

*Scuba Diver's*  
**LOG BOOK**

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Name: \_\_\_\_\_

Date From: \_\_\_\_\_ To: \_\_\_\_\_



# DIVE LOG



## Personal Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

Club: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Blood Group: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Religion: \_\_\_\_\_

In an emergency please contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Other details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Photograph

# DIVER QUALIFICATIONS



Course	Instructor Association	Cerifying Stamp

Suggest listing dive instruction and specialist courses including boating, and medical qualifications.





# EQUIPMENT RECORD

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Product \_\_\_\_\_  
Serial Number \_\_\_\_\_  
Purchased from: \_\_\_\_\_  
Purchase Date: \_\_\_\_\_ Under warranty till: \_\_\_\_\_  
Insured YES/NO, with \_\_\_\_\_  
Expiry Date: \_\_\_\_\_

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Product \_\_\_\_\_  
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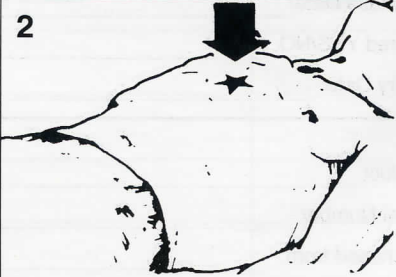
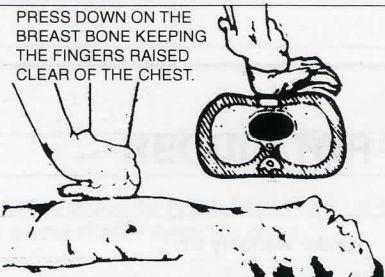
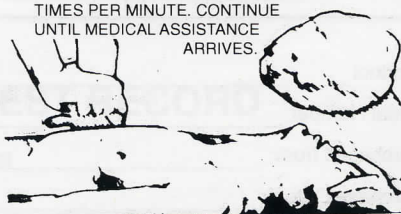

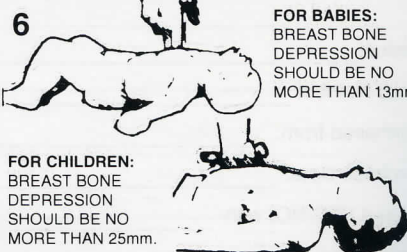
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List all equipment with serial number. Report lost or stolen equipment to the nearest police station. Do not delay reporting all details to your insurance company.

# EXTERNAL CARDIAC COMPRESSION

After the first five (5) breaths check the carotid pulse. Unconsciousness, lack of breathing and an absence of pulse indicate the heart is not beating. Apply external cardiac compression with expired air resuscitation. It is highly desirable that E.C.C. is learnt on a manikin under supervision.

## FIFTEEN (15) OF THESE....

<p><b>1</b></p>  <p>FEEL FOR THE CAROTID PULSE BETWEEN THE ADAM'S APPLE AND THE NECK MUSCLES.</p>	<p><b>2</b></p>  <p>LOCATE THE MIDDLE OF THE LOWER HALF OF THE BREAST BONE.</p>
<p><b>3</b></p>  <p>PRESS DOWN ON THE BREAST BONE KEEPING THE FINGERS RAISED CLEAR OF THE CHEST.</p> <p>PLACE THE HEEL OF ONE HAND ON THIS PART OF THE BREAST BONE WITH THE FINGERS AT RIGHT ANGLES TO THE BREAST BONE.</p>	<p><b>4</b></p>  <p><b>FOR TWO OPERATORS:</b> ONE INFLATION TO FIVE CARDIAC COMPRESSIONS. REPEAT 12 TIMES PER MINUTE. CONTINUE UNTIL MEDICAL ASSISTANCE ARRIVES.</p> <p>KEEP THE ARMS STRAIGHT SO THAT THE VERTICAL PRESSURE DEPRESSES THE BREAST BONE TO A MAXIMUM OF 40mm TO 50mm. REPEAT THE PRESSURE EVERY THREE QUARTERS SECOND.</p>
<p><b>5</b></p>  <p>IF THE CAROTID PULSE RETURNS AND BREATHING COMMENCES PUT THE UNCONSCIOUS PATIENT IN THE RECOVERY (COMA) POSITION. MAINTAIN THE BACKWARD HEAD TILT AND CONTINUE TO OBSERVE THE PATIENT. CHECK THE PULSE REGULARLY.</p>	<p><b>6</b></p>  <p><b>FOR BABIES:</b> BREAST BONE DEPRESSION SHOULD BE NO MORE THAN 13mm.</p> <p><b>FOR CHILDREN:</b> BREAST BONE DEPRESSION SHOULD BE NO MORE THAN 25mm.</p> <p><b>FOR ONE OPERATOR:</b> TWO EXPIRED AIR INFLATIONS TO FIFTEEN CARDIAC COMPRESSIONS. REPEAT 4 TIMES PER MINUTE. CONTINUE UNTIL MEDICAL ASSISTANCE ARRIVES.</p>

# EXPIRED AIR RESUSCITATION

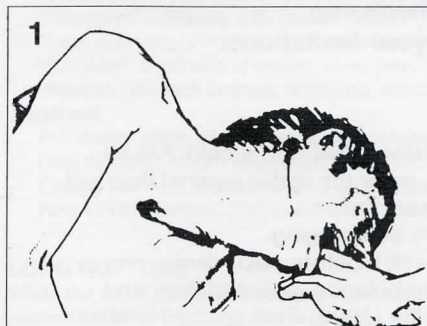
Perform immediately in all cases where breathing has stopped.

