at the new PEME scheme in more detail, how it will work, our partners and, most importantly, the benefits it will bring to the membership as a whole.

If you have any comments on this edition of Standard Safety, or the scheme in general, please feel free to contact the authors.

Personal illness: a claims perspective



Richard Stevens
Claims Director
+44 20 3320 8825
+44 7775 406 990
richard.stevens@ctplc.com

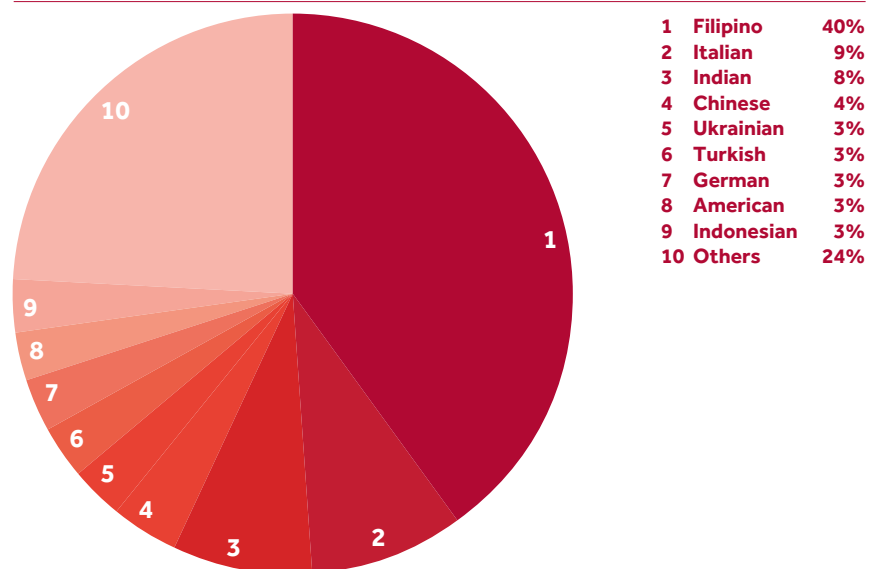
The Standard Club receives a significant number of crew claims each year, second only to the number of cargo claims. Crew claims therefore represent a very large dollar figure for both members and the club. One of the aims of the PEME scheme is to reduce this spend for the benefit of all members.

The club's PEME scheme will initially focus on clinics operating in the Philippines. This decision has been made because the club's own figures on crew claims (taken from a review of our claims data) show that claims from Filipino seafarers account for about 40% of all crew claims received. The reasons are twofold. Firstly, Filipino seafarers comprise the majority of seafarers working on vessels worldwide.

This situation has not changed for many years and is unlikely to change significantly in the near future. Secondly, there is also an apparent, and regular, bias in the Filipino courts towards Filipino seafarers when considering claims brought by those seafarers.

The club will often share our member's disappointment when the Filipino courts – the lower courts rather than the higher courts of appeal – rule in

Number of crew claims 2010-2015



Source: The Standard Club

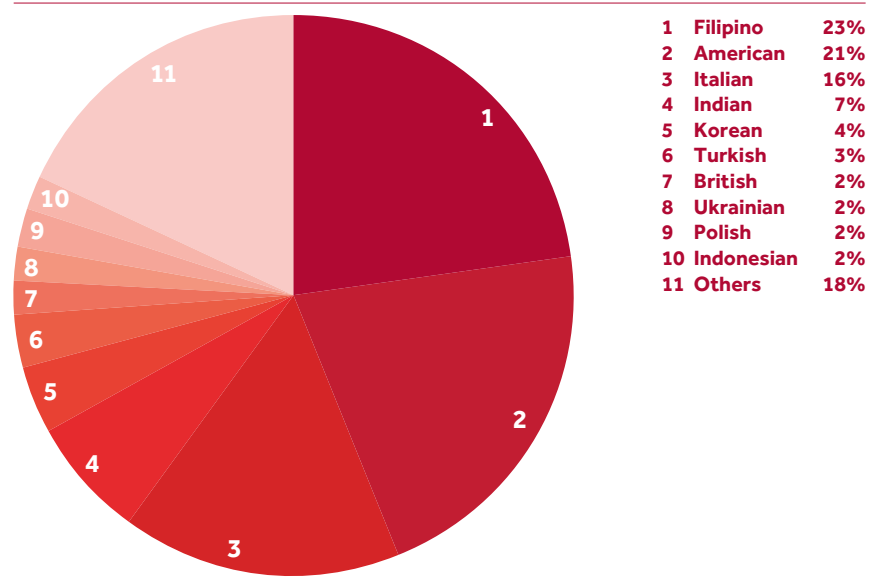
favour of a seafarer bringing a claim for disability benefits arising from an illness/medical condition allegedly contracted aboard a member's vessel. Such decisions are usually in the face of strong evidence in our member's favour that the illness complained of had no connection to the employment aboard a vessel and, indeed, that the cause of the condition was more to do with a lifestyle choice of the seafarer. These decisions clearly do nothing to inspire confidence in the Filipino court system.

