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	**VHF DSC** (or Channel 16)
	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**

Call emergency services

↓

30 chest compressions

↓

CC+RB 30:2 (follow voice prompts when AED in use)

DIVE DETAILS

Casualty name:

Ascent	**Normal Y/N**	**Rapid Y/N**	**Missed stops mins**

Use separate sheet for buddy	**Incident dive**	**Previous dives** (most recent first)		
Gas mix (if rebreather write **RB** and give diluent mix)				
Surface interval (since previous dive)				
Depth (m) & Dive time (surface to surface, or 1st stop if taken)				
Stop 1 (mins @ m) & deco mix				
Stop 2 (mins @ m) & deco mix				
Stop 3 details (Record dives with >3 stops on a separate piece of paper)				
Surfacing time (and date if needed)				

CASUALTY ASSESSMENT

Date:

Casualty name: **Age:** **yrs** **Male/female:**

Onset of symptoms: Time:
Description:

Time	Record observations every 15 mins and when casualty's condition changes						
Highest level of response			**A**lert, **V**oice, **P**ain, **U**nresponsive				
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			**N**ormal, **T**unnel, **B**lurred, **D**ouble				
Head & neck	**Tingling/numbness**		**L**eft/**R**ight/**B**oth				
✓ normal	**Facial weakness**		**L**eft/**R**ight/**B**oth				
Upper limb	**Tingling/numbness**		**L**eft/**R**ight/**B**oth				
✓ normal	**Weakness**		**L**eft/**R**ight/**B**oth				
Trunk ✓ normal	**Tingling/numbness**		**L**eft/**R**ight/**B**oth				
Lower limb	**Tingling/numbness**		**L**eft/**R**ight/**B**oth				
✓ normal	**Weakness**		**L**eft/**R**ight/**B**oth				
Eye/hand coordination		✓ normal	✗ 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:**