10-15 breaths per minute.

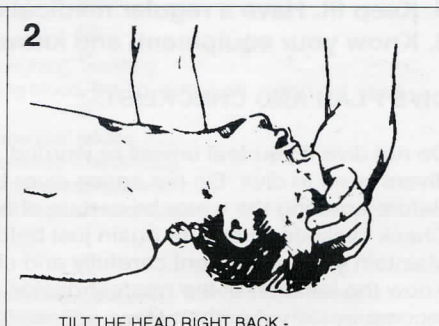
Continue until the patient recovers. Keep under observation until medical help arrives.

For babies and young children, place mouth over nose and puff only.

.... TO TWO OF THESE.



QUICKLY CLEAR THE MOUTH AND THROAT.



TILT THE HEAD RIGHT BACK -  
AIR CAN NOW ENTER THE LUNGS.



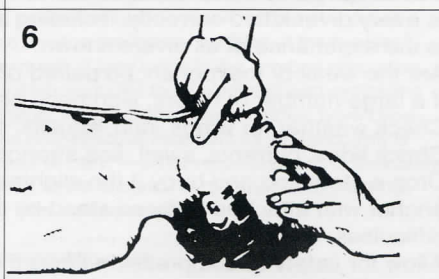
PINCH THE PATIENT'S NOSE WITH YOUR FINGERS.  
USE MOUTH TO MOUTH RESUSCITATION MASK IF  
AVAILABLE AND INSTRUCTED IN USE.



SEAL THE MOUTH WITH YOUR MOUTH  
AND BLOW UNTIL THE CHEST RISES.



WHEN THE CHEST RISES, TURN YOUR  
HEAD AWAY AND TAKE ANOTHER DEEP  
BREATH WHILE THE PATIENT EXHALES.



IF THE CHEST DOES NOT RISE FREELY,  
SUPPORT THE PATIENT'S JAW AVOIDING  
CONTACT WITH THE THROAT.

# PLAN YOUR DIVE - DIVE YOUR PLAN

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1. **Avoid diving alone.**
2. **Stay Calm - avoid panic.**
3. **Breathe normally at all times.**
4. **Plan your dive - and dive your plan.**
5. **Keep fit. Have a regular medical check - up.**
6. **Know your equipment, and know your limitations.**



## DIVE PLAN AND CHECKLIST.

Do not dive if you feel unwell or worried. Never dive with a cold. Are all divers keen to dive. Do not entice diver to enter the water against their will. Before entering the water be certain of a safe exit.

Check cylinder pressure again just before submerging.

Maintain your equipment carefully and check it before each dive.

Know the location of the nearest doctor, ambulance, police station and recompression chamber. Have access to the (1800) Emergency Number.

Tell a responsible person where you are going.

Avoid decompression dives. They are possible on a single tank.

Do not fly within 12 hours after a dive.

Don't "Skip Breath" or hold your breath especially on ascent.

Always wear an inflatable life jacket.

Check above before ascending. Listen for power boats.

Have a first kit available. Wherever possible have a safety boat available.

Always fly the Blue and White diving flags in Australian waters.

Consult the locals about the area you wish to dive.

Stay well clear of fishermen and their equipment.

Do not damage or litter sites.

Obtain permission before diving on private property. Close gates.

Do not remove articles from wrecks without authority.

Do not run noisy compressors near other people.

Is every diver kitted correctly, including safety vest and a full tank.

Is the experience of all divers known.

Are the weak or inexperienced paired off with the strong experienced divers.

If a large number of divers, sign each person in and out.

Check weather for winds, rain, squalls, sudden changes etc. Talk to locals.

Check tides, currents, swell, sea strength and plan accordingly.

Drop a stern line and buoy if the slightest current. Have quick releases on anchor with attached buoy so stand-by diver can quickly assist a diver in difficulties.

Allow for safety decompression stops if near no-compression limit.

Have divers check buddy's equipment. Know how buddy's vest operates.

Understand boat etiquette - where to store gear on return.

Be courteous, respectful and understanding to all divers and the public.

# RECOGNISE THE SYMPTOMS

## DECOMPRESSION SICKNESS - THE BENDS

Clinical Features. These usually occur within hours of decompression commonly include:

- \*Pain near a joint, becoming worse over the next few hours.
- \*Shoulders most commonly affected, other limb joints equally affected.
- \*Blurred or double vision, gaps in vision, or blind spots may occur.
- \*Headache, confusion, fits, unconsciousness or other disturbances of the brain.
- \*Weakness or paralysis of one side of the body or of limbs.
- \*\*"Stagers" - difficulty with co-ordination.
- \*Loss of feeling or movement in lower half of body.
- \*\*"Chokes", shortness of breath, chest pain, coughing, vomiting.
- \*Nausea, stomach cramps, diarrhoea, vomiting blood, itching, itchy rash, raised red weals.