We feel that by recommending an enhanced PEME scheme which is adopted by members and manning agents, the number of unmeritorious claims being litigated in the courts in the Philippines will fall. For example, a serious underlying health problem suffered by a seafarer, which is unrelated to his work aboard the vessel but which might give rise to a claim for contractual benefits,

may be identified by the enhanced PEME, where it might previously have been missed. By drawing such conditions to the attention of the member/manning agent, it is hoped that the level of knowledge regarding a potential employee will increase and therefore allow for an informed decision to be taken about whether to employ a seafarer aboard a vessel.

The club intends to review its experience of crew claims in the Philippines following the introduction of the scheme in order to assess its impact on claims received. It is hoped that, over time, it will have a positive and visible impact on claims records.

\$ value of crew claims 2010-2015



Source: The Standard Club

Case studies – a spotlight on seafarer illness



Richard Bell
Loss Prevention Executive
+44 20 7680 5635
richard.bell@ctplc.com

Like many members of the International Group, The Standard Club has dealt with claims involving a seafarer with a chronic long-term condition, who was in possession of a PEME certificate that did not accurately represent their state of health. Tragically, a chronic condition can often be diagnosed too late to preserve the seafarer's career or even their life.

The Standard Club Loss Prevention Department has conducted research to identify illness-related claims that could have been prevented by a properly conducted PEME. It should be noted that in many of the cases identified, the seafarers involved were in possession of a 'valid' PEME certificate which gave a misleading impression of the seafarer's state of health.

Case study 1

An engineer collapsed whilst on shore leave, witnessed by other crewmembers who promptly sought medical help. Tragically, despite being transferred to a nearby medical facility, the seafarer died. Subsequent medical investigations revealed the cause of death to be Ischemic heart disease which was at a very advanced stage.

The engineer was in possession of a valid PEME certificate which gave no indication of the major health problems he was suffering from.

Case study 2

Shortly after completing a term of sea service on board an entered vessel, a former crewmember filed a legal complaint against a member, citing permanent disability due to work-related conditions suffered whilst employed on board. The conditions cited in the complaint were caused by long-term untreated diabetes. The claim was rejected since this condition can in no way be deemed work-related.

Crucially, the seafarer was in possession of a valid medical certificate obtained shortly before taking up employment. This certificate made no mention of the multiple health problems experienced by the seafarer, problems which were likely to have been ongoing when the medical was performed.

Case study 3

A crewmember suffered a heart attack whilst employed on a member's vessel. Subsequent tests indicated that the seafarer was suffering from stenosis (blockages) of a number of coronary arteries. This stenosis was at an advanced stage, with one of the arteries suffering 100% stenosis. Thankfully, prompt medical intervention saved the seafarer's life but only after a number of major surgical procedures and a comprehensive aftercare programme.

Conclusion

It is likely that a PEME of the type administered by The Standard Club scheme would have detected at least one of the indicators associated with each of the conditions in these case studies. The candidate would have either failed the examination or been referred to the PEME service provider for further investigation.

Each of the featured case studies resulted in a claim estimate (gross of deductible) nearly equal to or exceeding the cost of running and administering The Standard Club PEME scheme for its first year of operation. That means that **if only one of these claims had been prevented by the PEME scheme, the costs of the scheme itself would have been recovered**. If such a success is repeated on a number of occasions, the value of the scheme becomes obvious.

Filipino crew claims



Leanne O'Loughlin
Claims Director
+1 646 753 9021
leanne.oloughlin@ctplc.com

The Philippines is known to be a claimant-friendly jurisdiction for crew illness claims. The club has carried out a review of the applicable minimum standards that are applied to all Filipino seafarers and how those standards are interpreted by the courts.

Standard Terms and Conditions Governing the Overseas Employment of Filipino Seafarers On-Board Ocean-Going Ships, 2010 plus subsequent revisions (POEA)

All contracts of employment relating to a Filipino crewmember are subject to the POEA.

The POEA sets out the rights and obligations of Filipino seafarers, including the benefit entitlements that arise from a work-related illness or occupational disease. Section 32 of the POEA sets out a detailed Schedule of Disability or Impediment for Injuries Suffered and Diseases Including Occupational Diseases or Illness Contracted. Each illness/injury is allocated a disability grading which has a corresponding monetary value, with a maximum allowance for a grade 1 disability of \$60k.

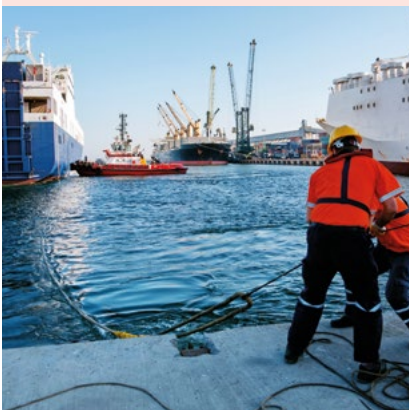
Under the POEA, the illness must be work-related and must have existed during the term of the seafarer's employment. As a general rule, the principle of work-relatedness requires that the illness in question must be included in the list of accepted occupational diseases under Section 32-A. Where the illness in dispute is not included in the list, the seafarer benefits from the terms of Section 20(B), which creates a rebuttable presumption of work-relatedness.

