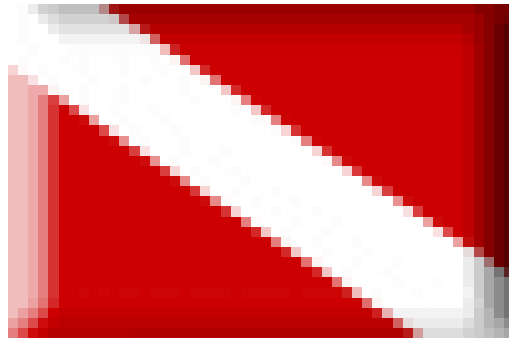


**EMERGENCY DIVE PLAN
FOR
DUTCH SPRINGS**



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Dive master in training**

Purpose

These guidelines are intended to provide recommendations for accessing emergency medical resources and providing on-scene treatment to diving emergencies. Divers/Dive masters and dive operators are responsible for ensuring that necessary emergency equipment, including oxygen, and trained personnel, are available. These guidelines assume that all advanced life support skills, such as defibrillation, intubations, IVs, and the administration of medications are performed by properly credentialed and authorized personnel. Further, the guidelines assume that on-scene personnel are able to establish communications with both the Coast Guard or Fire Department/EMS, and the Divers Alert Network.

Emergency Contacts and Communications

919-684-8111/1-800-326-3822 **Divers Alert Network**
800-478-5555 **US Coast Guard Rescue Coordination Center**
(VHF 16/22a or 4125 HF or nearest Coast Guard Unit)

Nearest Recompression Facility to Dive Site: (Subject to change)

Institute for Environmental Medicine

University of Pennsylvania
One John Morgan Building
3620 Hamilton Walk
Philadelphia, PA 19104-6068
call (215) 898-9095 or (215) 662-7785

Nearest Medical Treatment Facility to Dive Site:

- Location: Lehigh Valley Hospital Muhlenburg, Bethlehem, PA 19017
- Telephone: (610) 861-2200

Expedition Emergency Contact Numbers:

- Local EMS telephone number - On site contact land based observers or observers in rib boats/kayaks.

General Procedures:

Depending on and according to the nature of the diving accident, stabilize the patient, administer 100% oxygen, and initiate the local Emergency Medical System (EMS) for transport to nearest medical facility. Explain the circumstances of the dive incident to the evacuation team, medics and physicians. Do NOT assume that they understand why 100% Oxygen may be required for the diving accident victim or that recompression

treatment may be necessary. The following guidelines should be used when an incident occurs:

- 1. Rescue victim and/or position so the proper procedures may be initiated.**
- 2. Establish (A)irway, (B)reathing and (C)irculation as required.**
- 3. Administer 100% oxygen, if appropriate (in cases of Decompression Illness or Near Drowning).**
- 4. Activate the local EMS for transport to the nearest appropriate medical facility. (the local EMS will vary from site to site – it must be stated in dive plan)**
- 5. Contact the Diver's Alert Network as deemed necessary.**
- 6. Contact Diving Supervisor/Dive Master, Atlantic Edge (persons) and Emergency Contact Person, as deemed necessary.**
- 7. Complete and submit Incident Report Form (in manual) to appropriate agencies as requested.**

Guidelines

1. If the diver is clearly in need of medical assistance, the first call made should be to an agency capable of arranging emergency medical care and transportation, such as the US Coast Guard (from sea), or local EMS agency or fire department (from shore) as outlined below. At a minimum, the following information should be provided:
 - The location of the diver/emergency.
GPS coordinates, if necessary and available.
 - The diver's current status, particularly:
Is the diver conscious?
Is the diver breathing?
Does the diver have a heartbeat?
What are the patient's vital signs (if taken)?
What are the other signs/symptoms which resulted in the need for medical attention?
 - The cause of the emergency.
 - The emergency care being provided.
 - The destination and ETA, if the vessel will be transporting the patient to shore or vehicle.

As the situation evolves, additional information, such as the boat speed, position, markings, updated patient condition, etc., may need to be provided. Those caring for the patient should anticipate and be prepared to respond to such questions.

2. If it is unclear whether the diver needs emergency medical care, or emergency medical care has been requested and on-scene personnel wish to obtain medical

advice or consultation, the Divers Alert Network (DAN) may be contacted at 919-648-8111.

3. As a general rule, if the call is being **made from the water**, the United States Coast Guard should be contacted on VHF channel 16 or 4125 HF. If the call is being made **from shore**, the local emergency number (usually 911) should be used.

When using a cell phone to call 911 from outside a port, it is particularly important to give good information on vessel position, since it is possible you may be connected to a dispatch center which is not the closest, geographically. In general, if your vessel will not be bringing the patient to shore, it is best to contact the Coast Guard, which can also facilitate or provide emergency transportation.

Emergency Medical Care

General Points

1. Suspect a diving emergency any time the patient developing signs/symptoms has dived within the past 24 hours.
2. Don't rule out other causes of signs and symptoms, e.g. allergic reactions, heart attacks, etc.
3. Perform initial assessment and institute any necessary resuscitative measures.

