SAFETY RECOMMENDATION No: 88/2013

Text of Safety Recommendation:	
Take appropriate actions to assess whether the splicing of ropes used for mooring operations should be carried out on board or to an external specialized premise, taking into consideration Classification Society's guidance and OCIMF recommendations.	
No of Safety Investigation Report:	18/2013: Death of seafarer on board C/V "EVER URBAN" *(See the full Report here.)*
Safety Recommendation addressed to:	Managing Company
Date of publication:	25-10-2019
Comments-Remarks:	

INFORMATION OF ACCIDENT

Course of events

On the 24th of December 2013 "Ever Urban" departed from the port Rijeka (Croatia) and was en route to Piraeus Port. The vessel was loaded with containers and had a crew complement of 21 seafarers on board.

On the 26th of December at approximately 08:00 the Bosun and three members of the deck department were assigned by the C/O to replace the 'eye splice' of a mooring rope that was found damaged after the mooring operations at the last port.

By 08:30 the Bosun and the participating crew members were at the forecastle engaged with the task. Having prepared the new "eye" they proceeded with the tensioning of the new splice and the testing of its endurance by placing it on a bollard located aft of the starboard mooring winch through the forward starboard fairlead in order to gradually pull the rope and tighten its spliced eye.

At approximately 10:00 during the referred operation, the rope parted at the splicing point, snapped back and struck an AB on his left leg; the A/B was standing close to the bollard, inside the snapback zone.

The AB suffered a fracture on his left leg and was transferred by the crew to ship's hospital on a stretcher for first-aid treatment.

At 10:24 the Master reported the incident to the company. Although first-aid and treatment was provided by an officer of the crew, the condition of the A/B deteriorated and at 11:45 the Master contacted Piraeus Joint Rescue Coordination Center (JRCC Piraeus) and reported the injury and the condition of the AB requesting his medical evacuation and transfer to a shore hospital.

At 12:10 JRCC Piraeus instructed the Master to change the vessel's course towards Katakolo port (mainland port at west Peloponnese, Greece). At 13:27 the Company's doctor send an e-mail with medical advice and medication on the treatment of the injured A/B and instructed to send him to shore as soon as possible for surgical care.

At 14:43 EVER URBAN and HCG SAR boat 516 had arrived at the prearranged meeting position but due to prevailing rough sea condition the MEDEVAC could not be safely completed. Following the Master requested for a helicopter transfer however it was agreed to deploy a tug boat from Katakolo port.

At approximately 17:00 the AB medical condition deteriorated and the First Aid Officer administered artificial respiration and CPR in order to preserve his vital functions.

At approximately 17:15 the tug boat approached EVER URBAN and at 17:20 the injured AB was transferred on the tug boat by the ship's crane.

However, at 17:25 the tug Skipper communicated to EVER URBAN Master that the AB was unconscious and had stopped breathing.

At 17:40 the AB was transferred to an ambulance standing by at Katakolo port and was taken to the local hospital, where he was pronounced dead.

The investigation pointed out a number of safety issues, such as of whether mooring ropes' repairing should be carried on board or at a specialized shore premise, the evidence of low standards of ensuring safety on board

The present document derives from a report published on the site of the Hellenic Bureau for Marine Casualties Investigation (HBMCI, www.hbmci.gov.gr).
It consists a safety recommendation concluded following the safety investigation of issued marine casualty, according to the provisions of National Law 4033/2011, as applied with the only purpose to improve maritime safety.

through the safety system, the poor communication among the crew members and the inadequate support system to the Master in cases of emergency handling (in relation to injuries on board and MEDEVAC). Relevant safety recommendations were addressed to the company of the vessel, as indicated in the respective chapter of the report.