

THE UK'S LEADING ENERGY PORT









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INTRODUCTION

Welcome to the fourth edition of the Port of Milford Haven's Leisure Safety Digest which looks back at 2022. Previous editions have been very well received and it is encouraging that our leisure community has a healthy desire to learn from others' experience to help make their own leisure time safer and more enjoyable.

We have seen a significant increase in the amount of leisure traffic on the Waterway, indeed in Pembrokeshire as a whole and all the market indicators are for this traffic to continue its upward trend. Elsewhere in the country this has directly contributed to a significant increase in marine leisure incidents, thankfully within the Waterway this has not been the case.

The Port Marine Safety Code is an important industry standard code of practice for Ports such as ours, and through this we are enabled to monitor, manage and encourage leisure use. Part of this requires us to report incidents to the MAIB, and to investigate them ourselves so that we can ascertain if there are lessons to be learned. Lessons are of course for all parties, including commercial operators and the Port.

As an essential element of the Port's safety management and monitoring, we record all reported Port Incident Reports (PIRs) and all reported Near Miss Reports (NMRs); these are a broad mix of commercial and leisure orientated incidents with the occasional combination of both. We recorded 135 incidents in 2022 and 29 of these incidents involved leisure vessels compared to 20 in 2021. Of the 29 incidents, 21 can be classed as NMRs and 8 as PIRs.

Once again, we will replicate the format used in the excellent MAIB Safety Digest and use the events on our own Waterway to tease out where lessons can be learned, what has gone well and what not so well. This way the wider marine community can learn from others' experiences and aim to reduce the number of incidents. Previous editions of the Leisure Safety Digest can be viewed on our website <u>here</u>. You can also subscribe to updates including Notice to Mariners <u>here</u>.

Finally, when you have finished reading this, please take the time to pass the information onto someone you feel will benefit from this information.

ABBREVIATIONS

AIS	Automatic Identification System
ARPA	Automatic Radar Plotting Aid
BST	British Summer Time
COLREGS	Collision Regulations (International Regulations for preventing collisions at sea)
CPA	Closest Point of Approach
EPIRB	Emergency Position Indicating Radio Beacon
EVDS	Electronic Visual Distress Signal
LNG	Liquefied Natural Gas
LNGC	Liquefied Natural Gas Carrier
LOA	Length Over All
LPG	Liquefied Petroleum Gas
MAIB	Marine Accident Investigation Branch
MCA	Maritime and Coastguard Agency
MGN	Marine Guidance Note
MHCGOC	Milford Haven Coastguard Operations Centre
NMR	Near Miss Report
NtM	Notice to Mariners
PCC	Pembrokeshire County Council
PDFT	Pembroke Dock Ferry Terminal
PDV	Power Driven Vessel
PFD	Personal Flotation Device
PIR	Port Incident Report
PLB	Personal Locating Beacon
PMSC	Port Marine Safety Code
RADAR	Radio Detection and Ranging
RHIB	Rigid Hull Inflatable Boat
SART	Search and Rescue Transponder
ТСРА	Time to Closest Point of Approach
VHF DSC	Very High Frequency Digital Select Calling
VLCC	Very Large Crude Carrier
VPOT	Valero Pembrokeshire Oil Terminal
VTS	Vessel Traffic Services
Y BOAT	A small tender carried onboard RNLI all-weather lifeboats

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Lining up for trouble



Early January and there is a tanker arriving at Valero Berth 3. It does not require tug assistance as it is one of the smaller tankers. Meanwhile, a power driven vessel has rounded Weir Spit and is making its way west. The PDV helm decides that due to the

tanker's position in the channel that it has come off the berth and is proceeding to sea, however the opposite is the case. The helm decides to pass between the tanker and the berth. When the helm realised his mistake, he was already travelling too fast to take avoiding action.

