## FU logo L mono DIVING/ SNORKELLING PLAN FORM

**NB: Dive Coordinators to complete, obtain approvals and retain a copy of this form.**

**No diving or snorkelling is permitted unless a copy of this form has been completed for the dive operation, and approval given by the Maritime Safety Dive Officer.**

**All divers must abide by the procedures outlined in the Flinders University Diving and Snorkelling Procedures Manual and Webpage:** <https://staff.flinders.edu.au/workplace-support/whs/information-documents/topic/diving>

|  |
| --- |
| Project Title: |
| Start Date: \_\_\_/\_\_\_/\_\_\_\_\_ | End Date: \_\_\_/\_\_\_/\_\_\_\_\_ |
| Principle Investigator: | Lead Organisation: |
| Dive Coordinator for operation: |
| Vessel Name: | Coxswain Name: |
| Dates: \_\_\_/\_\_\_/\_\_\_\_\_ | Site/ Location/s (including GPS): |
|  \_\_\_/\_\_\_/\_\_\_\_\_ |  |
|  / / |  |
|  \_\_\_/\_\_\_/\_\_\_\_\_ |  |
|  \_\_\_/\_\_\_/\_\_\_\_\_ |  |
| Brief description of project aim, methods and dive equipment in use: |
|  |
|  |
|  |
| **PERSONNEL** |
| **Name** (& phone number if non-Flinders) | **Diver Category** (i.e. Restricted Student Diver, Limited Scientific Diver or General Scientific Diver) | **Role/ Task/ Duties** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| ***All dives on standard air and open circuit scuba or snorkel*** [ ]  **Y** [ ]  **N** **Dive plan for each dive**. Include diving method, proposed depth/duration for each dive, and expected repetitive group/s at end of dive/s (using DCIEM tables).  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Intended maximum depth (m): | Proposed no. of dives per day: |
| Total days diving: | Total days boating: |

|  |
| --- |
| **Diving Emergency Response Plan**The Emergency Response Plan details requested here must be completed for all Flinders University Diving Projects. This should be done in conjunction with the Risk Assessment for each project.  |
| Location of nearest medical assistance and time it will take to get assistance to site: |
| Location of closest Hyperbaric Chamber and time it will take to get to the facility: |
| Means of contact while in the field (specify radio channels/ phone no’s if applicable): |
|  |
|  |
| Agreed contact plan with the Maritime Safety Dive Officer on diving days, (describe): |
|  |
|  |
| **\*\* NB: Enough oxygen (O2) must be carried in the boat and the vehicle to ensure that at least two patients can be given 100% O2 during the entire evacuation procedure, from dive location to medical facility.** |
| Have you completed the Risk Assessment for this project and included relevant diving (and boating) risks with appropriate controls [ ]  **Y** [ ]  **N** *add notes* |
| Will there be travelling by plane or over a certain altitude [ ]  **Y** [ ]  **N** *add notes & link to R.A.* |
| Is any special equipment to be used [ ]  **Y** [ ]  **N** *add notes & link to R.A.* |
| Any gas mixes to be used: [ ]  **EAN32** [ ]  **EAN36** [ ]  **Other list:** |
| Any specified procedures or exemptions [ ]  **Y** [ ]  **N** *add notes & link to R.A.* |
| Any special permits required [ ]  **Y** [ ]  **N Permit No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| I certify that I have notified all personnel involved in the operation of potential hazards that exist within the area of the dive location and discussed the Diving & Snorkelling Plan and Risk Assessment for the trip. Once on site, I will reassess diving conditions, and diving will not be attempted unless I deem the area safe. |
| **Dive Coordinator’s** *Signature***:** | **Date**: \_\_\_/\_\_\_/\_\_\_\_\_ |