This presumption shifts the onus of proof to the employer to prove that the illness is not work-related.

A seafarer may also be compensated if a pre-existing condition is aggravated by their work. However, the general consensus appears to be that the burden of proving work-aggravation of an existing condition rests with the claimant.

A seafarer is obliged to disclose in his PEME, or to his employer, any past medical condition, disability or history of illness. Failure to disclose a known condition will preclude the seafarer from claiming any benefits.

On paper, the employer's obligations and the limitations of the seafarer's benefits contained in the POEA are not particularly onerous from the employer's perspective. However, inconsistent interpretation of those terms by the local tribunals and courts has resulted in uncertainty, delay and legal expense, which cannot be overlooked when dealing with Filipino crew claims.



Filipino crew claims continued

Flowchart of Filipino court system courtesy of Del Rosario & Del Rosario Law

The Filipino court structure

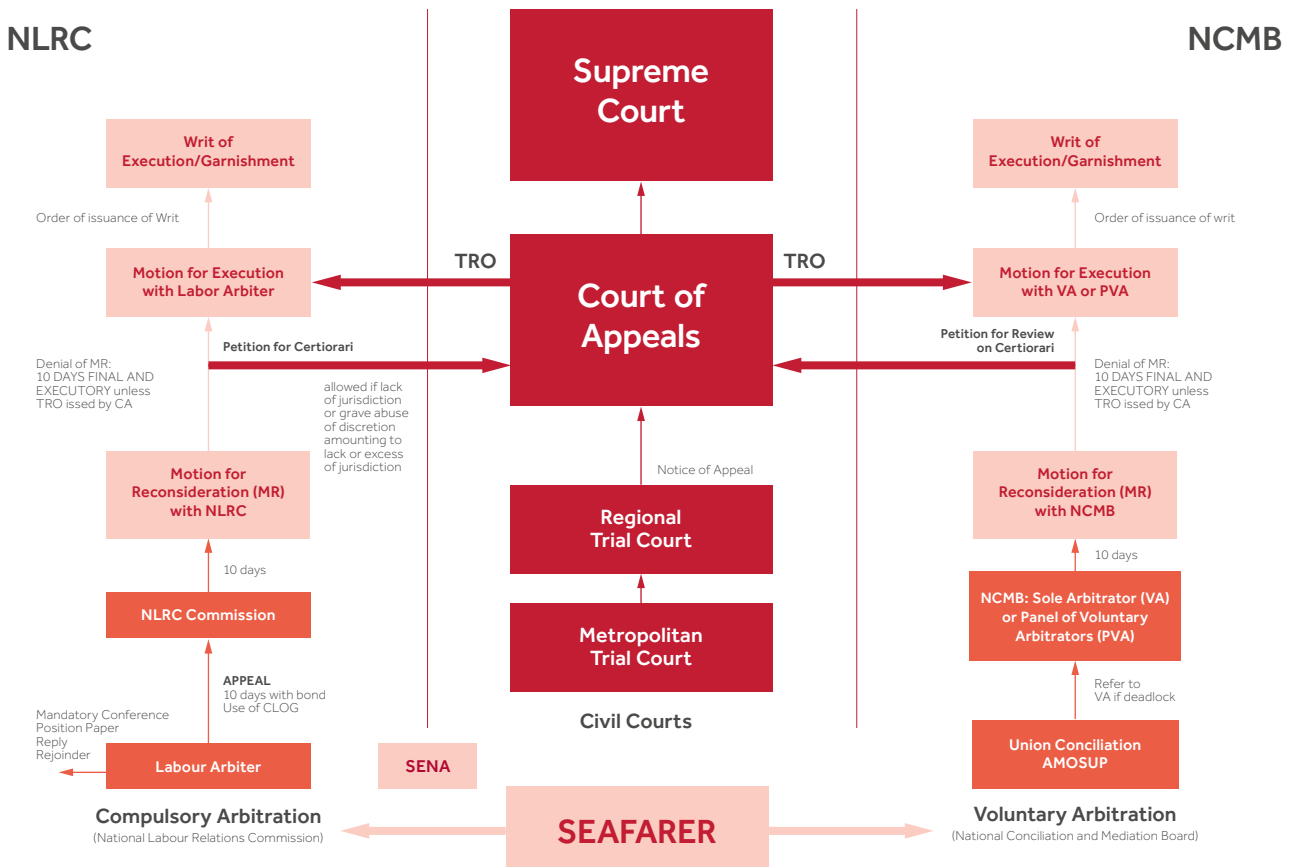
The Filipino court structure is complex. Disability claims will be entered before the Labor Arbiter in the National Labor Relations Commission (NLRC) or, alternatively, before the Union Conciliation AMOSUP of the National Conciliation and Mediation Board (NCMB). Both arbitration bodies allow for several layers of appeal within the arbitration process itself. Both may then be appealed to the Court of Appeals, with a final right of appeal to the Supreme Court.

