



SCUBA SCHOOLS  
INTERNATIONAL

# RISK AWARENESS

*BOOKLET FOR THE SSI  
DIVE PROFESSIONAL*

**[www.diveSSI.com](http://www.diveSSI.com)**

© Concept Systems International GmbH, 2013 | RISK AWARENESS 2032BKLT

# RISK AWARENESS

**THIS RISK AWARENESS BOOKLET BELONGS TO:**

▲ Dive Professional Name \_\_\_\_\_

▲ ODIN Pro N° \_\_\_\_\_

## **IF FOUND, PLEASE RETURN TO:**

▲ Street Address \_\_\_\_\_

▲ City \_\_\_\_\_

▲ State \_\_\_\_\_

▲ Zip / Postal Code \_\_\_\_\_

▲ Country \_\_\_\_\_

▲ Business Phone \_\_\_\_\_

▲ Home Phone \_\_\_\_\_

## **MEDICAL INFORMATION:**

WT. \_\_\_\_\_ HT. \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ M/F \_\_\_\_\_

BLOOD TYPE \_\_\_\_\_ DRUG ALLERGIES \_\_\_\_\_

## **EMERGENCY NUMBERS:**

PERSONAL PHYSICIAN \_\_\_\_\_

HOSPITAL \_\_\_\_\_

DIVERS EMERGENCY HOT LINE \_\_\_\_\_

## **NEAREST RELATIVE OR RESPONSIBLE PERSON:**

▲ Name \_\_\_\_\_

▲ Phone \_\_\_\_\_



**diveSSI.com**

© Concept Systems International GmbH, 2013 | v040913

# RISK AWARENESS

## HOW TO USE THIS BOOKLET

Every time you lead a dive, there is risk of an accident. This booklet is intended to remind you at the dive site of the risks involved to help you avoid accidents. Should an accident occur, it will also help you take the correct actions and record important details.

### BEFORE EVERY DIVE

1. Review Risk Prevention & Accident Preparedness. This is a check list to prepare for an accident and what to do should one occur.
2. Review Risk Analysis. This is a checklist to analyze the potential risk of a dive. By analyzing risk before a dive, the intent is to make “no-go” decisions when necessary.
3. Review Dive Planning/Briefing. This is a checklist to help plan dives and communicate dive plans to divers. By planning properly for dives, the intent is to discover problems and avoid them. By briefing properly, the intent is for every diver to understand the dive plan, which will avoid problems.
4. Complete Emergency Management Plan. This is a sample copy of an emergency plan. It is recommended that you use this plan or a similar plan for each dive site.

### SHOULD AN ACCIDENT OCCUR

1. Refer to your Emergency Management Plan.
2. Follow Risk Prevention & Accident Preparedness outline.
3. Use Diving Accident Management Flow Chart and 5-Minute Neuro Exam. This will help you determine the extent of the diver’s problems.
4. Complete Accident/Incident Information. This is a list of important details that need to be recorded during an accident.

# RISK AWARENESS

## PREVENTION & ACCIDENT PREPAREDNESS

### PREPARATION

1. Have all Required Emergency Equipment.
2. Have all Emergency Contact Information.
3. Review Risk Analysis.
4. Review Dive Briefing.
5. Review Accident/Incident Report Form.

### SHOULD AN ACCIDENT OCCUR

1. Call for help.
2. Search for/or rescue the diver.
3. Provide care or first aid as necessary and comfort the diver.
4. Coordinate available people.
5. Arrange transportation to the nearest medical facility.
6. Handle family and friends.
7. Record information.

### FOLLOWING AN ACCIDENT

1. Gather victim's equipment.
2. Report accident to:
  - a. Insurance Agent                      phone #: (\_\_\_\_) \_\_\_\_\_
3. Complete Accident/Incident Report (obtain from Insurance Agent or Training Agency).

### DO NOT

- |  |  |
|--|--|
| <b>1. Leave the diver alone.</b>       | <b>6. Draw conclusions.</b>  |
| <b>2. Admit fault or lay blame.</b>    | <b>7. Talk to reporters.</b>                                       |
| <b>3. Accept or Assign Liability.</b>  | <b>8. Make statements concerning the quality of your behavior.</b> |
| <b>4. Offer to pay any settlement.</b> | <b>9. Make medical or value judgements.</b>                        |
| <b>5. Negotiate claims.</b>            |  |



# RISK AWARENESS

## ANALYSIS

### MENTAL STATE

1. Are you and those individuals under your supervision mentally prepared?
2. Are you tired, sick, upset, anxious, nervous or in any way unable to make quick decisions under stress?