### Treatment

- Administer 100% oxygen. Seek experienced medical advice.
- Give mouth to mouth respiration and heart massage if necessary.
- Ensure sea level pressurisation if air transport is contemplated.
- Ring DIVER EMERGENCY NUMDBER with all required information.

## LUNG RUPTURE

When the water pressure reaches a valve approximately 3 p.s.i. less than the new constant pressure of air in the lungs, the lung tissue will rupture. This is called "Pulmonary Barotrauma". The lung damage itself will heal over relatively quickly. There are however, three other effects of a ruptured lung which are more serious: PNEUMOTHORAX, INTERSTITIAL EMPHYSEMA, and AIR EMBOLISM. Usually only one of the three is present but mixed conditions may occur. Of the three, Air Embolism is by far the most important, and requires immediate action to avoid loss of life. Symptoms of lung rupture may include - coughing up pink frothy saliva, pain in chest, change in quality of voice, cracking of skin around neck, feeling of fullness in the throat, fainting, shock and unconsciousness.

**PNEUMOTHORAX:** This condition is the result of air passing through the ruptured lung tissue into the pleural cavity, i.e. between the lung and the chest wall causing partial collapse of the lung. Pneumothorax may cause the sufferer to complain of a pain in the chest or abdomen when he/she leaves the water. A cough is also common.

**INTERSTITIAL EMPHYSEMA:** Although technically different to pneumothorax, interstitial emphysema is somewhat similar in that air passes through the lung tissue into the connective tissue of the mediastinum and superficial tissues of the neck. Again, pain in the chest or abdomen and a cough may be present.

**AIR EMBOLISM:** As mentioned previously, this is the most dangerous result of a lung rupture. If some of the tears in the lung tissue have involved pulmonary blood vessels, air may be drawn into the pulmonary circulation, passing through the heart in the form of bubbles. If the bubbles lodge in the coronary circulation, heart failure may result. If they lodge in the cerebral circulation, severe brain damage may result. Symptoms of air embolism (not to be confused with symptoms of lung rupture) include visual disturbances, confusion, vertigo, convulsions, cardiac type chest pain, skin marbling and loss of consciousness. The only effective treatment for Air Embolism is immediate recompression in a chamber to 50 metres (6 Bar). In-water recompression is definitely not recommended, but has worked in an emergency. In the absence of recompression facilities the following first aid measures may help pending later recompression.

1. Give E.A.R. if not breathing.
2. Administer closed chest cardiac massage if no pulse.
3. Treat for shock.
4. Administer oxygen.
5. Lie victim on left hand side with head down and feet elevated about 15 degrees.
6. Arrange immediately for professional medical treatment and recompression.

# NATIONAL HAND SIGNALS

 <p>1. STOP HOLD IT STAY THERE.</p>	 <p>2. SOMETHING IS WRONG</p>	 <p>3. O.K.? O.K.</p>	 <p>4. O.K.? O.K. (with glove on)</p>
 <p>5. DISTRESS. HELP.</p>	 <p>6. O.K.? O.K. (on surface at distance)</p>	 <p>7. O.K.? O.K. (one hand occupied)</p>	
 <p>8. DANGER</p>	 <p>9. GO UP GOING UP</p>	 <p>10. GO DOWN GOING DOWN</p>	
 <p>11. LOW ON AIR</p>	 <p>12. OUT OF AIR</p>	 <p>13. BUDDY BREATH or SHARE AIR</p>	





# **DIVER EMERGENCY SERVICE**

## **(1800) 088 200**

**State: "THIS IS A DIVING EMERGENCY"**

**Provide the following information:**

1. Exact location of patient; patient's name and age
2. Telephone number where someone can be contacted, including STD code. Make sure that someone stays at the phone and that the phone is not used for other calls.
3. Details of incident and of the patient's condition.
4. Current first aid being applied.
5. Your name as a contact.
6. Indicate if any emergency, medical or police services have been notified and if so, when.

**Check that the following have been correctly recorded by having the operator repeat them back to you:**

1. Location
2. Telephone Number
3. Dive Details
4. Signs and Symptoms
5. Contact Name

**VICTORIA (03) 9520 2811**

Prince Alfred Hospital Commercial Road, Prahran, Melbourne.

**NEW SOUTH WALES (02) 9960 0321**

RAN School of Underwater Medicine, HMAS Penguin, Balmoral.

**QUEENSLAND (07) 4781 9455**

Townsville General Hospital Hyperbaric Centre

**SOUTH AUSTRALIA (08) 8222 5116**

Royal Adelaide Hospital Hyperbaric Centre

**WESTERN AUSTRALIA (08) 9553 3333**

HMAS Sterling

**TASMANIA (03) 6222 8308**

Royal Hobart Hospital

**NORTHERN TERRITORY (08) 8922 8230**

Darwin Public Hospital