The decisions rendered by the lower courts can be inconsistent and unpredictable. There is more certainty in the Supreme Court; however, it can be a long process before a case gets there.

Application of the POEA

A review of recent Supreme Court decisions has been helpful in identifying some key principles that govern the arbitrators' and judges' application of the law. A 2013 decision¹ provides a succinct summary of the court's interpretation of how the POEA should be applied. The claimant was working as a pastry chef, having been declared fit for sea duty by his PEME. The claimant allegedly developed hyperthyroidism during his employment on board.

The legal system is best viewed diagrammatically:



The enhanced PEME system is a tool that can be utilised by employers to discover more pre-existing conditions, but also to ask more relevant questions, placing increased disclosure obligations on seafarers.

Thyroid illnesses are not included in the POEA list of occupational illnesses, so the court considered whether the company had rebutted the presumption of work-relatedness. The shipowner relied on the report of the company-appointed physician, which dismissed any link between the claimant's condition and his work on the ship, stating that *"hyperthyroidism, in which there is overactivity of the thyroid gland, usually secondary to an immunologic reaction, is not work-related"*. It was not contested that the claimant had a pre-existing genetic condition.

The court held that the pre-existing condition was aggravated by the stress of being a pastry chef and by a poor diet. The judge used the opportunity to reiterate one of the basic tenets of the court's approach to the question of work-relatedness as follows:

"It is not necessary that the nature of the employment be the sole and only reason for the illness suffered by the seafarer. It is sufficient that there is a reasonable linkage between the disease suffered by the employee and his work to lead a rational mind to conclude that his work may have contributed to the establishment or, at the very least, aggravation of any pre-existing condition he might have had."

The court went on to underline the purpose of the POEA, which *"is designed primarily for the protection and benefit of Filipino seamen in the pursuit of their employment on board ocean-going vessels. Its provisions must, therefore, be construed and applied fairly, reasonably and liberally in their favor. Only then can its beneficent provisions be fully carried into effect."*

It is worth noting that this claim was commenced in August 2006 and the final Supreme Court decision was promulgated in March 2013, with no consistency in the decisions of the lower courts.

The benefits of an enhanced PEME

Another principle that has been reiterated in many Supreme Court decisionsⁱⁱ relates specifically to the relevance of PEMEs to a seafarer's state of health. The Supreme Court judges have repeatedly held that, while a PEME may reveal enough for vessel interests to decide whether a seafarer is fit for overseas employment, it may not be relied upon to inform vessel interests of the seafarer's true state of health. PEMEs are not exploratory and are therefore not viewed as providing an accurate picture of the seafarer's state of health.

This view has been beneficial to the employer as it avoids any implication that it is a shipowner's responsibility to discover, as opposed to the seafarer's obligation to disclose, any relevant pre-existing conditions.

Conclusion

The cost of employing unfit seafarers goes beyond the individual's benefits. One unfit seafarer can cost a shipowner significant sums in legal costs, crew replacement costs, deviation costs, business interruption... the list goes on. Reducing the number of unfit seafarers on board our members' ships will generate significant direct and knock-on savings for all concerned.

i Magsaysay Maritime Services and Princess Cruise Lines, LTD vs Earlwin Meinrad Antero F. Laurel, GR No. 195518.

ii Vetyard vs Suarez (March 15, 2014); Simbajon vs Magsaysay (July 9, 2014); Talosig vs United Philippine Lines (July 28, 2014); Status vs Delalamon (July 20, 2014).

The Standard Club PEME Scheme



Yves Vandeborn
Director of Loss Prevention
+65 6506 2852
yves.vandeborn@ctplc.com



Richard Bell
Loss Prevention Executive
+44 20 7680 5635
richard.bell@ctplc.com

The Standard Club's PEME scheme seeks to combine rigorous accreditation with continuous monitoring to ensure that the certificates issued to seafarers are a true and accurate representation of their health.

Background

Members will be aware that The Standard Club previously operated a limited PEME scheme in 2009. The original scheme only comprised a list of accredited clinics. The clinics were not routinely audited and the scheme was discontinued. The new scheme seeks to combine rigorous accreditation with continuous monitoring to ensure that the certificates issued to seafarers are a true and accurate representation of their health.

Pilot PEME Scheme

The PEME scheme is run and administered in partnership with *Medical Rescue International* (MRI), a Hampshire-based company that specialises in medical repatriation and the accreditation of medical facilities based outside of the UK. Initially, a pilot scheme will be run in the Philippines only for a period of one year to allow The Standard Club to gauge the appetite amongst members for a full international PEME scheme and to hone the scheme's operation. Upon completion of the first year a review will be undertaken and a decision made as to whether the scheme will be expanded to include other crew nations or additional clinics.

