

Decompression Sickness Procedures

by Scott Hunsucker

In the event of a DCS hit there are some steps that need to be taken to ensure the safety of the diver:

RECORD This should be done by ONE person who (assigned by SM or person in charge) will be able to be stay with diver.

Profile of dive and deco including gases. Soon the chamber will know all of our gases and we should not need to record them, however, it would be wisest to continue to do so.

Time of onset and location within the profile.

Divers name, age, and relevant info (meds, allergies, etc.) we will do this in case the diver is unable to respond at the hospital/chamber.

Signs/symptoms. Including pulse, respirations, mental status, etc.

Refer to neuro sheet from last year, if you do not have one I will try to round up some more by this weekend. A handful of these should be w/ surface manager at all times. The neuro check sheet will go w/ diver to chamber. Neuro checks should be done every 15 mins or so, 5 if severe.

Anything and everything else that occurs. Documentation is critical, please do not take lightly.

PERFORM all of this (record, care, etc) happens at the same time handled as a team

Neuro check immediately upon complaint and every 5/15 min thereafter.

Remove from water. If possible, diver can move w/ minimal assistance, the grass parking lot should be used to avoid alarming the visitors. If there is ANY serious problem then leave them on the beach.

Remove from suit if possible w/o aggravating injury. If not DAN will cover cost up to 1500 (may not be accurate figure)

Immediately place on O2, reg is fine if diver can hold in mouth. If not a non-rebreather mask at 15 LPM is needed. I have these, but we will need to procure a reg that can handle the hose. If the diver is not breathing DO NOT TRY TO INFLATE LUNGS W/ PURGE VALVE, unless you are trained in this, and have done it, there is a strong chance of rupturing lungs. Bag valve mask is best, but you need training to be effective. Mouth to mouth w/ the rescuer breathing pure O2 is last option.

If the diver is conscious force fluids. The ones we drink during diving (water, diluted gatorade, etc). If the least bit of lethargy is noted then do not force fluids, they can aspirate (bad stuff please avoid)

If the diver has NOT taken one aspirin (ASA) earlier in the day, and they are not allergic to it, then administer one ASA. Note this on paperwork. 800 mg of Ibuprofen (if not allergic) if not taken within the last four hours, should also be given. Only give meds if the diver is conscious and can drink on their own.

If it is a Type I or very minor Type II (finger tingling, etc) and depending on other factors determined in the assessment transport by car needs to be arranged. O2 and fluids go with diver as well as a third person to assist.

If the hit is severe, should be able to be determined upon surfacing or shortly after, or if problems increase then 911 needs to be called. Wakulla County EMS is aware of our operations and will have an extra unit available when we are diving. They will normally meet us in the grass lot, unless we tell them otherwise. They will enter the side gate which needs to be unlocked by park staff, SM should assign someone to see to this. If side can't be accomplished they will use the front (takes longer).

IMMEDIATELY upon realizing the hit, the SM will contact three numbers: the hospital, the chamber, and the assigned chamber safety officer. The SM has these numbers and they are updated every diving weekend.

If the hit is really severe, immediately life threatening, or if Tally's chamber is down (SM will know this every

time) air transport is possible to other chambers. We are working out the details on this.

I will put this out in proper protocol form when we have all of the details worked out. This covers the basics for now. I will be around all weekends for April and most of them after that. Lets play this right and not have to deal with any of this. As all of you know, and some have seen, DCS can be severe, even life threatening, if there is a problem we go to the chamber.