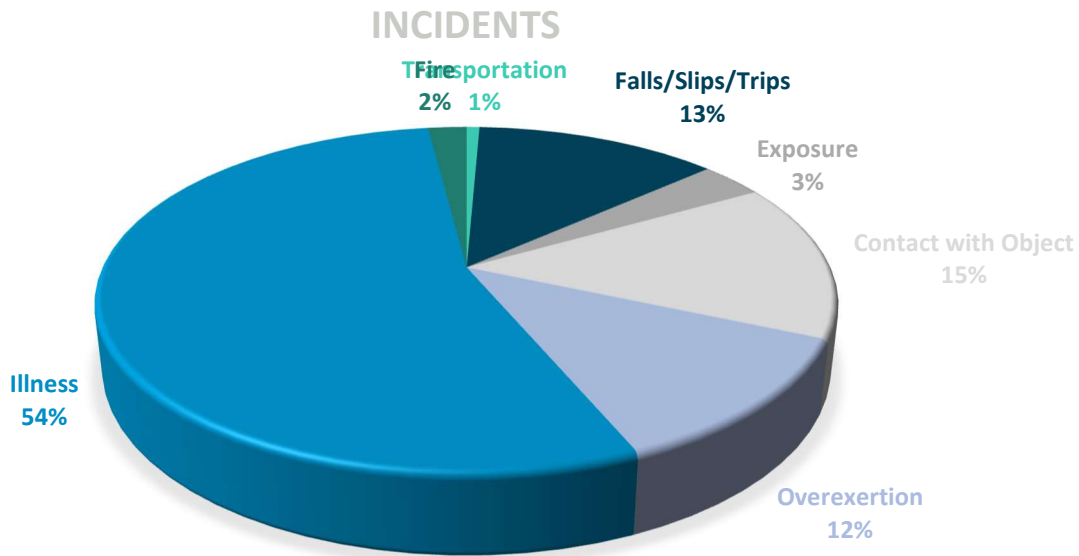




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Incidents (at Sea and In Port)	
Violence and Other Injuries by Persons or Animals	0
Transportation Incidents	1
Fires / Explosions	3
Falls / Slips/ Trips	19
Exposure to Harmful Substances or Environments	5
Contact with Object / Equipment	22
Overexertion / Bodily Reactions	18
Illness (Including Heart Conditions, Diseases, etc.)	81
<b>Total Number of Incidents</b>	<b>149</b>
Total Crew Days Reported (At Sea and In Port)	68665
Number of Accidents Resulting in Lost Time for Crew Members	11
Number of Medical Evacuations	4
Days Lost Due to Medical Evacuations	17
Total Crew Days Lost	115



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<p>Two days prior to the end of a trip a scientist slipped in Wet Lab (boots might have been wet from being out on deck), there was no water or slippery substance on the lab deck. When they fell, they landed on their left elbow, there was some swelling and soreness. A call in to GW and a case number was assigned. The doctor recommended the following: Ice the elbow and wrist 5 minutes on and off for pain. Take Ibuprofen 600-800mg with food every 8 hours, and Tylenol 650-1,000mg every 8 hours. These should be taken at the same time.</p> <p>Recommendations for a more extensive arm exam were provided. Per doctor's evaluation: given that scientist has pain with "screwdriver" motion, there is a possibility that there is a fracture of the radial head (proximal radius) right at the elbow joint. If you are in port, would suggest that they be seen at an urgent care/primary care/orthopedist office that has XR facilities or an ER. If you are not in port, suggest a sling with range of motion as tolerated. The ship was not in port and scientist was ok with staying on board and finishing out the trip. They wore a sling for the last 2 days of the trip.</p> <p>NSF and UNOLS were notified of the incident via email with detailed information.</p> <p>After the end of the research trip, the scientist went to an urgent care facility and got examined and x-rayed. They diagnosed an acute impacted fracture of the radial head, non-displaced. The scientist was referred to see an orthopedic doctor. Orthopedic doctor couldn't be sure if elbow was broken or deeply bruised from x-rays. An MRI was scheduled. The MRI showed the elbow was fractured. Scientist received treatment for elbow fracture.</p>	
<p>Mate had a finger injured while offshore in heavy seas. His finger was smashed in a watertight door which swung closed while his hand was on the door.</p>	
<p>Individual was leaving restroom in stateroom and placed hand in the inner door seam (Hinge Side) while door was not latched. Door slammed closed while right thumb was within the door jam.</p>	<p>Ship's crew/science team were informed of the requirement of personnel awareness of ships movements and hazards while living onboard. (Science orientation).</p>
<p>Individual was cutting tubing. While cutting, member was cutting towards themselves rather than away from their body. Left palm was cut (minor).</p>	<p>Wear proper PPE at all times when using sharp tools and cut away from you.</p>



