

DIVE MANAGEMENT LOG

Sub C Divers - BSAC Branch 1206 (Est. 1980)

									SUD C DIVERS - BOAC Branch 1200 (ESt. 1900)												
Dive Site									Date		High Water										
Dive Manager : (DL+) Ass' Dive Manager : (Min. Trainee SD) Fist Aid / O2: (SD+)								Briefing T	ime				Low W	/ater							
			V				Weather Cond' / Temp'					Slack									
			Water Temp' / Vis'						Sea State												
Full Name		Diver	J. (E)	Buddy	Cyl Size	СТС	Gas In	Air / N2	Planned	Planned	Time	Time	Dive Time	Planned Deco'			Safety Stop	Max Depth	Gas Out	СТС	
Full Na	name	Qual	Leader (L)	Check	(L)	(Comp)	(Bar)	(%O2)	Max Depth (M)	Dive Time (Mins)	Down	Up	(Mins)	(Mins @ M)	(Mins @ M)	(Mins @ M)	@ (3Mins @ 6M)	(M)	(BAR)	(Comp)	
	O EVERY DIV																				
DO	Mike Rickard	07872 1	19870	Info	orm DC	of any	incide	ent, as s	soon as p	as posible Phone/Text DO - all out safe, then Pass completed Dive log to DO											
ОД ТО	Ken Hilton	07710 5	20053																		
SD / DL TO	Stella Evison	07890 0		_																	
EO	John Hughes	07711 8																			
RA needed for	unfamiliar site or if d	ive is below	30m		VQIs:	Pleas	e add	your	Name &	No, the	stude	nt's na	me &	any s	ucces	sfully	compl	eted l	essor	1.	

DCI Care

Any abnormal symptoms following a dive should be considered a possible DCI even if the dive itself was considered normal.

After fast or abnormal ascents or missed decompression where no immediate symptoms are experienced, then following these steps whilst seeking advice will also minimise the risks.

These simple steps will help minimise the risks and where appropriate prevent the situation deteriorating and help promote recovery. (Previous advice given on proper buoyancy control and the need to practice skills and with new equipment is still especially relevant in preventing these incidents.)

Lay the Casualty Down

Where DCI is evident or suspected then the most important consideration is NOT to raise the legs. Where DCI is not the problem and there is risk of shock then raising the legs can help.

Oxygen

Early administration of oxygen in any injury is a valuable First Aid measure. You shouldn't be concerned about rationing it or be tempted to use Nitrox mixes first or instead of.

You should ensure you always carry enough oxygen to enable the correct first aid to be given until the emergency services arrive. However, if the oxygen is used make sure it is adequately replenished before continuing diving activities.

Whenever oxygen is used you should always seek professional medical advice.

Fluids

Giving fluids, preferably plain water, to a conscious casualty in small amounts at an overall rate of around a litre over an hour can also help minimise the deterioration of symptoms.

Advice

The recommended (by BSAC and the British Diving Safety Group (BDSG)) means of seeking medical advice for a diving Incident is provided in 'Safe Diving' and is the National Decompression Illness Helpline.

If calling in **England**, **Northern Ireland** or **Wales** call **07831 151 523** to be connected to the BHA / RN Diver Helpline.

If calling in Scotland call 0345 408 6008 to be connected with the Aberdeen Royal Infirmary.

When at sea, contact should be made via the Coastguard on VHF DSC channel 70 (or Channel 16).

For other emergency assistance, when ashore in the UK, use 999 or 112, as usual.

When diving outside of the UK, ensure that you know the local emergency contact procedures.

BSAC Members can find the above number printed on their membership cards.

Dive Managers should also however ensure they have the contact details for the main Chamber for the area they are diving.