### PHYSICAL STATE

1. Are you and those under your supervision physically prepared?
2. Are you suffering from illness or congestion?
3. Are you seasick, hungover or tired from traveling?
4. Is your energy level normal?
5. Are you, in any way, physically unprepared for the strain of diving and depth?

### EQUIPMENT

1. Is your equipment, and the equipment of those individuals under your supervision, ready for the dive?
2. Is the equipment functioning normally?
3. Is anyone missing any piece of equipment?
4. Do you feel the equipment may in any way impede your performance or put you at risk?

### ENVIRONMENT

1. Are the environmental conditions right for diving?
2. Is the water too rough?
3. Is the surf unmanageable?
4. Is it stormy?
5. Is the visibility too poor?
6. Are the conditions safe or will they get worse before surfacing?

### DIVE EXPERIENCE

1. Is your experience level, and the experience level of those individuals under your supervision, appropriate for the conditions?
2. Do you and your buddy have the training and experience for the conditions?
3. Is the dive site compatible with the experience and ability of you and the divers under your supervision?

# RISK AWARENESS

## DIVE PLANNING/BRIEFING

### DIVER ASSESSMENT

1. Check certification level.
2. Check dive experience.
3. Check when last dive was made.
4. Observe diver confidence level and attitude.

### DIVE OBJECTIVE

1. Difficulty of dive should match experience and ability of divers.
2. Should meet expectations of majority of divers.
3. Should be well-defined.

### SITE SELECTION

1. Should be consistent with dive objective.
2. Difficulty should match experience and ability of divers.
3. Consider if first or repetitive dive.

### DIVE PARAMETERS

1. Establish maximum bottom time.
2. Establish maximum depth.
3. Establish direction.
4. Should be consistent with dive objective.
5. Consider if first or repetitive dive.
6. Always perform a safety stop.

### ENVIRONMENTAL CONDITIONS

1. Explain visibility, water temperature, currents and how to execute the dive based on the conditions.
2. Explain what to do if conditions change.
3. Explain special circumstances such as kelp and reefs.
4. Explain dangerous marine life.

### SITE ASSESSMENT

1. Are water conditions at site suitable for diving?
2. Are weather conditions at site suitable for diving?
3. Should dive be cancelled or postponed due to unfavorable conditions?

# RISK AWARENESS

## DIVE PLANNING/BRIEFING

### REPETITIVE DIVE CONSIDERATIONS

1. Stay within no-decompression limits.
2. Is diver using computer or tables?
3. Select site to control maximum depth.
4. Always perform a safety stop.

### SAFETY PROCEDURES

1. Dive equipment: proper placement and handling of equipment.
2. Boats: using dive ladders, current lines, underwater recall procedures; avoiding hazardous areas of the boat.
3. Specialized dives: night dives, deep dives, drift dives, altitude dives.

### ENTRY/EXIT PROCEDURES

1. Cover the safest, easiest way to make the entry and exit.
2. Encourage buddy and equipment checks prior to entering the water.
3. Boat dives: ladders, platforms.
4. Shore dives: surf, rocks, currents, tides.

### PRE-DIVE AND POST-DIVE PROCEDURES

1. Where to store equipment.
2. Log divers in and out of water.
3. Second-tank procedures.
4. Logging dives in DiveLog.
5. Observe diver's attitude before and after the dive.

### EMERGENCY PROCEDURES

1. Have a written emergency plan for each site you use .
2. Suggested procedure if an emergency occurs under water:
  - a. You take charge of the situation.
  - b. You take the diver to the surface.
  - c. All remaining divers ascend normally in buddy teams.
  - d. The diver without a buddy joins another buddy team.
  - e. On the surface, they proceed immediately to the boat or shore to get help.