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Member was working on the oily water separator and there was some residuals on the deck. Member <b>slid on the oily residue</b> and cut his shin which got infected.	Report any cuts to Medical person onboard for early treatment before infection.
Crewmember had a broken tooth/crown	Stress good dental hygiene.
Crewmember had chest pains and was brought into port in the Bahamas.	
Crewmember had an eye infection.	
Several crew members came down with the flu during shipyard period.	
Two <b>students failed to disclose medical conditions causing multiple calls to GW MMA</b> . These conditions relegated the individuals to limited time to experience ops at sea and the Chief Mate to perform MedPIC duties for most of the cruise (4 days).	
Crewmember was cleaning overhead with degreaser without eye protection. Some fell into their eye. Eye flushed immediately. Crew reminded to wear eye protection when working with chemicals	
Case of insomnia and fatigue. Referred to GW. Told to spend more time resting and drink more water.	
Case of lightheadedness. Referred to GW. Told to spend more time resting and drink more water.	
Case of a tooth infection. Seen ashore by dentist.	
Marine Tech strained back installing sensors on flow thru wall in FWD machinery. Provided pain reliever and rest.	
Science crew member complained of knee pain, no visible bruising or swelling. Offered ice and ACE bandage.	
Scientist with abdominal pain requiring shoreside medical consultation.	
Crewmember with dental issue requiring shoreside follow-up at port call.	
Science member relapsed from previous medical procedure with increased pain; patient sent ashore via small boat while ship was near port.	



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<p>General feeling of malaise, treated by following recommendations of GWMMA.</p>	
<p>Toothache; treated infection with antibiotics.</p>	
<p>Backache arose without a corresponding incident. Treated with icy hot and rest.</p>	
<p>Sailor sent ashore on recommendation of GWMA and USCG for suspicion of a spermatocoele.</p>	
<p>Scientist suffered severe kinetosis (motion sickness) requiring vessel to bring individual to port.</p>	
<p>Broken tooth - not due to injury.</p>	
<p>AB was walking through the passageway of the vessel. They took a <b>misstep and twisted their ankle</b>. GWMMA was contacted and advised to rest, ice and splint for a minor sprain until pain resolves. No follow-up needed.</p>	
<p>Engineer was working on a project and <b>hit their index finger with a hammer</b>. 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.</p>	
<p>Crewmember 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.</p>	
<p>A member of the science party <b>experienced abnormal heart rhythms at sea</b>. The patient had experienced this before. GWMMA was consulted and it was determined that a <b>medevac was required</b>. 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.</p>	<p>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.</p>
<p>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</p>	



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medication and adjustment, the patient was adjusted to life at sea.	
Steward <b>strained his back</b> from overexerting himself due to <b>cook being medevac'd off ship</b> .	Stress to crew to speak up if they have any back pain and let them know it is okay to ask for help. 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.
Cook suffered partial retina detachment, no known cause.	
Crewmember had a bad rash on both feet.	
A scientist <b>stepped prematurely in a launch</b> 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. Sproul never takes on pilots.
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 <b>person tripped</b> over an anti-slip mat in the galley and had to <b>medically evacuated at sea</b> .	
<b>Two persons slipped from stairs</b> (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 <b>small fire in the galley, the source suspected to be a contaminated rag in a hot area</b> . 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. 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.
Science crew member was trying to secure equipment in the wet lab with a bungee cord. Cord snapped back and	



