

## **Hoonah Indian Association Diving Accident Emergency Management Plan**

*A diving accident emergency occurs when any person who has been breathing air underwater, regardless of depth, requires medical care. It is essential that emergency procedures are pre-planned and medical treatment is initiated as soon as possible. It is the responsibility of the lead diver or most qualified medical personnel to develop procedures for such emergencies including emergency care and evacuation or until more qualified medical personnel establish care.*

**Dive Accident Emergency:** Provide transport and evacuation of injured person(s) to nearest medical facility or contact US Coast Guard. Contact DAN for medical support.

**Emergency Care:** Decompression illness injuries should be treated with medical oxygen. Emergency care is at the discretion of the primary care provider if patient is unresponsive.

### **General Procedures:**

1. Assess safety and risk of providing care to injured person.
2. Establish contact with victim or rescue if risk is manageable.
3. Establish clear airways, breathing, circulation, deficit, and environmental risks.
4. Stabilize the Victim.
5. Administer 100% oxygen, if appropriate (in case of DCI or near drowning).
6. Contact local Emergency Medical Services (EMS) for transport to nearest medical treatment facility. Explain circumstances of the dive incident to the evacuation teams, medics and physicians. Do not assume that they understand why 100% oxygen may be required for the diving accident victim or that recompression treatment may be necessary.
7. Call DSO or designee for contact with diving physician and recompression chamber.
8. Notify DSO or designee of diving accident.
9. Complete and Submit Incident Report Form to the Diving Control Board.

**Evacuation & Transportation:** Transport by vehicle to Hoonah SEARHC Medical Clinic or contact USCG for medical support if required. Air evacuation is the choice of the victim (if responsive), or the primary care provider (if unresponsive). Do not assume that the primary care provider has a knowledge of decompression illness and the effects of altitude on DCI injuries.

### **Flying After Diving or Ascending to Altitude (Over 1000 feet/304 meters)**

- Following a Single No-Decompression Dive: Divers should have a minimum preflight surface interval of 12 hours.
- Following Multiple Dives per Day or Multiple Days of Diving: Divers should have a minimum preflight surface interval of 18 hours.
- Following Dives Requiring Decompression Stops: Divers should have a minimum preflight surface interval of 24 hours.
- Before Ascending to Altitude Above 1000 feet (304 meters): Divers should follow the appropriate guideline for preflight surface intervals unless the decompression procedure used has accounted for the increase in elevation.

**Recompression:** At the discretion of 1) victim, if able to consent 2) primary care provider if unresponsive or unable to consent. Care should be taken to consider effects of altitude on decompression illness if air evacuation is selected to mitigate further medical complication.

**Emergency contact list:**

VHF-FM Channel 16 (156.8 MHz) – International Distress and Hailing Channel

USCG District 17 Command Center (JRCC Juneau): (907) 463-2000

USCG Sector Juneau Command Center (SCC Juneau): (907) 463-2980

SEARHC Hoonah Medical Center: (907) 945-2735

DAN EMERGENCY HOTLINE: (919) 684-9111

Hoonah EMS / Police Dispatch: (907) 945-3655

**Contact information for dive team:**

Sean Williams (907) 500-5639

Arianna Lapke (425) 344-8016

John Clark (907) 321-0192

Sarah Smith (907) 209-0037

**Emergency Contact Information for Divers:**

Sean Williams – Joan Williams, Sister, (865) 256 3482

Arianna Lapke – Nancy Lapke, Mother, (360) 403 5965

John Clark – Katherine Clark, Wife (907) 370-3909

Sarah Smith – Mark Smith, Husband, (907) 209-0093

**Nearest Operational Recompression Chamber**

Center for Hyperbaric Medicine

Virginia Mason Hospital

Seattle, Washington

(206) 583-6543

**Nearest Accessible Hospital:**

Bartlett Regional Hospital

3260 Hospital Drive

Juneau, AK, 99801

(907) 796-8900

## **Shore Contact Emergency Operations Procedure**

If divers fail to contact or return within the Diving Time Management Plan final response deadline, shore contact should:

1. Attempt to establish communication with dive team using contact information on this plan.
2. If unable to establish contact, call Hoonah EMS / Police Dispatch. Inform dispatch of pertinent details listed on the Diving Plan / Diving Time Management Plan.
3. Call USCG and see if dive team has established contact using a radio.
4. If no contact has been made, investigate the site and if no divers are present, contact USCG to begin Search and Rescue.

## **Incident Reporting**

If pressure-related injuries are suspected, or if symptoms are evident, the following additional information must be recorded and retained by HIA, with the record of the dive, for a period of 5 years:

- Written descriptive report shall include:
  - Name, address, phone numbers of the principal parties involved.
  - Summary of experience of divers involved.
  - Location, description of dive site, and description of conditions that led up to incident.
  - The circumstances of the incident and the extent of any injuries or illnesses.
  - Description of symptoms, including depth and time of onset.
  - Description and results of treatment.
  - Disposition of case.
  - Recommendations to avoid repetition of incident.

In addition to requirements specific to HIA, all diving incidents will be reported to the AAUS. This report must first be reviewed and released by HIA's DCB and at a minimum contain:

- Complete AAUS Incident Report or PADI Incident Report Form
- Summary of experience of divers involved.
- Description of dive site, and description of conditions that led up to incident.
- The circumstances of the incident and the extent of any injuries or illnesses.
- Description of symptoms, including depth and time of onset.
- Description and results of treatment.
- Disposition of case.
- Recommendations to avoid repetition of incident.