

LETTERS TO THE EDITORMEDICAL EXAMINATION OF SPORTS DIVERS

Lloyd Medical Centre
PO Box 131
31 Brisbane Street
Mackay QLD 4740

Dear Sir

While applauding the general policy of more stringent medical examination of Sports Divers by suitably qualified doctors, I object strongly to the issuing of a list comprising only those doctors who have passed the course at the RAN School of Underwater Medicine (SPUMS J 1984; 14(4): 11).

I have not attended the above course, having previously received training and experience far in excess of that available while serving as a Medical Officer in the Royal Navy. I am accepted as a doctor qualified to perform medicals on commercial divers by the Health and Safety Executive, UK, the Professional Divers Association of Australia, and a number of commercial firms. I know of several other SPUMS members with similar levels of experience who are in the same situation.

By all means issue a list of approved diving doctors, but let it be a comprehensive list which does not discriminate in favour of a select group.

Ian R Gibbs

The above letter was shown to Dr. John Knight whose suggestion the list was. His reply is printed below.

80 Wellington Parade
East Melbourne VIC 3002

Dear Sir

I would like to explain why I recommended a list of doctors who have completed the RAN School of Underwater Medicine (SUM) Courses to the Australian Underwater Federation (AUF). (SPUMS J 1984; 14(4): 11).

Firstly, the SUM has records of who have passed the exams at the end of their courses, so a list of their graduates can easily be prepared.

Secondly, in Victoria two government departments dealing with diving have been reluctant to recognise the UK Health and Safety Executive (H&SE) approved (to examine professional divers) doctors, largely on the grounds that they have no way of checking the standard of the training of the H&SE approved doctors.

Thirdly, no organisation has so far been willing to compile a list of all those doctors in Australia who have been adequately trained in diving medicine. This requires assessment of the training claimed and checking that it was done.

Fourthly, as no one individual or organisation knows the names and addresses of all the doctors in Australia who have been adequately trained in diving medicine I chose to keep the recommended training easily identifiable and verifiable, hence the RAN SUM suggestion, which is administratively simple.

Fifthly, I had no intention of excluding doctors with adequate training from the list. I assumed that, when they heard about the list, they would volunteer, in writing, their training and experience to whoever was publishing the list and request to be included.

It would help to create a complete list of diving doctors in Australia if Dr Gibbs and others in a similar position, write to the Secretary of SPUMS detailing their training and experience so that SPUMS can construct the list.

John Knight

MEDICAL EXAMINATION OF SPORTS DIVERS
AND FIRST AID FLOWCHARTS

North Canterbury Hospital Board
Private Bag
Christchurch
New Zealand

18th January 1985

Dear Sir

I was interested to read the correspondence with AUF on the question of medical examination for sport divers. I thought John Knight's reply on behalf of SPUMS was well balanced and sensible. I have felt for some years that the increasing pressure for annual medicals for sport divers should be firmly resisted as it is of little benefit for the reasons given in the letter. I would certainly endorse the current SPUMS approach.

Turning to another matter. Some while ago my article on First Aid for Diving Emergencies was published in the *SPUMS Journal* (1981 Supplement: 63-67) and more recently John Knight's modification of the flow chart for Australian use was also published (SPUMS J 1983; 13(2): 47-51). I thought SPUMS members might be interested in further developments along this line in New Zealand. After wide spread discussions with a number of New Zealand SPUMS members, the Water Safety Council and the NZUA, a format has been agreed to for a plastic card which is to be distributed through the NZUA system. On the card the arrows are in red (Figure 1). The reverse of the card is reproduced as Figure 2.

Mike Davis

The two sides of the chart are reproduced on the opposite page.

FIRST AID FOR DIVING ACCIDENTS

This chart provides simple-to-follow procedures for diving accidents. It can only be of use if you have undergone CPR (Cardio-Pulmonary Resuscitation) Training (1).

NOTES ON CHART

E.C.C. = External Cardiac Compression
E.A.R. = Expired Air Respiration

MASSIVE EXTERNAL BLEEDING: control with dressings/towels etc plus firm hand pressure (2).

COMA POSITION: on side, lower arm straight down and behind back, upper hand by face, upper leg flexed; head down 15° (30° if Air Embolism suspected).

IMMOBILISE FRACTURES: use snorkels, fins, paddles etc strapped (e.g. weight belts) to limb; injured leg strapped to uninjured (2).

OBSERVE: Conscious state)
Airway)
Breathing)
Circulation)
Principles of C.P.R.

Assess Injuries
Symptoms + Signs + Circumstances → ? Diagnosis

DISTRESS/URGENCY SIGNAL: if in imminent danger and immediate aid required use **MAYDAY**. If **MAYDAY** not warranted but **URGENCY** required use **PAN PAN**. Switch to 2182kHz or 156.8MHz (Ch. 16), International Distress frequencies. Use call procedures advised by Marine Division (3).