The pilot scheme will consist of 11 clinics based predominantly in Manila, but also in Cebu. These clinics will be monitored on a monthly basis by MRI, which will collect data concerning the clinics' operations and the PEMEs that have been conducted. Seafarers

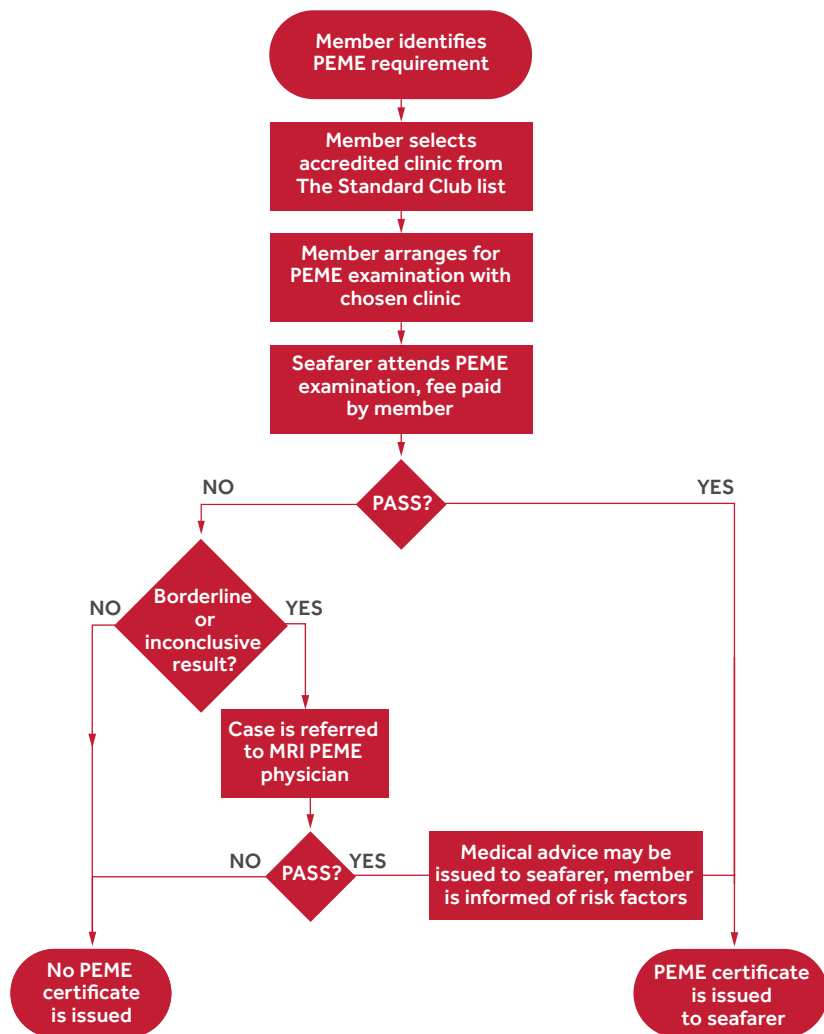
will be examined in accordance with medical guidelines developed by MRI and agreed by The Standard Club.

Since an adverse diagnosis may have considerable impact on a seafarer's ability to work, measures have been enacted to ensure that PEME decisions are both fair and correct. Where doubt exists as to the fitness of a seafarer, the clinic is required to refer the case to MRI (with full details) to enable one of MRI's occupational health specialists to review the case and ensure that an impartial decision is made. It is important to add that during this process, the clinic, but particularly MRI, will handle seafarers' documentation in accordance with the UK data protection legislation. The principle of strict medical confidentiality will also be adopted, meaning that only clinicians directly involved with the progress of a referral/case will have access to a seafarer's medical records.

It should be noted that, since many conditions that render a seafarer unfit for sea service are temporary and treatable, an initial failure of a PEME examination will not necessarily mean the end of a seafarer's maritime career. Early diagnosis is the key to maintaining a seafarer's long-term health and should therefore be considered beneficial for the seafarer.

The overriding principle of The Standard Club PEME scheme is that members receive seafarers' PEME certificates that they can trust.

Scheme flow chart



Members and/or manning agents will remain responsible for meeting the costs of the PEME scheme at the point of use. Members wishing to use the scheme need only select a clinic from The Standard Club's list and inform the clinic that the seafarer requiring the PEME falls within The Standard Club PEME scheme. Thus informed, the clinic will ensure that the PEME is conducted in accordance with the scheme's rigorous standards and that the seafarer's certificate represents as close as possible the seafarer's current state of health.

Quality Control

Quality control is paramount to the scheme's success. To prevent the forgery of PEME certificates, each certificate will be branded and marked with anti-counterfeit measures. It will also display a unique serial number which may be used at a later date to authenticate the details of the PEME and identify the person to whom it was issued. Such safeguards are also included on the certificates of accreditation which (as a requirement of the scheme) must be displayed

The Standard Club PEME Scheme continued



by participating clinics and which are renewed on an annual basis.