**Please attach this Diving/ Snorkelling Plan Form and a valid Risk Assessment to attachments in FlinSafe. The Maritime Safety Dive Officer will review details and approve diving or snorkelling operations via the online system. The Dive Coordinator should also send a copy of the Risk Assessment and Diving/ Snorkelling Plan Form to all participants so that they have an understanding of the hazards, risk and emergency procedures in place and/or the Dive Coordinator should have a printed copy on-site for participants to review.**

|  |
| --- |
| **Maritime Safety Dive Officer Only** |
| Dive plan checked: [ ]  **Y** [ ]  **N** | Risk assessment complete: [ ]  **Y** [ ]  **N** |
| Dive plan recommended for approval: [ ]  **Y** [ ]  **N** | Special conditions approved: [ ]  **Y** [ ]  **N** |
| Comments: |
|  |
|  |
| Signed: | Date: \_\_\_/\_\_\_/\_\_\_\_\_ |

**EMERGENCY PROCEDURES**

These procedures should be followed in response to a pressure related diving accident e.g. DCI (Decompression Sickness (DCS) or Arterial Gas Embolism (AGE).

**First Response**:

* Evaluate Danger, Response, Airway, Breathing and Circulation (DRABC) and initiate CPR if necessary.
* Immediately provide the victim with oxygen at the highest partial pressure possible:
	+ If conscious, use Demand Valve to deliver 100% Oxygen.
	+ If unconscious and breathing, use Non-rebreather Mask set at 10-15 L/min.
	+ If not breathing, continue CPR with the aid of a Bag Valve Mask or Pocket Mask with supplemental oxygen at 10-15 L/min.

**Emergency Communication**:

* Immediately call 000 (Australia) or 112 (Overseas) to contact Emergency Services (Police/ Fire/ Ambulance). Explain that there is a diving related emergency and agree on the closest and fastest evacuation point.
* Contact the Diving Emergency Service about treatment and location of the nearest Hyperbaric Chamber 1800 088 200 (Australia) or +61 8 8212 9242 (Overseas).

**Treatment**:

* A victim of a pressure related injury should be transported to the nearest Hyperbaric Chamber for recompression treatment as soon as possible, by the most efficient means available. The victim should remain on Oxygen at the highest partial pressure possible for as long as possible until arriving at the nearest Hyperbaric Chamber.
* Keep the victim comfortable and horizontal, guard against exposure, monitor for shock, if able to have the victim drink water.
* If victim is conscious and not experiencing an altered level of consciousness do a field neurological exam.
* Record time of accident, time of Oxygen administration, signs and symptoms and the results of neurological exam.

**Dive Gear:**

* Tag out the patients diving gear and record the dive profile, air remaining in tank and other relevant details.

**Incident Reporting:**

* Contact the Maritime Safety Dive Officer +61414 190 051, WHS Associate Director +61414 190 024 or Flinders University Security (24 hrs) 8201 2880 once the patient is stabilised to notify the University of the incident.

 **EMERGENCY CONTACTS LIST**

|  |  |
| --- | --- |
| **Police/ Fire/ Ambulance** (Emergency Services) | **000 (Australia)** or **(112 Overseas)** |
| **Divers Emergency Services Hotline** (Australia) | **1800 088 200** (Australia) or **+61 8 8212 9242** (Overseas) |
| **Diving Emergency Hotlines** (Overseas) | **(DAN America) +1 919 684 9111** (collect)**(DAN Europe) +39 06 4211 8685** **(DAN Japan) +81 3 3812 4999** **(DAN Southern Africa) +27 10 209 8112****(DES New Zealand) 088 4DES 111****(Korean Hotline) 055 549 0912** |
| **Royal Adelaide Hospital (RAH) Hyperbaric Unit** | **(08) 7074 0180 or (08) 7074 0000** |
| **South Australian Water Police** | **(08) 8242 3466** |
| **Coast Guard Assist** (South Australia) | **(08) 8248 6100**  |
| **Maritime Safety Dive Officer** (Flinders University) | Matt Lloyd **+61414 190 051 or (08) 8201 2534** |
| **Flinders University Security** (24hrs) | **(08) 8201 2880** |
| **Associate Director, WHS** (Flinders University) | Helen Webb **+61414 190 024 or (08) 8201 3703** |