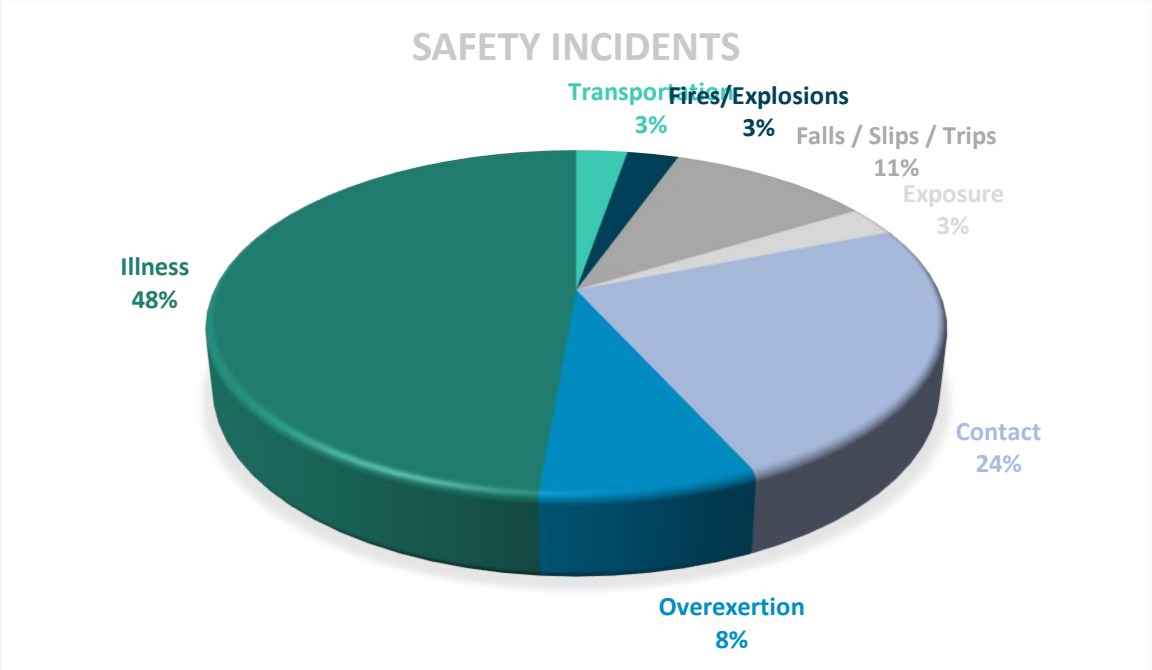
UNOLS Fleet Safety Statistics Report

Year: 2025 Quarter: 2 No of Ships Reporting: 15/17



Incidents (at Sea and In Port)	
Violence and Other Injuries by Persons or Animals	0
Transportation Incidents	1
Fires / Explosions	1
Falls / Slips/ Trips	4
Exposure to Harmful Substances or Environments	1
Contact with Object / Equipment	9
Overexertion / Bodily Reactions	3
Illness (Including Heart Conditions, Diseases, etc.)	18
Total Number of Incidents	**37**
Total Crew Days Reported (At Sea and In Port)	15708
Number of Accidents Resulting in Lost Time for Crew Members	1
Total Crew Days Lost	9
Number of Medical Evacuations	5
Number of Days Lost Due to Medical Evacuations	2

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A mariner stepped prematurely in a launch that was coming to pick him up. He bumped his jaw. We refined our procedures to stop folks from stepping into a transfer too quickly.	Ensure that the crew follows the disembarkation procedures of folks stepping on boats. It should closely mimic pilot (de)boarding procedures.
One person hurt their leg on the edge of the bunk and caused a small laceration.	
One person suffered from as swollen leg (unclear overexertion).	
One person suffered from gastrointestinal discomfort.	
One person tripped over an anti-slip mat in the galley and had to medically evacuated at sea.	Review whether anti slip mats create a trip hazard..... (watch out for so called "fatigue mats" that have a higher profile due to padding inside.
Two persons slipped from stairs (different locations)	
One person suffered from illness (loss of taste and smell, not being covid)	
One person had a tooth issue.	
One person lacerated their finger on a box.	
There was a small fire in the galley, the source suspected to be a contaminated rag in a hot area. There was no damage and no USCG reporting threshold was reached.	Reiterate in a sit down with the culinary staff on the importance on galley cleanliness and ensure there are no (dirty) rags in place where heat can cause spontaneous combustion.
Mariner was trying to secure equipment in the wet lab with a bungee cord. Cord snapped back and hit him under his left eye. Small cut and bruising. Applied ice for swelling, then disinfected wound.	