During the life of the scheme, the standards of practice and probity of all participating clinics will be closely monitored. Every clinic will be annually audited using MRI's specific PEME checklist and each clinic will be required to submit statistics concerning its activities on a monthly basis. These statistics are designed to enable MRI clinicians to spot patterns that may indicate that a clinic is not operating in accordance with the rigorous standards demanded by the scheme. Only those clinics capable of and willing to maintain the high standards required will be allowed to remain on the accredited list. The system for the removal of a clinic from The Standard Club's list has been designed to ensure that the smallest amount of time possible elapses between the discovery of a failing clinic and the action taken, to ensure that it will not adversely affect the efficiency of the scheme.

Additional services

Whilst the delivery of high-quality PEMEs is the primary goal of the scheme, The Standard Club's partnership with MRI also provides the opportunity to take advantage of the other services on offer. The Standard Club's membership now affords the opportunity for a 10% discount on repatriation services, which are the mainstay of MRI's business operations. MRI has also negotiated, on behalf of club members, a discount with a leading provider of tele-medical services based in the UK, 'The First Call', which is a partner organisation of MRI. This discount is worth 10% of the costs of the service for a fleet at the given rate, which varies depending on a fleet's size and composition. The key advantage of using a proficient tele-medical service is that minor ailments, which without treatment would require external assistance resulting in cost and inconvenience, can be dealt with on board using the medical resources of the vessel and the knowhow of the tele-medical clinician.

Undoubtedly though, the most valuable resource that MRI can contribute to the scheme is its medical expertise and knowledge gained over many years of working in the field of seafarer medical examinations and repatriations. MRI's clinicians will provide medical advice and guidance for members and their seafarers, aimed at preventing the onset of ailments commonly encountered by The Standard Club. This guidance will be featured in a dedicated section of the club's 'Standard Safety' publication.

Since all three case studies included on page 4 of this Standard Safety: PEME Special Edition had a cardiovascular dimension, it is fitting that the first advisory article by MRI, on page 13, focuses on the challenge of maintaining cardiovascular health whilst working at sea.

MRI additional services

- 10% discount on repatriation services for all Standard Club members, this discount will be applied during the usual claim process when a claim involves the repatriation of a crew member where MRI is used in this capacity
- 10% discount for tele-medical services from the UK based company 'The First Call', the discount applies to the cost of the delivery of this service for an entire fleet and is available to Standard Club members
- The provision by MRI of articles for the club's loss prevention publications focusing on preventative measures designed to reduce personal illness and injury incidents on board ships.

For further information please visit our dedicated [web page](#).

MRI: The PEME team



**Rowland Raikes BA MNI
Director**

Rowland Raikes served for 21 years in the Royal Navy, during which he held a variety of posts, including an appointment to the *Royal Yacht Britannia*, graduation from the Army Staff College and command of warships in the Offshore Protection Squadron. From 1988 to 1992, as director of International Maritime Security Ltd, he applied his maritime expertise to the business development of the company, including anti-terrorist consultancy for passenger shipping, and the placement of marine security officers, stowaway identification and repatriation. From 1992 until 2005, he was director and co-owner of LPI Group Ltd, with government contracts with the UK Immigration and Nationality Department, and had special responsibility for the business development of Medical Rescue International (MRI) since 1990. He continues as the director of this business.



**Dr. W. Joe Baker FRCS LRCP
Medical Director**

Joe Baker qualified as MRCS and LRCP at Kings College London in 1966 and FRCS at Toronto University in 1972. Following service in St. Mary Abbotts Hospital, London, and The Wellesley Hospital in Toronto, he went into private practice in Canada and served as coroner for the local district. He returned to the United Kingdom in 1975 as a general practitioner and then spent seven years in industry as Senior Medical Advisor to Boehringer Ingelheim Ltd and Health Monitoring Services Ltd. In 1984, he re-entered general and private practice before leaving the National Health Service in 1995. He has been Medical Director of the Maple Clinic, four horse race courses in the South of England, the Royal County of Berkshire Polo Club and Medical Rescue International. In the 20 years he has been Medical Director of MRI, he has arranged or personally conducted the repatriation of seafarers from almost every part of the world, and has set up for clients the most comprehensive and effective Maritime Pre Employment Medical Examination Schemes in the maritime health scene.



Dr Dafna Givati
Senior Flight Medical Officer and
Assistant PEME Auditor

Dafna Givati, who holds both German and Israeli citizenship, is the Owner and Medical Director of International Medical Escort, Medical Director of Aviation Bridge, and Aeromedical Director of IES Medical. After graduating from Tel Aviv Medical School, she specialised in anaesthesiology, becoming the Chief Anaesthesiologist at Rambam Medical Centre and Deputy Director of PICU at Nahariya Hospital in 1998. She has since concentrated on paramedic training, emergency missions overseas and serving as in-flight ICU physician. In more than 10 years as a senior flight physician, she has crossed the world many times in both air ambulances and commercial aircraft, often carrying her own oxygen concentrators and equipment, and has recently repatriated seafarers twice to the Kiribati Islands. Dafna has a strong professional team of paramedics to assist in repatriation work. She has now taken a close interest in MRI's PEME programmes, understudying Dr Baker's work in this area and will be increasingly taking over the medical aspects of the schemes.