Early May and a sunny spring evening, and an LNGC has completed its swing off Milford Shelf and is being backed down to Dragon LNG. The pilot boat is in attendance on the west side and has advised several vessels of the LNGC intentions. There are also four tugs attending the vessel. The PDV of concern was first spotted passing Cunjic Buoy whilst the St David's was in the area of the 5A Buoy. VTS identified as a possible at risk and notified the patrol boat to proceed. Crew on the St David's spoke with the owner/skipper of the vessel whilst north of Valero Berth 2. The pilot boat then went to speak to other vessels and noticed that the PDV was heading north of the channel towards Dragon LNG. VTS issued a VHF safety broadcast and the pilot boat tried to intercept the cruiser. At this point they were heading directly between the LNGC, which was being pushed onto the berth. There was less than a 50 metre gap and closing. The pilot boat put themselves in front of the cruiser to stop them proceeding. The pilots onboard the LNGC had started making plans to abort the berthing for fear of crushing the cruiser between the ship and the berth. The helm of the vessel was verbally abusive to the crew of the patrol boat leading them to believe that excessive alcohol had been consumed.



Early October and a yacht is motor sailing east towards Wear Spit, the winds are light. The yacht slowly proceeded towards the outfall cardinal mark then made contact with the buoy. On investigation, the helm stated that he had an engine alarm sound which turned

out to be a broken fan belt. The helm decided to replace the fan belt, a job that took him longer than anticipated allowing his vessel to drift and make contact with the buoy.



Early season and the ferry is on passage to PDFT on her regular lunchtime run. A yacht is identified on her starboard side as a possible concern as the ferry comes into the narrow section past Dragon LNG and VPOT. The yacht holds its course and speed, however

the vectors on radar clearly show that a risk of collision exists, and the Master sounds 5 short blasts as per the COLREGS Rule 34. Initially, the yacht takes no notice but as the ferry continues to bear down on him he realises and takes action by turning to starboard and then returns on track behind the ferry.



Approx. 3m inflatable tender with two people onboard observed by VTS in the main navigable channel in vicinity of Cunjic Buoy. Occupants of tender observed using oars

despite engine fitted to the transom of the vessel. The pilot boat was tasked to investigate and advised that the boat is intending to paddle to Llanion and making slow progress with the flooding tide with approx. 2 hours to HW. There is one person wearing a PFD and the engine is not working. As the occupants were unlikely to make Llanion with the flooding tide and would end up against the tide, the pilot boat took the tender under tow to the Mackerel Stage where they could be picked up. Early morning in the middle of August and the Prins 2 dredger is transiting from Pembroke Port to sea with a pilot onboard, while rounding the Dockyard Bank. Two leisure vessels passed down the starboard side, however the second of the two started to cross the bows of Prins 2 approximately 50 metres ahead and appeared to come to a stop. This caused the Prins 2 to lose sight of the vessel so the pilot took avoiding action, and then sighted the vessel back on the starboard side making way so was able to continue her transit.



In addition to the above, we experienced seven further incidents of leisure vessels impeding the safe passage of tankers or barges with some attempting to go between the berth and the vessel, and others by taking up the available space in the channel, forcing

the tanker to change their passage plan and utilise a different channel.

Lessons



1. In the first two incidents there was a lack of situational awareness and the helms assumed what was happening. In all vessel movements on the Haven, communication is conducted between VTS and the ship. By listening on VHF channel 12, the helm will hear these transmissions and can gain a "traffic image" which will assist in keeping their vessel safe. Additionally, with LNGC, VTS will make a broadcast on VHF Channels 12 and 14 advising vessels of a "significant vessel movement" and stating that Annual Standing NtM No.20 applies.

2. In the first two incidents, the helm made a decision to pass between the ship and the berth. Aside from being incredibly dangerous, this is a direct breach of Byelaw 27 that prohibits vessels from approaching within 100 metres of the terminal berths or ships alongside these berths. Port Byelaws are dealt with in a magistrate court and fines of up to £2500 can be issued by the court.

3. In the first incident the helm was travelling at a speed where he couldn't change his mind. Rule 6 of the COLREGS states "Safe speed. Every vessel shall at all times proceed at a safe speed so that she can take proper and effective action to avoid collision and be stopped within a distance appropriate to the prevailing circumstances and conditions."