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The crew member slammed his fingers in the walk-in refrigerator door during heavy seas. No blood or broken bones. Applied ice throughout the day to reduce any swelling/pain.	
Mariner developed severe jaw pain. GM MMA recommended 800mg of ibuprofen and hot compress for 2 hours. Symptoms continued. GMMMA recommend crew member seek medical attention for possible broken jaw from fall at home days before cruise. Crew member taken back to shore and dropped off.	
One mariner got poked by a fish spine while cleaning fish in his right finger. Cleaned with iodine and covered with band-aid.	
Mariner relapsed from previous medical procedure with increased pain; patient sent ashore via small boat while ship was near port.	
General feeling of malaise, treated by following recommendations of GWMMA.	
Tooth ache treated infection with antibiotics	
Back Ache arose without a corresponding incident. Treated with icy hot and rest.	
Sailor sent ashore on recommendation of GWMA and USCG for suspicion of a spermatocele.	
Supernumerary (scientist) suffered severe kinetosis requiring vessel to bring individual to port.	
Broken tooth - not due to injury	Stress good dental hygiene with crew
Crew member was walking through the passageway of the vessel. They took a misstep	

and twisted their ankle. GWMMA was contacted and advised to rest, ice and splint for a minor sprain until pain resolves. No follow-up needed.	
Engineer was working on a project and hit their index finger with a hammer. There was lots of swelling and bruising on their fingertip. GWMMA was contacted, pictures and symptoms provided led the provider to believe that a fracture might be present. The finger was splinted, and the engineer was comfortable working for the remainder of the trip. X-rays at a shoreside clinic revealed a minor fracture.	
Crew member had a persistent respiratory illness towards the end of the trip and was referred to a shoreside clinic for evaluation upon the vessel's arrival. GWMMA was consulted and symptoms were managed until the vessel returned to port.	
A member of the science party experienced abnormal heart rhythms at sea. The patient had experienced this before. GWMMA was consulted and it was determined that a medevac was required. Thankfully, the vessel was close to shore and a USCG 48' MLB was able to come alongside to receive the patient. Local EMS was aboard the MLB, and the patient was taken to the hospital. The patient was treated and released in good health.	Ensure in the pre-cruise briefings (prior to boarding) that scientists and new crewmembers are prudent and pack/take their prescribed medications. Life at sea can exacerbate pre-existing conditions.
A member of the science party was severely seasick for days and dehydrated. An IV was given to the patient after consulting GWMMA. After a few days of seasick medication and adjustment, the patient was adjusted to life at sea.	

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Steward strained his back from overexerting himself due to cook being medevac'd off ship.	Stress to crew to speak up if they have any back pain and let them know it is okay to ask for help.
Cook suffered partial retina detachment, no known cause.	
Crew member had a bad rash on both feet.	Make sure crew knows the importance of proper footwear and hygiene. It is important that crew feel comfortable letting the medical officer know about ailments as soon as possible before it gets worse.
Staph Infection- treated ashore.	
Crew member incurred cuts and abrasions while debarking vessel's rescue craft at high concrete pier elsewhere within port following breakdown of zodiac during sea trial. However, individual neither requested nor sought medical treatment following incident and continued to perform their duties aboard vessel without issue(s).	when operating a small craft out of sight of the mothership or home base, ensure that the personnel aboard wear suitable work clothing and/or have their PPE with them, along with possessing a suitable communications device (to contact someone for assistance). Additionally, selecting a better or more appropriate site for disembarkation may have been prudent.
Crew member received unspecified foreign object in eye while performing deck-related maintenance on vessel requiring medical evaluation and treatment. However, attending doctor deemed individual fit to continue working and they returned to ship and resumed their duties.	Use of proper PPE and selecting the right tool for the task, project or job being performed, as well as utilizing it in the correct manner, cannot be underemphasized!
While ashore, crew member accidently but severely cut their finger with a knife while removing a tie-wrap thus requiring emergency medical care and transport to nearby medical facility for treatment. Unfortunately, the extent of injury in this incident necessitated the crew member having immediate surgery to save maximum functionality of affected finger and hand. Consequently, they were transferred to	

another medical facility more capable of handling such injury. This incident delayed sailing of the vessel by one day and necessitated that a replacement crew member be brought in.	
Crewmember strained lower abdomen causing minor hernia while lifting plywood into truck.	Heavy lifting should be done in pairs.
Crewmember fainted while seated on drydock wing-wall, resulting in minor head abrasion. Cause was found to be a recent change in prescribed medication. Crewmember was seen by shoreside medical facility.	Crew, scientists, and riders should be aware of potential effects medications can have on their bodies. Changes in medications and dosage should be closely monitored and reported to the master or medical officer onboard.
Crewmember was ill with flu-like symptoms upon travel to meet the ship. Crewmember was seen by shoreside medical facility.	Following a large shipyard or maintenance period, crew should be afforded the time and guidance to be refamiliarized with the vessel and its equipment.