This form (& dive computer & buddy if appropriate) should accompany the casualty to medical facilities

### CASUALTY ASSESSMENT

**Date:**

**Casualty name:**

**Age:** yrs  Male/female:

**Onset of symptoms:**  Time:

**Description:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Record observations every 15 mins and when casualty’s condition changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest level of response</td>
<td>Alert, Voice, Pain, Unresponsive</td>
</tr>
<tr>
<td>BLS</td>
<td>Note times started and stopped</td>
</tr>
<tr>
<td>AED</td>
<td>Note times applied Note if shocks given</td>
</tr>
</tbody>
</table>

**Orientation**

- **Day:** ✓ normal  x abnormal
- **Place:** ✓ normal  x abnormal
- **Person:** ✓ normal  x abnormal

**Personality change**

- ✓ absent  x present

**Chest pains**

- ✓ absent  x present

**Respiratory rate**

- (breaths/minute)

**Pulse rate**

- (beats/minute)

**Vision**

- ✓ Normal, Tunnel, Blurred, Double

**Head & neck**

- ✓ normal
- Tingling/numbness Left/Right/Both
- Facial weakness Left/Right/Both

**Upper limb**

- ✓ normal
- Tingling/numbness Left/Right/Both
- Weakness Left/Right/Both

**Trunk**

- ✓ normal
- Tingling/numbness Left/Right/Both

**Lower limb**

- ✓ normal
- Tingling/numbness Left/Right/Both
- Weakness Left/Right/Both

**Eye/hand coordination**

- ✓ normal  x abnormal

**Oxygen therapy**

- Note time started & stopped. Note O_2 %

**Fluid administered**

- Note time and amount (mls)

**Assessor name:**  **Contact name:**

**Tel:**  **Vessel call sign:**

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INCIDENT PROCEDURE

- TAKE CONTROL
- ASSESS THE SITUATION
- DELEGATE ACTION
- CONTACT THE EMERGENCY SERVICES

Tell them: Who you are - Type of emergency – Location

EMERGENCY SERVICES - UNITED KINGDOM

<table>
<thead>
<tr>
<th>At sea</th>
<th>On land</th>
</tr>
</thead>
<tbody>
<tr>
<td>All incidents: Coastguard</td>
<td>Decompression illness: BHA / RN Diver Helplines</td>
</tr>
<tr>
<td>Lives in immediate danger: Mayday (distress button)</td>
<td>England, Wales, Northern Ireland: 07831 151523</td>
</tr>
<tr>
<td>Decompression illness: Pan Pan</td>
<td>Scotland: 0845 408 6008</td>
</tr>
<tr>
<td></td>
<td>Near drowning: Ambulance 999 or 112</td>
</tr>
<tr>
<td></td>
<td>Lost diver: Coastguard/Police 999 or 112</td>
</tr>
</tbody>
</table>

Decompression illness

Keep the casualty quiet
Lie casualty flat on back
Do NOT raise legs
Administer 100% oxygen
Administer fluids

Basic life support

Check safety
Unresponsive? Shout for help
Open airway
Not breathing normally? Send for/go for AED
Call emergency services
30 chest compressions
CC+RB 30:2 (follow voice prompts when AED in use)

DIVE DETAILS

<table>
<thead>
<tr>
<th>Ascent</th>
<th>Normal Y/N</th>
<th>Rapid Y/N</th>
<th>Missed stops</th>
<th>mins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use separate sheet for buddy</td>
<td>Incident dive</td>
<td>Previous dives (most recent first)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas mix (if rebreather write RB and give diluent mix)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface interval (since previous dive)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depth (m) &amp; Dive time (surface to surface, or 1st stop if taken)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stop 1 (mins @ m) &amp; deco mix</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stop 2 (mins @ m) &amp; deco mix</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stop 3 details (Record dives with &gt;3 stops on a separate piece of paper)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surfacing time (and date if needed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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