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

At sea
All incidents: Coastguard
Lives in immediate danger: Mayday (distress button)
Decompression illness: Pan Pan

On land
Decompression illness: BHA / RN Diver Helplines
England, Wales, Northern Ireland: 07831 151523
Scotland: 0345 408 6008
Near drowning: Ambulance 999 or 112
Lost diver: Coastguard/Police 999 or 112

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
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>
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>
</table>

**Highest level of response**  
Alert, Voice, Pain, Unresponsive 

**BLS**  
Note times started and stopped 

**AED**  
Note times applied  
Note if shocks given 

**Orientation**  
Day  
✔ normal  ❌ abnormal 
Place  
✔ normal  ❌ abnormal 
Person  
✔ normal  ❌ abnormal 

**Personality change**  
✔ absent  ❌ present 

**Chest pains**  
✔ absent  ❌ 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  ❌ abnormal 

**Oxygen therapy**  
Note time started & stopped. Note O₂ % 

**Fluid administered**  
Note time and amount (mls) 

Assessor name: Contact name: 
Tel: Vessel call sign: 

V2.4.19 February 2016