

# MARINE INCIDENT SUMMIT

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INCIDENT BRIEFS  
FROM  
1 OCTOBER 2020 - 1 OCTOBER 2021



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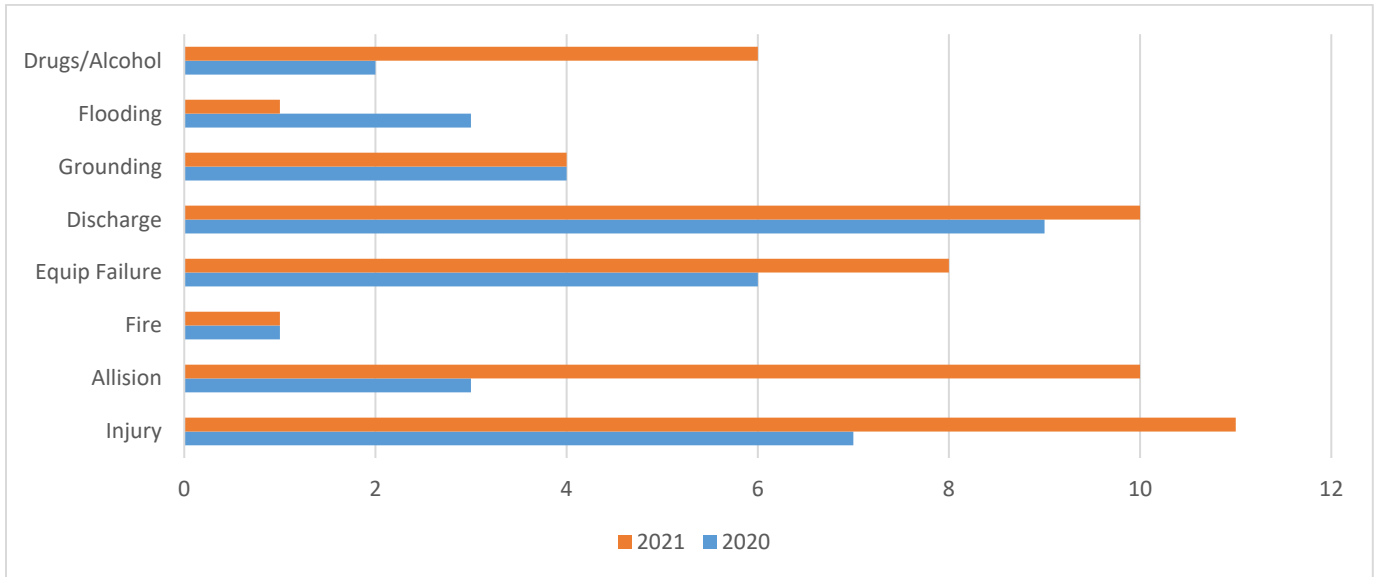


*Disclaimer: This document is an unofficial chronicle of discussions between the Waterways Association of Pittsburgh and the U.S. Coast Guard. It is not intended to affect or influence the outcome of the official Coast Guard investigations conducted.*

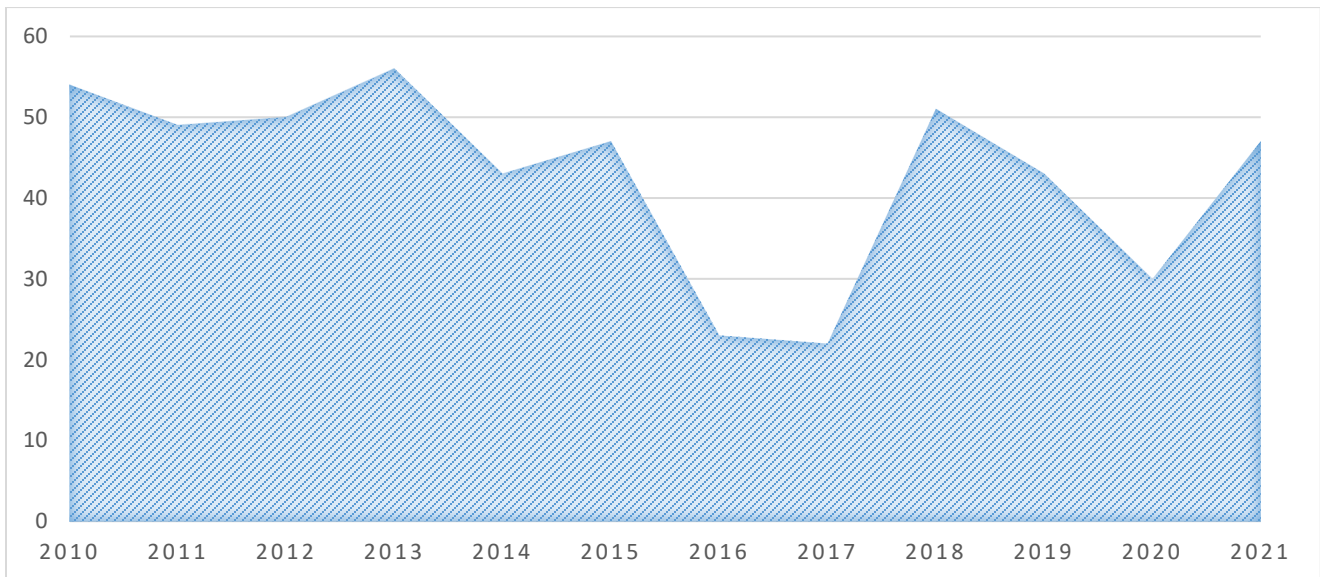
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## Breakdown of Reported Marine Casualties Oct 1, 2020-Oct 1, 2021