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<p>hit him under his left eye. Small cut and bruising. Applied ice for swelling, then disinfected wound.</p>	
<p>The cook <b>slammed his fingers in the walk-in refrigerator</b> door during heavy seas. No blood or broken bones. Applied ice throughout the day to reduce any swelling/pain.</p>	
<p>One science crew member got poked by a fish spine while cleaning fish in his right finger. Cleaned with iodine and covered with band-aid.</p>	
<p>Cook 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.</p>	
<p><b>Scientist was struck above the eye by a parted monofilament line on the CTD rosette</b> causing a laceration that required stitches.</p>	<p>Inspect and replace the monofilament lanyards on the CTD Niskin bottles to reduce the risk of failure.</p>
<p>Oiler hit abdomen on side of bunk leading to several reported medical issues and resulting in crewmember signing off early to return home for medical treatment.</p>	<p>Review ladder / step stool arrangements for elevated bunks to prevent injury.</p>
<p>Crewmember treated for kidney stone at sea.</p>	
<p>Crewmember treated for lung inflammation (pleurisy) at sea.</p>	
<p>Crewmember was lightheaded and fell in cabin.</p>	
<p>Crewmember had a case of diarrhea.</p>	
<p>Crewmember was feeling nauseous and had stomach pain.</p>	
<p>Crewmember developed tooth ache, abscessed tooth</p>	<p>For abscessed tooth, be sure to have on board Orajel or numbing cream to help elevate symptoms until getting back to port so crew member can go see dentist. For shore personnel moving items, use work gloves for heavy items.</p>
<p>Crew got <b>metal sliver in eye</b> while wearing safety goggles, <b>small boat evacuation for medical attention</b></p>	



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<p>Fire in elevator-a burning basket of recently dried rags and aprons from the Galley.</p>	<p>Stewards Dept instructed on proper room clearing procedures and to use a Metal Bin for Galley Linens and not to dry laundry until it is too hot.</p>
<p>Tech tripped on deck while attempting to turn around and speak to a crew member that was walking by. The tech cut their left hand on the CTD rosette causing a laceration that needed stitches.</p>	<p>Stressing situational awareness is key to preventing slips and falls.</p>
<p>Ear infection possibly from swimming, treated onboard.</p>	
<p>OS had pain in the right lower quadrant of torso, treated onboard.</p>	
<p>QMED experienced swelling of wrist. He could not say why it happened might have been from an old injury that was exacerbated from working.</p>	
<p>Engineer smashed right pinky finger while working in the engine room. Applied ice.</p>	
<p>Engineer complaining of tooth pain. Provided Advil and used Anbesol to numb the area. GW guidance was to take Antibiotics and Advil. The tooth was later pulled by a dentist shoreside.</p>	
<p>Chief Sci treated for cut on his shin that occurred on campus prior to cruise departure. Applied topical antibiotic and covered with band-aid.</p>	
<p>Crew member fell on the stairs and bruised knee. Ice applied while elevated.</p>	
<p>One science crew felt poorly 2 weeks into cruise. Tested positive for COVID. Masks were handed out to science and crew. Patient quarantined in room alone.</p>	
<p>A crewmember bit into an olive pit, resulting in a chipped tooth. The crew member was seen by a shoreside dentist for treatment.</p>	<p>Exercise caution when consuming fruits with hard seeds or pits.</p>
<p>One crewmember had a pulmonary infection.</p>	
<p>One crewmember hurt their ankle on the way down the stairs when the ship rolled.</p>	<p>One hand for the ship, one for yourself. Be careful on stairs with a rolling ship and try to move slowly, anticipating rolls as much as possible.</p>