4. It is believed that the consumption of alcohol severely impaired the helm's decision making process in one of these incidents. Although the helm claimed that he thought the LNGC was coming off the berth to transit to sea, he should not have taken the decision to pass between the ship and the berth when there was plenty of safe water to the south outside the channel, and he had been asked by the pilot boat to take the southerly route. The behaviour and attitude of the helm and passenger towards the pilot boat crew also indicated that alcohol had been consumed. Port Byelaw number 30 states that it is an offence to navigate a vessel in the Waterway while under the influence of alcohol.

5. In the third incident, the helm was not maintaining a proper lookout which meant he wasn't aware of the movement towards the buoy. Rule 5 of the COLREGS states: "Look-out. Every vessel shall at all times maintain a proper look-out by sight and hearing as well as by all available means appropriate in the prevailing circumstances and conditions so as to make a full appraisal of the situation and of the risk of collision."

Lessons (cont)

6. Traffic image, we often refer to it, but what is it? Essentially it is a picture and understanding in our own mind as to what vessels are where, what they are currently doing and what it is they intend to do. There are lots of ways we can build this, starting with VHF transmissions on channel 12 between VTS and the moving vessel/pilot boat, as tugs move around the Waterway they can often be indicators of pending commercial traffic movements. Several tugs moving at a time and in the same direction are often the indicator that a large VLCC or LNGC will be entering or leaving the Waterway. One or two tugs moving can often indicate smaller tanker movements. If the pilot boat is transiting ahead of a ship then it is usually a specified vessel (LNG) or a VLCC so best to keep clear. VHF transmissions referring to a "head south" or "head north" swing means the ship is going to be turning through 180 degrees so will be broadside to the channel at some point and space to navigate around it may be severely limited. Movements of the line boats towards the jetty faces will mostly indicate a vessel to be heading to that berth. These are by no means definitive but will help guide you and help build a traffic image to aid your decision making process.

7. This section contains the highest number of incidents and is a very concerning development to the safe navigation of the Milford Haven Waterway. Our Byelaws can be used to prosecute offenders and although we prefer to use the education route, we have prosecuted a vessel owner for impeding the safe passage of the ferry where they received a significant fine and were ordered to pay costs, and now have a criminal record.

8. Rule 9 - Narrow Channels: (a) "A vessel proceeding along the course of a narrow channel or fairway shall keep as near to the outer limit of the channel or fairway." Rule 9 (b) "A vessel of less than 20 metres in length or a sailing vessel shall not impede the passage of a vessel which can safely navigate only within a narrow channel or fairway." The Milford Haven Waterway is a defined Narrow Channel and therefore all our vessels which are confined to that channel take precedence.

9. As can be seen from this image, the vectors of the two vessels converge and therefore the Master of the ferry must consider this a potential collision situation and take suitable action. As he is confined to the channel, there are few options other than rule 34 as he needs to maintain his speed to retain steerage.



10. All vessels before they depart a berth should have a passage plan which should reference Harbour Byelaws, COLREGS and conduct of the vessel. For commercial vessels this is mandatory, for leisure vessels it is good practice.

11. In all of these incidents, had the vessel been maintaining a listening watch on VHF channel 12, they would have received notification of these large commercial vessels. They would have been aware of where they were going and the vessels approximate location. When inbound, reporting vessels call VTS on entering the east or west channel, and when passing Thorne Rock Light Buoy, Cunjic Light Buoy and Wear Spit mark. Outbound vessels at Wear Spit, Cunjic Light Buoy and Qatar Light Buoy call VTS on leaving the east or west channel.

Bump stop



Early March and a 17ft day cruiser is being used to access the shore on a dropping tide and deteriorating conditions. There are two people onboard wearing lifejackets with a VHF radio and mobile phones. Due to rocks being revealed as the tide dropped, a hasty retreat from the shore was undertaken, but shortly after leaving, the engine failed and despite having paddles the conditions were too extreme and they were blown towards the rocks. To prevent damage to the boat, one person got out and stood in chest deep water holding the boat against the waves, whilst the other called for assistance, initially on VHF channel 14 and then directed to channel 16. A Port vessel was tasked, and they successfully towed the boat off the rocks and back to safety.