Debby Berry
Office Manager and PEME
Co-ordinator

Debby brings a wealth of banking knowledge and administrative skills, after 25 years with the NatWest Bank. She oversees the office, organises the medical repatriation work, administers all invoicing and payments, and collates statistics from clinics worldwide.



Chloe Fox-Lambert
Medical Case Management Officer
and Company Marketing and
HR Manager

After a distinguished career in the Hospitality and Caring professions, Chloe looks after the case management of seafarers returned home for treatment, as well as marketing and personnel matters. She shares the duties of looking after the head office and PEME administration to maintain a continuous service to its clients.

Cardiovascular health for seafarers



Rowland Raikes BA MNI
Medical Rescue International
+44 1962 735955
rowland.raikes@medrescint.com

In the 25 years that Medical Rescue International (MRI) has been involved with the care, monitoring and repatriation of sick and injured seafarers, by far the largest number of cases of illness has been concerned with cardiovascular diseases.

The trend

Every year, more than 17 million people throughout the world die as a result of cardiovascular diseases (CVDs) – around 30% of all human mortality. Contributory factors include smoking, high cholesterol levels, diabetes, stress, sedentary lifestyle and an aging population. While CVDs are more prevalent in developed countries, there are clear signs of converging trends around the world in response to rising standards of living and changes in lifestyle.

Every year, 10 million heart attacks or myocardial infarctions are recorded around the world and, according to the Department of Health, diseases of the heart and vascular system are the two leading causes of deaths in the Philippines.

The cause

Coronary heart disease (angina and heart attack) and stroke may be caused by the same problem – atherosclerosis. This is when the arteries become narrowed by a gradual build-up of fatty material (called atheroma) within their walls.

In time, the arteries may become so narrow that they cannot deliver enough oxygen-rich blood to the heart. This can cause angina, which a sufferer experiences as pain or discomfort in the chest.

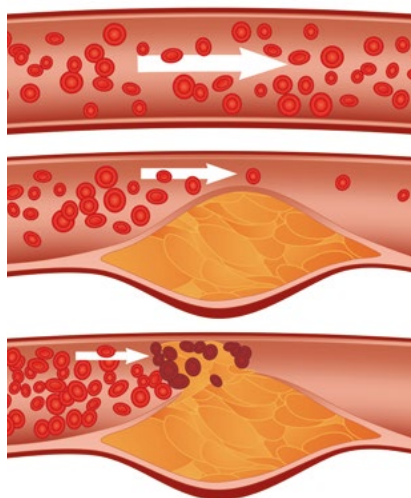
If a piece of the atheroma in the arteries breaks away, it may cause a blood clot to form. If the blood clot blocks the coronary artery and cuts off the supply of oxygen-rich blood to the heart muscle, this may become permanently damaged. This is known as a heart attack.

When a blood clot blocks an artery that carries blood to the brain, it can cut off the blood supply to part of the brain. This is called a stroke.

A risk factor is something that increases the likelihood of getting a disease. There are several risk factors for CVDs, including:

- smoking;
- high blood pressure;
- high blood cholesterol;
- being physically inactive;
- being overweight or obese;
- diabetes;
- family history of heart disease;
- ethnic background;
- sex (men are likely to develop a CVD at an earlier age than women);
- age (the older the person, the more likely they are to develop a CVD);
- how a person deals with stress;
- the amount of alcohol consumed.

The more risk factors the seafarer has, the higher their risk of developing a CVD.



Gradual blockage of arteries can be caused by poor lifestyle or diet.

What should a seafarer do?

The implications of a seafarer developing a CVD at sea are far greater than on land. These include the difficulty of reaching medical assistance, the possible danger to the ship and her crew, and the cost to the enterprise caused by delay or diversion.

Some of the risk factors cannot be controlled (for example, sex, age and family history), but many of them can be, and it is important for seafarers to attempt, within the constraints of their profession, to try to avoid these. The best way to do this is to change, as far as possible, to a healthier lifestyle. This can be achieved by taking a few simple steps such as:

- following a healthy diet;
- being physically active;
- maintaining a healthy weight;
- quitting smoking;
- managing stress.

Suggestions for a **healthy diet** include:

- controlling portion size – eating less;
- eating more vegetables and fruit;
- eating whole grains;
- limiting the intake of unhealthy fats such as butter, animal fats, cream and cocoa butter, and choosing nut and vegetable oils instead;
- eating low fat protein such as lean meat, poultry and fish, also peas, beans and lentils;
- reducing sodium intake, found in table salt, tomato juice, soy sauce.