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<p>We had four cases of COVID.</p>	<p>COVID is still a threat just like Influenza and other illnesses. Follow best practices as per GWMMA guidance, provide plenty of hand sanitation around the ship, encourage masking when symptoms arise.</p>
<p>Crewmember incurred <b>laceration on left index</b> finger while using knife to cut wire. Cut deemed minor and only required cleaning and bandaging.</p>	<p>Crewmember counseled to be careful while using dangerous tools and to adhere to proper procedure involving use of tools. Injury had no impact on ship operations.</p>
<p>Crewmember reported upper, left, back pain. No specific event associated with the onset of pain. Crewmember given an over-the-counter (OTC) pain reliever while aboard ship until vessel's return to port. Crewmember then sent to shore-based medical facility for further evaluation. Crewmember diagnosed with muscle spasms and prescribed medication to alleviate pain and spasms along with being assigned a few days rest and light duty. Illness had no impact on ship operations.</p>	
<p>Scientist reported discomfort in left, inner, ear while at sea. Vessel contacted shore-based medical support facility for guidance. On duty medical practitioner diagnosed scientist with likely ear infection and prescribed antibiotics and pain relievers (which ship carried on board in ship's infirmary). Upon return to port, scientist visited shore-based medical facility for follow-up. Illness had no impact on ship operations.</p>	
<p>Crewmember reported acute, middle, back pain while vessel in port. No specific event associated with onset of pain. Crewmember sent to shore-based medical facility for further evaluation including an X-ray examination. Though no diagnosis was made at the time of the examination, crewmember deemed unfit for duty until results could be evaluated by medical practitioner. Results received three days later whereupon crewmember deemed fit for duty. Illness had no impact on ship operations.</p>	
<p>Four individuals developed gastrointestinal issues and general malaise for about two days each.</p>	<p>Advise crew to be careful when eating ashore.</p>
<p>Two individuals developed a minor infection.</p>	<p>Handwashing and sanitation are important reminders while on board and ashore.</p>
<p>One individual developed a few small blisters due to contact with steel cutting particles on their lower arm.</p>	<p>When cutting steel, wear appropriate work clothing that covers arms, no short sleeves.</p>



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Individual hurt their back while turning a spanner.	Ensure a proper posture when exerting force on spanners, use another tool if the torque is too great.
Eye Infection- cause undetermined.	
Nausea and Headache- cause undetermined.	
Crewmember reported wrist pain, likely due to repetitive motion; seen at local clinic upon making scheduled port call. Rx OTC meds and a brace.	
A crewmember lost a filling while eating. The crew member was seen by a shoreside dentist for treatment.	
Crewmember <b>smashed his fingers with a tool</b> . Ice was applied. Healed without further action.	
Crewmember broke out in a minor rash on both arms. Benadryl was provided and rash cleared in a few days.	
With vessel rolling in swell, scientist fell inside their cabin with the lower portion of their face striking entry door causing injury (blunt trauma); the result being two teeth knocked out and a deep laceration to their mouth. Given the severity of the incident, vessel interrupted cruise and returned to port to get injured person ashore for follow-up medical treatment.	
Crewmember had unexplained swelling in fingers.	
Finger injured while making bunk due to tight space between mattress and bunk frame.	
Crewmember reported he had a sore knee before reporting to the drydock for work. He reported no pain the previous day. Cause of the knee pain is unknown. Crewmember was seen by a shoreside physician and returned to work.	Proper PPE could include knee pads if the crewmember is spending significant time on the deck or in crawl spaces.
Crewmember experienced cold symptoms and was seen by a shoreside physician. Crewmember returned to work.	Overexertion is something to keep in mind for crew and supervisors because it can lead to more serious injuries.
Crewmember reported chest congestion and increased coughing. Crewmember was seen by a shoreside physician and returned to work the same day.	Frequent hand-washing and maintaining personal space is important for maintaining good health, especially during cold and flu season.



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<p>After having lunch in mess deck on ship, crewmember got up and got light headed and fell down in the mess deck. When he fell, he hit the side of his hip. He was sore for the next two days and took sick time for those two days. He was feeling better by the third day and did not go to doctor or get x-rays. The crewmember felt fine and returned to work. They believe they got lightheaded due to change in diet.</p>	
<p>Science member was returning to the vessel when he tripped and <b>fell at the gangway</b>. He was taken to hospital forehead lacerations and broken clavicle.</p>	<p>Stress physical awareness onboard the vessel at all times.</p>
<p>Several crewmember came down with the flu.</p>	
<p>Crewmember walking on sidewalk failed to successfully navigate overgrown brush on the sidewalk and sprained his ankle. GW MMA consulted, local hospital provided splint and recommended rest.</p>	
<p>Crewmember tripping over a curb while running ashore. Slight swelling and skinned knees.</p>	
<p>Crewmember injured eye when conducting a PVC pipe repair. Glue dripped into eye. Eye flushed out.</p>	
<p>Crewmember had flu like illness and was sent two days home to avoid contagion.</p>	
<p>One crewmember <b>tripped in forward stores</b> and banged shin on shelving.</p>	
<p>Persistent flu requiring doctor visit</p>	<p>Ensure that people remain mindful on the risks of flu. Keep hand sanitizer ready at the beginning of the buffet and suspend self-service at food line if needed.</p>
<p>Crewmember developed pain in knee due to overexertion.</p>	
<p>Crewmember claims to have breathed in paint fumes, however not confirmed.</p>	<p>Pay particular attention to the use of respirators in areas where painting occurs. Send crew to hotel when spray-painting is taking place.</p>
<p>Crewmember was removing overhead panel and appeared that he endured a hernia doing so.</p>	
<p>Flu going around.</p>	<p>In drydock extra attention to be paid to hygiene. Dust masks to be worn for dust at all times.</p>