Mid-summer and the Waterway is busy with leisure traffic. A call from MHCGOC to VTS is received advising of a jet ski aground on rocks near a popular beach. On investigation, it transpired that the owner had secured the jet ski by an anchor but had no knowledge

of dropping tides and had not accounted for this. Thankfully it was a calm day and the grounding was gradual so the jet ski was lifted off with assistance and no damage.

Mid-summer and a 12 metre ketch is gently sailing east from Milford Haven towards Wear Spit. The ferry is outbound and the helm stays to the south to allow plenty of

space. When clear, the helm looked for a mark to head for and decided on the distant Carr Spit navigation mark, so altered course to pass this on the starboard side. However, the helm didn't spot the Wear Spit mark and the course over the ground took the ketch over Wear Spit on a dropping tide causing the vessel to come to a gentle stop. The helm immediately shut the engine down, notified VTS and MHCGOC and checked throughout for water ingress. Thankfully, due to the construction of the hull everything was found in good order. The crew then settled in for the wait until they refloated on the rising tide some three hours later and returned to Milford Haven. The vessel was given a thorough check over including the keel bolts with no issues identified.

Lessons



I. In the first incident, forward planning could have prevented the developing situation. Why chose to access an area over rocks on a dropping tide with the weather deteriorating? It would be best to delay the trip and pick better weather and tide conditions.

2. An element of passage planning is required for even the simplest of journeys. It doesn't need to be in writing, but a good look over the charts and your intended route will serve to notify you of potential hazards which you can then mitigate. As part of your plan, you should plot your intended route, check tides and currents, consult your charts, almanac etc. for any potential problems or obstructions and make a "what if?" plan so you have something to fall back on.

3. Local knowledge is key, and in all these cases had they gained better local knowledge, they would have been aware of the tide dropping and known where the shallow areas are located etc. All this information is available online and in charts, almanacs, tide tables etc. Do your research and look at Google Maps to see if there are images with the tide out to help inform your plan.

4. Communication is also key, and in all cases, they contacted MHCGOC and/or VTS to inform them of the situation. There is no substitute for a VHF radio, but if you don't have one, at least have a fully charged mobile phone.

When is a mooring not a mooring?



Early evening and a call comes through to VTS that a yacht is drifting near Burton moorings and being set towards the NATO jetty. The Water Ranger is on the water as well as a Dale Sailing workboat. The tide was in heavy flood and the yacht looked to be in imminent danger of striking the jetty. Working together, the two vessels managed to clear the yacht into deeper water where Dale Sailing took the vessel under tow and took it to Neyland as a place of safety. Following up, it transpired that the owner had been unable to get his mooring serviced at Hobbs Point and as he was going away for a while, he decided that the safest course of action was to anchor by his mooring, but not utilise it. Additionally, the owner had used a two prong fisherman's anchor which had unsuitable holding properties for the ground.

Early morning in the middle of summer and a report comes into MHCGOC that a yacht is adrift in Dale Bay. It's not clear if anyone is onboard so Angle Lifeboat is tasked. On arrival, nobody is found onboard so they board a couple of crew and tow the boat into

slightly deeper water where they utilise the onboard anchoring equipment to secure the vessel. When the crew were satisfied that the vessel was safe, they returned to the station and reported that insufficient chain had been laid out for the predicted tidal range. The owner was never identified and it's possible they have no idea what danger they had left the vessel in.



Late summer and a 40ft powerboat is reported adrift near Burton. A Port vessel and crew are tasked, and on arrival found the vessel with nobody onboard floating free. There was an anchor deployed but not holding. The vessel was taken under tow and secured to

Hobbs Point pontoon. On investigation, the owner had left it at anchor unattended with too small an anchor and not enough chain out, especially given the tidal stream and holding ground.