Key Values in 1 Rescuer Adult Resuscitation	
Ventilation Rate (Rescue Breathing)	12 breaths/minute (1 breath each 5 seconds)
Compression to Ventilation Ratio	15:2
Compression Rate	60 – 80/minute
Compression Depth	1.5 – 2 Inches

4. Administer oxygen via non re-breather mask, demand valve, or other method that provides a good mask seal and a high concentration of oxygen.
5. Remove the patient's dive gear and suit as carefully as his or her condition permits.
6. Prevent heat loss and re warm as appropriate.
7. Evaluate the patient's condition frequently, paying particular attention to changes in level of consciousness and respirations. Changes should be documented for later use by medical staff.
8. Obtain and record information on patient's dive profile.
9. Transport diving equipment with patient. The diving equipment should be left in the condition in which it was found.

10. Transport the patient level, in a **left lateral recumbent position**, by ground, in an aircraft pressured to sea level, or by aircraft flying at lowest safe altitude (less than 1,000 feet, if possible).
11. The Divers Alert Network may be contacted by on-scene medical personnel or by the physician remotely managing the case.
12. Be prepared to provide personnel investigating the dive with detailed information about the events and your observations.

Acutely sick dive emergency patients

1. Rapid transport to a medical facility should be a primary concern.
2. Oxygen should be continued until patient reaches the medical facility.
3. An IV should be started and a 500 ml bolus of normal saline, or other balanced salt solution should be administered, followed by an infusion of 250 ml/hr.
4. The rescuer should document changes in the patient's signs, symptoms, and vital signs which occurred en route.
5. Seizures should be anticipated and treated promptly by protecting the patient during the seizure and resuming the administration of oxygen as soon as possible.

Stable dive emergency patients

1. If the patient is not receiving IV fluids, give the patient warm, non-alcoholic fluids if this can be accomplished without interrupting the delivery of oxygen. Plain water is best. Fluids containing large amounts of sugar or caffeine should be avoided because of their diuretic potential.
2. Oxygen should be continued until the patient reaches the medical facility.
3. Perform a baseline neurological examination which tests at least orientation, eyes, facial movement, hearing, sensory perception, and balance and coordination, if possible.

Transport to a medical facility for further evaluation and treatment.

Pre-Dive information

1. Assign dive buddy teams with location and log information for potential use:
2. Collect and document emergency information to include allergies and POC's

DIVE PROFILES

Dive No.: 1 Location: _____

Buddy Team 1: _____ & _____

Buddy Team 2: _____ & _____

Buddy Team 3: _____ & _____

Buddy Team 4: _____ & _____

Buddy Team 5: _____ & _____

SI= _____ RG _____ RG _____

Depth _____ | _____ | Safety stop min

Gas used:

Air _____

Nitrox _____ % O2

RNT= _____ Time in: _____

ABT= _____ Time out: _____

TBT= _____

Dive No.: 2 Location: _____

Buddy Team 1: _____ & _____

Buddy Team 2: _____ & _____

Buddy Team 3: _____ & _____

Buddy Team 4: _____ & _____

Buddy Team 5: _____ & _____

SI= _____ RG _____ RG _____

Depth _____ | _____ | Safety stop min

Gas used:

Air _____

Nitrox _____ % O2

RNT= _____ Time in: _____

ABT= _____ Time out: _____

TBT= _____

Emergency Contact Information for Each Diver

Diver: _____ Diver No. 1

Emergency Contact: _____ Relation: _____

Work Telephone: _____ Home Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Diver: _____ Diver No. 2

Emergency Contact: _____ Relation: _____

Work Telephone: _____ Home Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Diver: _____ Diver No. 3

Emergency Contact: _____ Relation: _____

Work Telephone: _____ Home Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Diver: _____ Diver No. 4

Emergency Contact: _____ Relation: _____

Work Telephone: _____ Home Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information for Each Diver

Diver: _____ Diver No. 5

Emergency Contact: _____ Relation: _____

Work Telephone: _____ Home Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Diver: _____ Diver No. 6

Emergency Contact: _____ Relation: _____

Work Telephone: _____ Home Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Diver: _____ Diver No. 7

Emergency Contact: _____ Relation: _____

Work Telephone: _____ Home Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Diver: _____ Diver No. 8

Emergency Contact: _____ Relation: _____

Work Telephone: _____ Home Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Diver: _____ Diver No. 9
Emergency Contact: _____ Relation: _____
Work Telephone: _____ Home Telephone: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Diver: _____ Diver No. 10
Emergency Contact: _____ Relation: _____
Work Telephone: _____ Home Telephone: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Diver: _____ Diver No. 11
Emergency Contact: _____ Relation: _____
Work Telephone: _____ Home Telephone: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Diver: _____ Diver No. 12
Emergency Contact: _____ Relation: _____
Work Telephone: _____ Home Telephone: _____
Street Address: _____
City: _____ State: _____ Zip: _____