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|  | <b>STATE OF ALASKA<br/>DEPARTMENT OF TRANSPORTATION<br/>AND PUBLIC FACILITIES</b> |   | POLICY AND PROCEDURE<br>NUMBER<br><b>DPDR 04.04.022</b> | PAGE<br>1 of 4 |
|   | <b>Policy and Procedure</b>   |   | EFFECTIVE DATE<br>June 1, 1993                          |                |
| SUBJECT<br><b>Alaska Marine Highway System Medical<br/>Emergency Notification</b> |   | SUPERSEDES<br>25-8011   | DATED<br>3/10/87  |                |
| TITLE<br><b>Alaska Marine<br/>Highway System</b>                                  | CHAPTER<br><b>Personnel<br/>Administration</b>                                    | APPROVED BY<br><p style="text-align: center;">Signature on File</p> |   |                |

I. Purpose and Scope:

This procedure establishes guidelines for the reporting of illnesses and/or accidents of employees which occur aboard vessel of the Alaska Marine Highway System (AMHS).

The Alaska Marine Highway System will notify the next of kin, or other person(s) so designated by the employee, whenever an employee is medically evacuated by emergency conveyance (e.g., ambulance, aid vehicle, helicopter, etc.) from an AMHS vessel due to an illness or accident.

This procedure will also apply when an employee is put off the vessel for any irrational or unusual behavior and is a threat to vessel safety, crew, passengers, or himself.

II. Distribution:

All holders of Department of Transportation & Public Facilities Procedures Manual.  
All Vessel Personnel.

III. Procedure:

A. Form 25A-205, Contact Information, (see page 5) will be provided to each current employee of AMHS. Each employee will be requested to complete the form and return it to the Juneau Personnel Office. Form 25A-205 will be provided to each new employee for completion at the time of hire. The information provided by each employee will be incorporated as part of his/her Personnel File.

Each employee will be contacted by letter annually and given the opportunity to update the information he/she has provided to the Juneau Personnel Office. Interim updates of the personnel Information from an employee will be accepted at any time.

B. The following procedures will be utilized whenever any employee is medically evacuated from one of the AMHS vessels:

1. The vessel Master or a designee will take immediate action to secure the assistance of the appropriate shoreside facilities at the location where the employee is to be medically evacuated from the vessel.
  - a. If the employee is incapacitated by an injury or illness, an AMHS employee (vessel or terminal) shall accompany the employee until in the care of qualified personnel or facility.
  - b. If the employee is not incapacitated, but is being put off the vessel for irrational or unusual behavior and is a threat to vessel safety, crew, passengers, or himself, the vessel Master is to arrange for proper authorities to take custody of the employee for detention or for escort to transportation to home port when appropriate.
2. To ensure that an employee is not without funds or lodging, a draw shall be issued by the vessel in an amount sufficient to get the employee to a facility for treatment and to his homeport. If a draw cannot be obtained, then cash form either the vessel or terminal petty case fund can be given to the employee for emergency lodging, meals or transportation.
3. The vessel Master or a designee will notify the appropriate authorities as required by the existing rules and regulations.
4. The vessel Master or a designee will then contact the Personnel Officer in Juneau and report the details of the illness or accident. Information to be provided should include, but is not limited to:
  - a. Employee's name assigned position:
  - b. Nature of illness or injury as determined at the time the employee departed the vessel;
  - c. Condition of the employee at the time of medical evacuation;
  - d. Where the employee was taken after the departure from the vessel: e.g., name, address and telephone number of the medical facility;
  - e. Any special requests or needs of the medically evacuated employee;
  - f. If known, the length of time the evacuated employee will be expected to remain at the facility where he/she was taken before he/she will be able to return home;
  - g. Point where relief employee will be required to board vessel and estimated time of arrival of vessel at port. If an upgrade has been accomplished to fill vacancy, the job classification of the relief employee.

5. The Personnel Officer or designee will contact the nearest relative or other person, as designated by the employee on Form 25A-205, Contact Information, and advise them of the illness or accident and the information provided in No. 4 above. Crewing requirements will be relayed to the appropriate crew dispatcher.
6. The Personnel Officer shall notify the appropriate department Manager upon receipt of any information concerning employee illness or injury. If the employee is hospitalized, the Personnel Officer or designee shall establish daily contact with the nearest relative or other person as designated on Form 25A-205.
7. The Personnel Officer and department Manager shall be designated authority to authorize transportation to the port of disembarkation for personnel who are physically unable to perform the duties of their position because of illness or injury.
8. The Personnel Officer or designee will record the name of the person(s) notified of the illness or accident, and the date and time of the notification. This information will be placed in the employee's Personnel File along with the information received from the vessel Master or a designee under No. 4 above.
9. If the port of disembarkation of the employee is at his/her port of residence, the vessel Master or a designee shall contact the nearest relative or other person as designated by the employee, provided said person resides at the port where the employee is disembarking.
  - a. Each vessel shall maintain an up-to-date "SHIP PERSONNEL CARD", Form 25A-076, for each employee assigned aboard the vessel. A "SHIP PERSONNEL CARD" will also be prepared for each relief employee assigned aboard. Each employee's card must be reviewed for changes each time the employee reports to the vessel.
  - b. The vessel Master or his designee will refer to the "SHIP PERSONNEL CARD" to secure the name and telephone number of the person to contact.
  - c. The vessel Master or a designee will then contact the Personnel Officer in Juneau and report the nature of the illness or accident and provide the information as outlined under item No 4 above. If the vessel representative has been in contact with the person so designated by the employee, the Personnel Officer is to be advised of the name and telephone number of that person.

**ALASKA MARINE HIGHWAY SYSTEM**  
**CONTACT INFORMATION**

NAME: \_\_\_\_\_ SS # \_\_\_\_\_

PLEASE COMPLETE AND SIGN THIS FORM. Juneau Personnel Office requires this information to be on file for all employees. This document is also to be used as a change of address form. When using to change information please include your name and social security number.

RESIDENCE ADDRESS: \_\_\_\_\_  
Do not list P.O. Box Number \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ CONTACT TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(List only if different \_\_\_\_\_  
than Residence Address) \_\_\_\_\_

WARRANT ADDRESS: \_\_\_\_\_  
(Where your pay check is \_\_\_\_\_  
to be delivered - if a bank, \_\_\_\_\_  
list its name and address) \_\_\_\_\_

\_\_\_\_\_ Pick up paycheck at Juneau Payroll Office  
\_\_\_\_\_ If your paycheck is to be deposited in your bank account,  
check and list your bank account number here: # \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY: (IF NONE USE N/A)

1st Preference: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
\_\_\_\_\_

2nd Preference: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

**The first preference will be notified in case of an emergency; should the first contact not be available, the next listed will be notified.**

**LICENSES AND/OR SEAMAN'S DOCUMENT(S) HELD:**

LIFEBOAT ENDORSEMENT: \_\_\_ YES \_\_\_ NO UNION: \_\_\_ IBU \_\_\_ MEBA \_\_\_ MMP

It is my responsibility to notify the Personnel Section in writing when any of the information on this form becomes outdated.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date