Lessons

I. In all three instances the vessels were left unattended while at anchor. There is no way that the owner can monitor the vessel and set an anchor watch, and when the inevitable happens they are not there to prevent it. If you intend to leave your vessel unattended, then for the safety and security of your vessel, you should seek either a mooring position or a safe place like a marina. Leaving a vessel at anchor unattended is asking for trouble and your insurance company won't like it either.

2. Again, local knowledge is key and there are several publications that will tell you what the holding ground is, as well as the tidal range. Using an anchor that is suitable for the size of your vessel, appropriate to the holding ground and laid correctly will help keep your vessel safe. Learn how to anchor properly and do your due diligence for the area and tides.

3. In two of the three incidents, it was not known who the owner of the vessel was, where the vessel had originated or what the intentions of the owner were. Both took a considerable amount of time to identify the owners. We are seeing more and more vessels left unattended at anchor which is very concerning. If you must leave an anchored vessel unattended, then it is vital that you leave contact details in case of an incident.

Are engines supposed to make a noise?



First trip out after winter maintenance works, leaving Milford Marina and heading west, the vessel made it as far as South Hook small boat passage before the engine failed. The helm called for assistance on VHF channel 16 and the Water Ranger was tasked by MHCGOC to assist. On assessment it was clearly an electrical issue and the boat was taken under tow and

to assist. On assessment it was clearly an electrical issue and the boat was taken un returned to Milford Marina.

An II m yacht contacted VTS by telephone to say that they had lost their engine at Linney Head and would sail into Neyland Marina. A pilot boat was conducting MOB exercises in the east channel so at the request of MHCGOC they attended the vessel to conduct a welfare check. On arrival, the yacht was found becalmed and at risk of drifting onto the shore. The pilot boat took it under tow and proceeded towards the east channel where Angle Lifeboat met them, took over the tow and returned them to their berth.



Late evening starting to get dark and VTS spot a fixed radar return in the entrance channel to Milford Marina. VTS contact Pier Head and ask them to assist. Pier Head informs VTS of the vessel name, but they are unable to contact them. VTS task the

pilot boat to investigate where they find an 11 metre yacht at anchor in the channel. There is no anchor ball up and no navigation or anchor lights on. They raise the helm who states he has a fouled propellor. The launch asked if he had contacted anyone, and he states that he didn't know who to call. As the position of the vessel was a potential risk to safe navigation, the pilot boat instructed the helm to re-position outside the channel, however he then said that he had engine issues. The pilot boat towed him out of the channel where he re-laid his anchor and was instructed to place an anchor ball and anchor light. Whilst the launch was standing off, the helm cleared his inlet filter enabling use of the engine and the yacht entered Milford Marina at the next opportunity.



Late October and a 22 metre motor cruiser calls VTS to inform them that they are entering through the 'Heads' but are experiencing steering malfunction. VTS informed MHCGOC and tasked the pilot boat to assist if required. Meanwhile, a Smit Range Safety

Boat offered to assist and helped the vessel get safely alongside the outer pontoon at Dale. The helm reports that the vessel had just undergone a major refit at another Port where they had set off from earlier that day. On investigation, the battery terminals had not been resecured sufficiently, causing the electric steering to fail. Once tightened up all systems were restored.



Early November, blustery conditions and darkness starting to fall. VTS notice a radar target abruptly change course out of the channel near the Outfall North Cardinal mark and stop. The yacht had AIS so VTS were able to call on VHF channel 12 to check on the vessel.

The helm reported that they had lost the engine and had limited sail up so had gone to anchor to find the fault. Angle Lifeboat was tasked by MHCGOC. The helm conducted his own fault finding and discovered a fouled prop, but the engine would not restart in neutral. Further investigation found a battery issue caused by the alternator not providing enough charge to the start battery. By linking both batteries he was able to restart, and then by putting the engine astern they cleared the prop. It was the vessel's own bow line that had caused the issue. The vessel was able to make their own way to Milford Marina and escorted by Angle Lifeboat as a precaution.