Suggestions for being **physically active**:

- Individuals can benefit from as little as 60 minutes of moderate-intensity aerobic activity per week.
- For major health benefits, adults should do at least 150 minutes (2.5 hours) of moderate-intensity aerobic activity **or** 75 minutes (1 hour and 15 minutes) of vigorous-intensity aerobic activity each week.
- For a combination of both moderate and vigorous intensity aerobic activity, the general rule is that two minutes of moderate-intensity activity counts the same as one minute of vigorous-intensity activity.

The Standard Club Pre Employment Examination Protocols are designed to assist the seafarer and their employers in determining if they are suffering from a CVD before they join their ship or undertake a new contract.

The Standard Club PEME scheme benefits – why PEME and why now?



Yves Vandeborn
Director of Loss Prevention
+65 6506 2852
yves.vandeborn@ctplc.com

The Standard Club believes that the best service is one that evolves to keep pace with the needs of those who use it. As the number of crew claims rise and absorb a larger proportion of the club's yearly claims cost, it is prudent to take steps to try and negate this trend for the benefit of members. Members should also focus on the benefits for them and their business operations. If the benefits of the PEME scheme to the member could be summed up in a single word, it would be 'confidence'. That is, the confidence that they are in possession of accurate, up-to-date information

concerning the risks associated with employing an individual in a safety critical role on board one of their vessels. This knowledge provides them with the freedom to decide who is and who is not fit to bear that responsibility. Whilst it is impossible to guarantee that every condition, no matter how obscure, will be detected, the PEME scheme aims to make an impact on the overall cost of crew claims by preventing the majority of those seafarers affected by long-term chronic conditions from obtaining employment at sea without a member's prior knowledge.

List of accredited clinics in The Standard Club PEME Scheme

Halcyon Marine Healthcare Systems (Manila)

Makati City, Manila, Philippines
+63 2511 7071
glennnda.canlas@gmail.com
<http://www.halcyonmarine.com.ph/>

Supercare Medical Services Inc. (Manila)

Ermita, Manila, Philippines
+63 2521 0024
peme.support@supercare.com.ph
<http://www.supercare.com.ph/>

American Outpatient Clinic (Manila)

Intramuros, Manila, Philippines
+63 2527 1611
amer_h@pldtdsl.net
<http://www.americanoutpatientclinic.com/>

Maritime Medical Laboratory Clinic Inc. (Manila)

Ermita, Manila, Philippines
+63 2526 3809
marmedlabclinic@gmail.com
<http://www.mmlc-clinic.com/>

Physicians Diagnostic Services Centre (Manila)

Ermita, Manila, Philippines
+63 2521 0366
drsapan.pdsc@gmail.com
<http://www.pdsclinic.com/>

Physicians Diagnostic Services Centre (Cebu)

Cebu City, Philippines
+63 3225 41778
dbwpds@yahoo.com
www.pdsclinic.com/branches

Physicians Diagnostic Services Centre (Davao)

Davao City, Philippines
+63 82 224 6672
dbwpds@yahoo.com
www.pdsclinic.com/branches

Physicians Diagnostic Services Centre (Iloilo) (known as Iloilo PDS & Laboratory Centre)

Iloilo City, Philippines
+63 33 329 3275
pdsilo@gmail.com
www.pdsclinic.com/branches

Supercare Medical Services Inc (Cebu)

Cebu City, Philippines
+63 9189 198 163
peme.cebup@supercare.com.ph
<http://www.supercare.com.ph/>

Supercare Medical Services Inc (Iloilo)

Iloilo City, Philippines
+63 335 3051/+63 335 3096
peme.iloilo@gmail.com
<http://www.supercare.com.ph/>

Health Metrics Inc (Makati City)

Makati City, Philippines
+63 2795 1234/+63 2795 1231/
+63 2795 1238
info@healthmetrics.com.ph
www.healthmetrics.com.ph

Care Point Medical Diagnostic & Wellness Clinic (Manila)

Ermita, Manila, Philippines
+63 2354 7022
carepoint@carepoint.com.ph

Angelus Medical Clinic

Makati, Philippines
+63917 575 3210/+63 2817 1935
amci.crd2@angelusmedicalph.com
<http://www.angelusmedicalph.com/>

Transnational Medical & Diagnostic Centre

Intramuros, Manila, Philippines
+20 338 2144/+63 2338 2144
+63 2908 4998
cecil.agbanglo@tmdc.ph
<http://tmdc.ph/>



Supercare Medical Services Inc (Makati)

Salcedo Village, Makati City, Manila
Tel: +63 2 886 6503-05
www.supercare.com.ph

Health Metrics Inc.

Mall of Asia Complex, Pasay City, Manila
Tel: +63 2 805 8032
info@healthmetrics.com.ph
aabaya@healthmetrics.com.ph

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Telephone: +44 20 3320 8888
Emergency mobile: +44 7932 113573
E-mail: pandi.london@ctplc.com
Website: www.standard-club.com

Please send any comments to the editor, Yves Vandeborn.
E: yves.vandeborn@ctplc.com T: +65 6506 2852

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