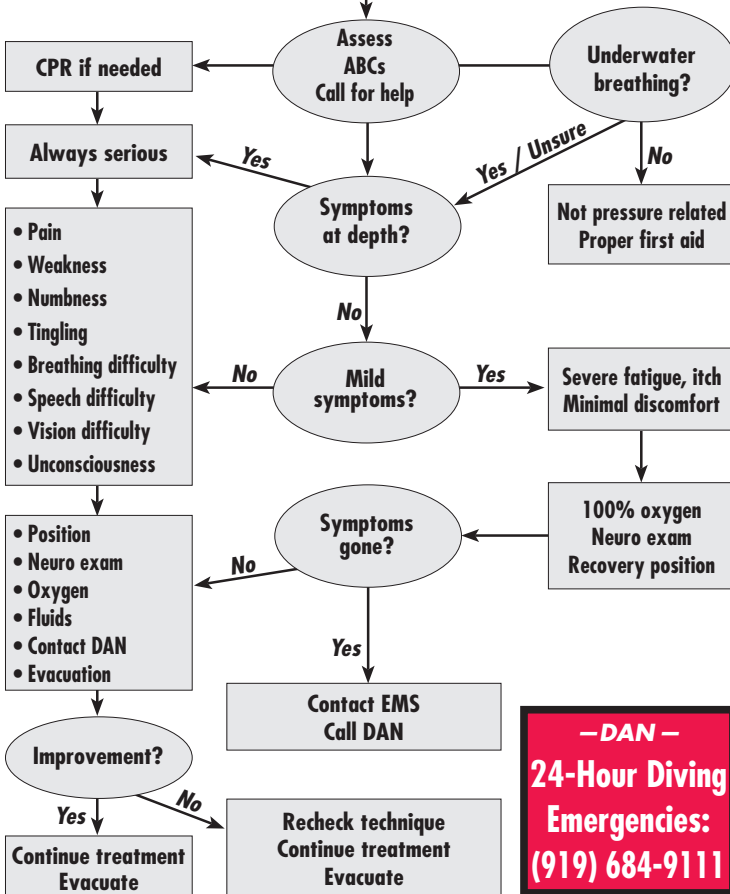
# DIVER STRESS & RESCUE

## DIVING ACCIDENT MANAGEMENT FLOW CHART



REPRINTED BY PERMISSION FROM THE DIVERS ALERT NETWORK

### DIVER WITH SYMPTOMS



**- DAN -**  
**24-Hour Diving  
Emergencies:**  
**(919) 684-9111**

[www.diveSSI.com](http://www.diveSSI.com)



# DIVER STRESS & RESCUE

## DIVING ACCIDENT MANAGEMENT FLOW CHART



REPRINTED BY PERMISSION FROM THE DIVERS ALERT NETWORK

### DIVE PROFILE

Day	Dive #	Depth	Bottom Time	Surface Interval

### ACCIDENT INFORMATION

▲ VICTIM'S NAME

▲ ADDRESS

▲ PHONE NUMBER

▲ DATE / TIME

▲ ALLERGIES

▲ MEDICATIONS

▲ IN CASE OF EMERGENCY, CONTACT (Name & Phone Number)

▲ LOCAL MEDICAL FACILITY (Name, Address & Phone Number)

[www.diveSSI.com](http://www.diveSSI.com)

## 5-MINUTE **NEURO-EXAM**

**NOTE:** USING THIS CUE-CARD DOES NOT REPLACE THE NECESSARY TRAINING TO EFFECTIVELY PERFORM A NEUROLOGICAL EXAM.

**Perform the following steps and place a check in the box next to any area that has abnormal or questionable results.**

- 1. ORIENTATION** – Does the diver know his/her own name and age? Does the diver know the present location? Does the diver know what time, day, year it is? Note: Even though a diver appears alert, the answers to these questions may reveal confusion. Do not omit them.
- 2. EYES** – Have the diver count the number of fingers you display, using two or three different numbers. Check each eye separately and then together. Have the diver identify a distant object. Tell the diver to hold head still, or you gently hold it still, while placing your other hand about 18 inches/0.5 meters in front of the face. Ask the diver to follow your hand. Now move your hand up and down, then side to side. The diver's eyes should follow your hand and should not jerk to one side and return. Check that the pupils are equal in size.
- 3. FACE** – Ask the diver to purse the lips. Look carefully to see that both sides of the face have the same expression. Ask the diver to grit the teeth. Feel the jaw muscles to confirm that they are contracted equally. Instruct the diver to close the eyes while you lightly touch your fingertips across the forehead and face to be sure sensation is present and the same everywhere.
- 4. HEARING** – Hearing can be evaluated by holding your hand about 2 feet/0.6 meters from the diver's ear and rubbing your thumb and finger together. Check both ears moving your hand closer until the diver hears it. Check several times and compare with your own hearing. Note: If the surroundings are noisy, the test is difficult to evaluate. Ask bystanders to be quiet and to turn off unneeded machinery.
- 5. SWALLOWING REFLEX** – Instruct the diver to swallow while you watch the “Adam's apple” to be sure it moves up and down.
- 6. TONGUE** – Instruct the diver to stick out the tongue. It should come out straight in the middle of the mouth without deviating to either side.
- 7. MUSCLE STRENGTH** – Instruct the diver to shrug shoulders while you bear down on them to observe for equal muscle strength. Check diver's arms by bringing the elbows up level with the shoulders,