## Trend Analysis



*The following incident briefs are from reportable marine casualties investigated between October 1 2020 and October 1 of 2021.*

**1) Jan 2021 @ ~1500 Towing Vessel w/ 6 barges Allision / Injury / Alcohol w/ refusal**

While entering the Point Marion Lock, the vessel's tow allided with lock wall. As a result of the allision, a deckhand fell into an empty hopper barge and sustained severe injuries (656 pages of medical records). At the time of the incident the pilot and the injured deckhand (not on watch) were both drunk, and both refused to submit to serious marine incident testing for alcohol and dangerous drugs. Hospital report indicated deckhand's ethanol serum level to be 354 mg/dl two hours after incident. Deckhand on watch with pilot was aware the pilot was drinking but did not report it until the incident. **Reasonable Cause Testing Requirements: 46 CFR 16.250, 33 CFR 95.045, and applicable elements of Company Drug/Alcohol Policy and/or TSMS.**

**2) Aug 2021 Towing Vessel Fire**

A deckhand was smoking a cigarette while working in an interior space of the vessel. The deckhand was careless with his ashes, and after leaving the space some cardboard ignited. Other members of the crew smelled the smoke and the fire was quickly extinguished with a portable extinguisher. The deckhand was smoking in a space that was not designated as a smoking area. This area was also not required to have fire detection equipment installed. **Towing Safety Management System – 46 CFR 138 and/or Company Policy.**

**3) Several Occurrences Towing and Passenger Vessels Illnesses**

On several separate occasions, vessel operators have called to report illnesses of crew members and passengers. A few examples of the reports were: spider bite, kidney stones, and stroke. By definition, these are all considered illnesses and not injuries and do not need to be reported to the Coast Guard. Exception would be if an injury occurs as a result of the illness. **Notice of Marine Casualty – 46 CFR 4.05-1 and Navigation and Vessel Inspection Circular (NVIC) No. 01-15.**

**4) Several Occurrences Towing Vessel Hull Integrity / Discharge of Oil**

On several occasions towing vessels have experienced compromised hulls and/or fuel tanks. In all cases these incidents could not be directly attributed to a single event that would have caused the failure. As of this summit, of the ~100 inspected towing vessels in MSU Pittsburgh fleet of responsibility, there has only been one vessel that completed the required drydock and internal structural examination. **Intervals for Drydock and ISE - 46 CFR 137.300.**

**5) Multiple Occurrences Towing Vessels Injuries**

Over the course of the year, reported injuries rose from 7 the previous year to 12 this year. Here is a quick synopsis of the injuries:

- 5 instances of slipping on wet decks or ladders. Work in environment exposed to the elements.
- 5 instances of strains from lifting or pulling.
- Hand caught in a hatch that wasn't secured open before the deckhand attempted to enter.
- One drunken fall into an empty hopper.
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**Identification and Mitigation of Health and Safety Hazards – 46 CFR 140.510**

## **The following text was taken directly from NVIC 01-15:**

**Professional medical treatment (treatment beyond first aid)** – For the purposes of this Circular, the Coast Guard uses the definitions of “medical treatment” and “first aid” as defined by OSHA in 29 CFR 1904.7(b)(5)(i) through (iii) as well as the explanation regarding medical treatment provided in subsections (iv) and (v) of 29 CFR 1904.7(b)(5).

Specifically, “Medical treatment” means the management and care of a patient to combat the injury. Medical treatment does not include the following:

- (a) Visits to a physician or other licensed health care professional solely for observation or counseling;
- (b) The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils); or
- (c) “First aid.”

### **“First aid” means the following:**

- (a) Using a non-prescription medication at non-prescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes);
- (b) Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
- (c) Cleaning, flushing or soaking wounds on the surface of the skin;
- (d) Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment);
- (e) Using hot or cold therapy;
- (f) Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes);
- (g) Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.);
- (h) Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
- (i) Using eye patches;
- (j) Removing foreign bodies from the eye using only irrigation or a cotton swab;
- (k) Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
- (l) Using finger guards;
- (m) Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes); or
- (n) Drinking fluids for relief of heat stress.

There may be instances when a party responsible for reporting a marine casualty becomes aware of a reportable marine injury or a death after the casualty reporting timelines in 46 CFR Part 4.05-1 and 4.05-10 have elapsed (e.g., a passenger or crew member files a claim for an injury that was initially not reported to a vessel’s master, owner, or operator). In those instances, an immediate notification shall be made to the cognizant Sector Command Center or Investigations Division and a CG-2692 shall be submitted within 5-days of the new information becoming available. Coast Guard IOs should refrain from initiating enforcement actions against a company for the submission of late or amended casualty reports when the delay is due to a failure of a crew member, contractor, or passenger to fully disclose the extent of an injury in a timely manner.