.essons



I. Breakdowns happen, it's a fact of life and can happen to the most and least prepared. Statistically it's the least prepared that this happens to the most and we generally find that the most prepared are in a better position to self-diagnose and fix the problem.

2. Two of these incidents happened to vessels that had just had major works undertaken. It's good practice to go back over all systems to ensure that everything is reconnected properly, especially if the work has been contracted out to a third party. Had the cruiser undertaken this then they may have identified the loose battery terminals.

3. In all but one of these occasions, what the helm did afterwards was correct. They raised the alarm and then started fault finding to try and fix the issue. The incident in the Milford Marina entrance risked the safety of himself and others by not anchoring in a safe place, not displaying any lights and not contacting anyone such as the Coastguard to notify of the situation.

4. Prior to departing your berth, you should have a suitable checklist in place to cover all essential items including electrical and mechanical items, as well as navigational and safety items.

5. A toolkit is essential and the range between a comprehensive one to a simple one could be the difference between getting home or not. A multimeter and the knowledge to diagnose simple electrical faults can be invaluable.

6. Back up systems are so important. With the yacht off the Outfall Buoy experiencing battery issues, the ability to link the starter battery with the systems battery and a properly rated link switch enabled them to re-start the engine.

7. The phrase "ship shape and Bristol fashion" comes to mind with the yacht at the Outfall Buoy. The helm didn't undertake the usual tidy and secure lines protocols they would usually do as they were only travelling four miles. This led to the bowline falling off the side and fouling the prop. You can help mitigate this risk by ensuring the bowline is not long enough to reach the prop.

Things did not go swimmingly



Mid-September and the water temperature is about as good as it gets here in Milford Haven at around 17°C. In February we average around 7°C. A mayday broadcast on VHF channel 12 is made by a yacht near Hobbs Point, reporting a swimmer in the water in difficulty. This is initially co-ordinated by VTS, whilst notifying MHCGOC for them to take over coordination. The Water Ranger made best speed to the incident, arriving some four or five minutes after the broadcast. On arrival, the casualty was being transferred back onto his boat by a local RYA training establishment safety boat that had been undertaking a level 2 powerboat course by the Cleddau Bridge and had responded immediately. The casualty was very cold and with assistance from his partner was getting dried off and into warm clothes. Angle Lifeboat arrived soon after and put two medically trained crew onboard to check over the casualty. The yacht tender had broken off from the stern of the yacht, and as the owner considered himself a good swimmer, he decided to swim after it as the weather was mild, and the tide was slack. The casualty said "I rapidly discovered that the temperature of the water was having a far more debilitating effect on me than I ever anticipated, severely impairing my ability to swim as I lost coordination of my arms and legs." Thankfully the casualty had his partner onboard to keep an eye on him and when she saw him in difficulty she immediately raised the alarm.

Lessons



I. Calling mayday should always be done on VHF channel 16. This is the channel constantly monitored by the Coastguard. Milford Haven VTS retain close links with MHCGOC and can pass situations on in a timely manner. If you are at sea and make a mayday call on any other channel, it may not be heard.

2. Always wear a lifejacket. Even if you are a good swimmer, the effects of cold water on your body are significant. If you are wearing a lifejacket or buoyancy aid you have assistance in staying afloat.

3. Wear a wetsuit - even a shorty wetsuit in this situation would have assisted the casualty as well as providing a small amount of buoyancy.

4. Consider your task and when you do it. In this instance the helm would have been better either using his own yacht to retrieve the tender or raising the attention of another boat to ask for their assistance. Never underestimate the effect of cold water on your body.

5. The UK waters are always cold so cold water shock is always a possibility. Your heart rate will increase as though you are running a race and your breathing will increase from around 12 breaths per minute to over 60. The volume of air being put through your lungs will be fivefold and this increases the chance of ingesting water. As little as 1.5 litres is enough to be fatal. All this overloads the heart and can cause heart failure, even in young people.