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<p>Crewmember stepped on loose flooring and fell on their back.</p>	<p>Areas of work to be properly roped off to avoid people walking into work sites, and people to be instructed on never going into worksites and stepping over boundaries.</p>
<p>Staph Infection- treated ashore.</p>	
<p>Crewmember 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).</p>	<p>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.</p>
<p>Crewmember 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.</p>	
<p>While ashore, crewmember accidentally 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 crewmember 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 crewmember be brought in.</p>	<p>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!</p>
<p>Crewmember strained lower abdomen causing minor hernia while lifting plywood into truck.</p>	<p>Stress proper lifting procedures. Heavy lifting should be done in pairs.</p>
<p>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.</p>	<p>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.</p>
<p>Crewmember was ill with flu-like symptoms upon travel to meet the ship. Crewmember was seen by shoreside medical facility.</p>	
<p>Shoreside support was moving a plastic bucket with lead weights when the plastic bucket broke apart, cutting finger of shore personnel. Just needed antibiotic and band-aid.</p>	<p>Shore personnel moving items, should use work gloves for heavy items.</p>



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Assistant Engineer reported a black spot on his ear. He was taken to a dermatologist who took a biopsy and said it was pre-cancerous.	It's important for people to wear sunscreen all the time at sea and on shore.
Crewmember experienced pain in chest after sneezing hard. Was taken to hospital to make sure it was not a heart issue or hernia.	Stress to crew to ask for help and report injuries or illnesses ASAP.
Engineer slipped while cleaning the ER bilge and injured leg. Two cuts were cleaned and bandaged with AB ointment. Ice was applied.	
Crewmember reported infection related to "bug" bite believed to have occurred while they were ashore (off the vessel in port). However, vessel was offshore when this matter was reported. Consequently, the ship contacted the shore-based medical support facility for guidance. On duty medical practitioner directed ship to treat infected site by providing wound care. Upon return to port, crewmember visited shore-based medical facility for follow-up. Crewmember given antibiotics to treat infection and directed to clean infection site twice daily until wound showed clear signs of healing. Crewmember remained on duty throughout treatment protocol. Illness had no impact on ship operations.	
Two crewmembers had sinus infections and earaches while in shipyard and required medical treatment ashore.	Dusty shipyard environment (due to grit blasting) may have contributed to sinus infections.
A crewmember had rash on leg requiring medical treatment ashore during shipyard.	
One person developed a sudden and acute pain and had to go to the ER where they were cleared while the issue cleared up. The cause is unknown.	
Back pain from a preexisting condition	
Crewmember tweaked back muscle lifting arctic survival kits; seen at local clinic; Rx muscle relaxers and light duty for 2 days.	
Due to improper footwear, crewmember was experiencing discomfort. The crewmember was seen by a shoreside doctor for treatment.	



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<p>Fire in pump room involving salt-water pump used for deck washing/hydrant (not part of fire main system). Cause of fire not definitively determined but believed to be related to a leak in the overhead piping positioned directly above the pump which allowed water to drip onto the pump housing causing a short within pump when energized. Fire immediately extinguished and no damage to surrounding area and equipment.</p>	
<p>Experienced COVID-19 outbreak aboard vessel resulting in seven crewmembers testing positive for COVID. Basis for the outbreak remains unknown as vessel had been at sea immediately preceding outbreak. Vessel instantly initiated isolation measures by confining ill crewmembers to their cabins and implementing an overall quarantine of vessel by terminating access to ship. Outbreak lasted about five days based on results of testing which was conducted daily until all crewmembers tested negative. All crewmembers recovered successfully from infection. Because vessel was in port as part of its normal operational schedule (between cruises), there was no lost time or inability to continue routine "in port" vessel activities.</p>	
<p>Crewmember got an ear infection after holiday travel</p>	