N.B. 1. CONVULSIONS may occur in an unconscious diver. The principles of CPR apply plus restraint of convulsive movements to protect victim from injury.

2. In contacting assistance, the Police co-ordinate such operations: on shore, dial 111.

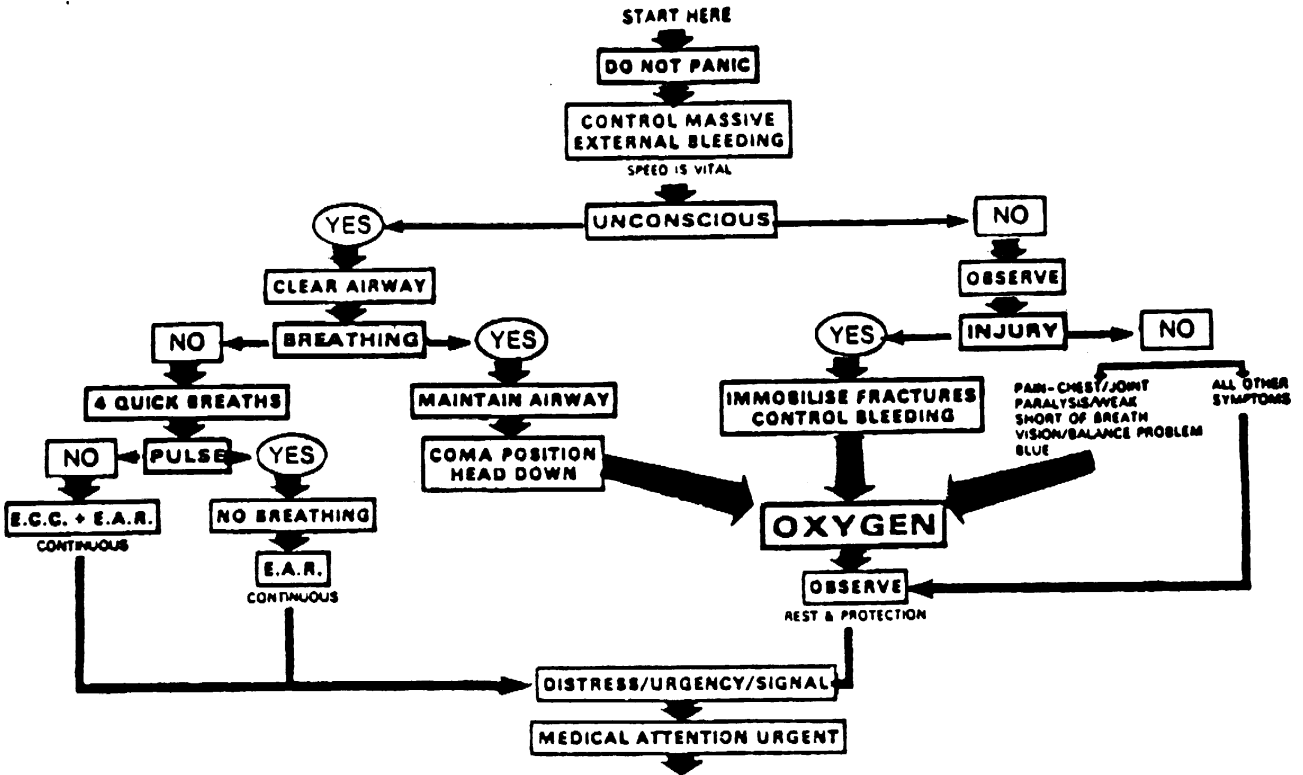
ACUTE MEDICAL CONDITIONS WHILST SPORT DIVING (4)

- Pulmonary Barotrauma - Air Embolism, Pneumothorax, Emphysema.
- Decompression Sickness.
- Near Drowning.
- Traumatic Injury and/or Marine Envenomation (N.B. Spinal Injury).
- Shallow Water Blackout.
- Ear Barotrauma.
- Hypothermia - may contribute to or complicate any diving accident.
- Heart Attack.
- Gas Impurities: CO₂ Retention.

REFERENCES

1. CPR manual. The National Heart Foundation of New Zealand. P.O. Box 17128, Green Lane, Auckland 5.
2. First Aid Manual. St. John Ambulance/N.Z. Red Cross 1982.
3. Marine Notice Series B Number 1A - distress and urgency information (issued by Marine Division, M.O.I., revised June 1975).
4. The Divers Medical Companion. Thomas R. and McKenzie B. Diving Medical Centre 1980.

ACKNOWLEDGEMENT: Dr F.M. Davis, Princess Margaret Hospital, Christchurch
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