hands level with the arms and touching the chest. Instruct the diver to resist while you pull the arms away, push them back, up and down. The strength should be approximately equal in both arms in each direction. Check leg strength by having the diver lie flat and raise and lower the legs while you resist the movement.

- 8. SENSORY PERCEPTION** – Check on both sides by touching lightly as was done on the face. Start at the top of the body and compare sides while moving downwards to cover the entire body. Note: The diver's eyes should be closed during this procedure. The diver should confirm the sensation in each area before you move to another area.
- 9. BALANCE & COORDINATION** – Note: Be prepared to protect the diver from injury when performing this test. **1.** First, have the diver walk heel to toe along a straight line while looking straight ahead. **2.** Have her walk both forward and backward for 10 feet or so. Note whether her movements are smooth and if she can maintain her balance without having to look down or hold onto something. **3.** Next, have the diver stand up with feet together and close eyes and hold the arms straight out in front of her with the palms up. The diver should be able to maintain balance if the platform is stable. Your arms should be around, but not touching, the diver. Be prepared to catch the diver who starts to fall. **4.** Check coordination by having the diver move an index finger back and forth rapidly between the diver's nose and your finger held approximately 18 inches/0.5 meters from the diver's face. The diver should be able to do this, even if you move your finger to different positions. **5.** Have the diver lie down and instruct him to slide the heel of one foot down the shin of his other leg, while keeping his eyes closed. The diver should be able to move his foot smoothly along his shin, without jagged, side-to-side movements. **6.** Check these tests on both right and left sides and observe carefully for unusual clumsiness on either side.

**IMPORTANT NOTES**

● Tests 1,7, and 9 are the most important and should be given priority if not all tests can be performed. ● The diver's condition may prevent the performance of one or more of these tests. Record any omitted test and the reason. If any of the tests are not normal, injury to the central nervous system should be suspected. ● The tests should be repeated at 30- to 60-minute intervals while awaiting assistance in order to determine if any change occurs. Report the results to the emergency medical personnel responding to the call. ● Good diving safety habits would include practicing this examination on normal divers to become proficient in the test. ● Examination of an injured diver's central nervous system soon after an accident may provide valuable information to the physician responsible for treatment. ● The On-Site Neuro Exam is easy to learn and can be done by individuals with no medical experience at all.

**DAN EMERGENCY NUMBER**

**919-684-9111**

**OTHER NATIONAL AGENCY EMERGENCY NUMBER:** \_\_\_\_\_

# RISK AWARENESS

## ACCIDENT/INCIDENT INFORMATION

If an accident or incident occurs, please complete these pages.

### VICTIM INFORMATION

▲ Name of victim \_\_\_\_\_

▲ Address \_\_\_\_\_

▲ Phone Number \_\_\_\_\_

▲ Age \_\_\_\_\_

▲ D.O.B. \_\_\_\_\_

Sex (check):  M  F

▲ What agency? \_\_\_\_\_

▲ Level of diver certification \_\_\_\_\_

▲ Date of Incident \_\_\_\_\_

▲ Time of Incident \_\_\_\_\_

### PERSON MAKING REPORT

▲ Name \_\_\_\_\_

▲ Address \_\_\_\_\_

Phone Number: Work \_\_\_\_\_ Home \_\_\_\_\_



# RISK AWARENESS

## ACCIDENT/INCIDENT INFORMATION

### PARTIES INVOLVED

Names, addresses and phone numbers of parties involved.

1. Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

2. Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

3. Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

4. Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

5. Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

# RISK AWARENESS

## ACCIDENT/INCIDENT INFORMATION

### INCIDENT INFORMATION

Type of incident:

- Non-injury  Bodily injury  Fatality

Diving activity at time of incident:

- Introductory dive experience  Receiving instruction

- Sponsored group diving  Commercial diving

- Other: \_\_\_\_\_

Victim was:  Scuba diving  Snorkeling  Other:

Location of incident:  Pool  Lake  Quarry  River

- Ocean  Other: \_\_\_\_\_

Describe location: \_\_\_\_\_

Victim recovered:  On surface  Below, at depth of \_\_\_\_\_

Was rescue breathing attempted?  YES  NO

Was CPR attempted?  YES  NO

Was oxygen given?  YES  NO

Were emergency medical services used?  YES  NO

Was the victim transported to a medical facility?  YES  NO

Did the victim receive recompression treatment?  YES  NO



# RISK AWARENESS

## ACCIDENT/INCIDENT INFORMATION

### VICTIM'S EQUIPMENT

Of the following items, indicate those that apply:

- Mask  Fins  Snorkel  (BC—Type & Size \_\_\_\_\_)
- (Protective Suit—Type: \_\_\_\_\_)
- Hood  Gloves  Boots  Jacket  Pants
- Regulator  SPG  Depth Gauge  (AAS—Type \_\_\_\_\_)
- (Weight System—Type & Amount \_\_\_\_\_)
- (Tank—Size & Type \_\_\_\_\_)  Knife  Compass
- (Surface Float—Type \_\_\_\_\_)  Underwater Light
- (Dive Computer—Brand & Model \_\_\_\_\_)
- Other: \_\_\_\_\_

Was the divers equipment released to anyone? If yes who? \_\_\_\_\_

Did you get a receipt for the equipment?  YES  NO

### DIVE INFORMATION

Mode of entrance:  Shore  Boat  Other \_\_\_\_\_

Incident occurred:  On surface  Below, at depth of \_\_\_\_\_

Water conditions:  Calm  Rough

Wave Height \_\_\_\_\_ Water Temp. \_\_\_\_\_ Visibility \_\_\_\_\_

# RISK AWARENESS

ACCIDENT/INCIDENT INFORMATION

## DIVE PROFESSIONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: Work \_\_\_\_\_ Home \_\_\_\_\_

Agencies certified by \_\_\_\_\_

## DIVE BUSINESS INFORMATION

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Who to contact about this report \_\_\_\_\_

Business liability insurance company \_\_\_\_\_

These pages are your personal record of the diving accident or incident. Use the information gathered on these pages to complete a Diving Accident/Incident Report form. This form is available from:

\_\_\_\_\_

▲ (Insurance Agent or Training Agency)

Please include a copy of all waivers, release or statement of understanding forms and all pertinent training records. If possible, attach a copy of victim's log book.











# RISK AWARENESS

## INTERNATIONAL DAN ALARM CENTERS

### DAN AMERICA

Duke University Medical Center, NC, USA. . . . . +1-919-684-4326  
(may be called collect) or  
+1-919-684-9111

### TRAVEL ASSIST (US)

US. . . . . +1-919-684-3483  
(may be called collect)

### DAN LATIN AMERICA

DAN Latin America hotline. . . . . +1-919-684-9111  
(Spanish and Portuguese). . . . . (may be called collect)

### DAN SOUTH EAST ASIA – PACIFIC REGION (S.E.A.P.)

DES Australia (within Australia) . . . . . 1-800-088-200  
DES Australia (outside Australia), . . . . . +61-8-8212-9242  
Royal Adelaide Hospital  
DES New Zealand. . . . . 0800-4DES-111 (local)  
+64 (9) 445 8454  
Singapore Naval Medicine & Hyperbaric Center . . . . 6758-1733 (local)  
+65 750 55 46  
+63 (0) 2-815-99-11  
DAN S.E.A.P. Philippines . . . . . 02-632-1077 (local)  
DAN S.E.A.P. Malaysia. . . . . 05-930-4114 (local)  
DAN S.E.A.P. Korea. . . . . 010-4500-9113 (local)

### DAN EUROPE

24-hour hotline . . . . . +39 06 42118685

### DAN JAPAN

Tokyo University Medical Center . . . . . +81-3-3812-4999

### DAN SOUTHERN AFRICA

Outside South Africa 24-hour hotline . . . . . +27 11 254 1112  
(may be called collect)  
Within South Africa . . . . . 0800-020-111