Where I'm going I don't need knowledge



Early summer and a jet ski is observed transiting east in close proximity to the starboard side of the ferry, then at less than 100 metres crossed the bow of the ferry, before transiting west in close proximity to the port side of the ferry. The Water Ranger was tasked by VTS to intercept the jet ski and talk to the helm.



A bright sunny day on the Waterway and the Water Ranger is escorting ahead of the ferry on her outbound passage. Passing South Hook LNG the Water Ranger spots a jet ski stopped mid channel ahead. Something doesn't look right so he makes best speed to see what is wrong. On arrival, the helm is in obvious pain and his passenger states that he has damaged his back. Due to the proximity of the outbound ferry, the helm is encouraged to motor north to get out of the channel where he can be assessed safely. The Water Ranger then calls the incident into MHCGOC and assesses the casualty. The helm had only just bought the jet ski and travelled from the West Midlands to try it out. He had very little experience and no knowledge of the Waterway. He had spotted a large wash from a tug that was transiting out to sea and thought it would be fun to jump the wash, and on landing he immediately felt excruciating pain in his lower back. The casualty was able to help himself onto the patrol Rhib and laid flat on the deck while being examined. Meanwhile, the Assistant Water Ranger got onto the jet ski to helm that as the passenger had no knowledge of how to ride it. The Water Ranger was concerned about the condition of the casualty and requested MHCGOC to call an ambulance to attend Mackerel Quay. The Coastguard and ambulance met the patrol Rhib at the Mackerel Stage and it was decided to bring the casualty into Milford Marina and offload at the fuel pontoon. The casualty was secured on a spine board by the ambulance crew and transferred to the waiting ambulance.

Lessons



I. In the first jet ski incident, the helm had completed a PWC course but he had no awareness of the danger that he had placed himself in, and had not conducted any research into the rules and regulations of the Waterway or indeed how to operate safely on the water.

2. In the first incident, had there been a mechanical failure, or if the helm had fallen off the ski, there would have been no time for the ferry to take avoiding action. Due to the proximity of the jet ski, it is also unlikely that that the jet ski would have been visible from the bridge of the ferry.

3. The photograph above was shown to the jet ski owner. He thought that he was at least two ferry lengths ahead when he crossed and was shocked to see how close he had been.

4. It cannot be underestimated how important some training or even familiarisation with your new craft is. To have no real knowledge of how to drive it, no knowledge of the Waterway, and for the passenger to be inexperienced too, is placing yourself in an unnecessary position.

Lessons (cont)

5. Neither jet ski had a method of communication with them, and therefore no way of raising the alarm. At the very least, you should carry a mobile phone in a waterproof pouch, but preferably a VHF radio.

6. Jumping the wash of a vessel with a PWC is dangerous. It's easy to land badly and damage your spine or be flung forward on impact and damage your ribs on the console. If the other vessel is also a fast-moving craft, they could turn into you as you jump. This happened on the Menai Straits in August 2020 causing the loss of a life.

USEFUL LINKS

Met Office Weather Forecast

Port of Milford Haven: Enjoy the Milford Haven Waterway

Royal Lifesaving Society UK: Cold water shock

RNLI: Cold water shock

RNLI: How to call for help at sea

RNLI: Lifejackets

RNLI: Respect the water

The Merchant Shipping Regulations 1996

YouTube: How to use a VHF radio to call for help





WANT TO EXPLORE THE MILFORD HAVEN WATERWAY?



The Water Ranger provides information, advice and assistance to all waterway users. They also police the zoning systems and, where necessary, enforce bye-laws that seek to protect the safe and enjoyable recreational use of the Haven.

The Water Ranger can be contacted using VHF Channel 16 or VHF Channel 12 (or by email at enquiries@mhpa.co.uk).

SUBSCRIBE TO OUR NOTICE TO MARINERS:

Notices to Mariners contain important information for all waterway users, helping keep everyone safe. You can subscribe here https://www.mhpa.co.uk/subscribe-to-updates/

We wish you a safe and enjoyable season on the water.

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