DivEvac

DivEvac
5th Floor, Heerengracht, 87 Korte St
Braamfontein, Johannesburg
South Africa

21 December 1990

Dear Sir,

We would like to introduce you to DivEvac.

DivEvac is a 24-hour multi-network system designed to service all recreational scuba divers throughout South Africa, neighbouring countries and Indian Ocean Islands, in the case of a diving accident or when in need of diving medical advice.

DivEvac's Operations Centre, based in Johannesburg, already has an emergency evacuation plan for each known local diving area and has highly trained medical staff (Doctors, ICU Nurses and Paramedics) capable of dealing with diving related incidents. It has many air ambulances, fixed-wing aircraft and helicopters, based around major spots in South Africa, i.e. Durban, Johannesburg and Cape Town, which ensure the rapid arrival and immediate access to the injured diver wherever he may be. The diver is also guaranteed access to the appropriate medical facility and all the evacuation and medical expenses arising from the recreational Scuba Diving incident, are covered provided he/she is a member of DivEvac.

DivEvac has fully equipped recompression facilities on a 24-hour standby, manned by expert personnel and is instituting facilities at many of the major diving spots.

In addition:

1 DivEvac provides responsible travelling companions for minors who are in the company of the diver at the time of the incident, to see them home safely after the accident or injury has occurred, if left unattended.

2. DivEvac will cover policy holders for medical and transportation costs of any recreational scuba diving related incident outside DivEvac's area of operation, provided DivEvac is informed of the destination prior to the departure of the scuba diver (up to R50,000).

3. DivEvac also works in close collaboration with all other rescue services throughout Southern Africa to ensure the maximum protection of the recreational scuba diver's needs. DivEvac covers the policy holder in the case of a non-diving related incident, such as a car accident, etc., but for evacuation only and not the hospital medical costs.

We would kindly appreciate any materials or information that you may offer us to enhance our service. We are aiming to commence our own diving accident statistics data and would like to read your references as well, i.e. your statistical reports, and to share ours with you in the future. We have done 12 treatments during 1990 and are very keen to compare our services with others and to learn more.

Please send us more information on your services, as we ultimately would like to liaise on an international basis, to ensure our clients are furnished with the necessary emergency number and cover, should they travel internationally.

Bridget Scott
DivEvac
Medical Rescue International

LOW PRESSURE GAS ALARMS

Hyperbaric Medicine Unit
Department of Anaesthesia and Intensive Care
Royal Adelaide Hospital
North Terrace
Adelaide, South Australia, 5000

28/2/91

Sir,

The Hyperbaric Unit of the Royal Adelaide Hospital has fitted a new low pressure oxygen alarm to its recompression chamber. The problem was to acquire an alarm that could cope with a range of oxygen supply pressures to accommodate either high pressure through a reducer at 10-16 bar or reticulated liquid oxygen (V.I.E.) at 6-8 bar.

Existing alarms were generally expensive, bulky and very limited in function. As we were not happy with the available choices we decided to set down the design parameters for a more suitable low gas pressure alarm, in this instance for oxygen.

The alarm was required to perform the following functions.

1 Power should be supplied from a switch on the panel that would normally be on before a dive.

2 The sampling point must be immediately adjacent to the hull penetration point for the oxygen supply to the built-in breathing system (BIBS).

3 The display must have lights for power, high pressure and low pressure warnings, plus an audible and visible low pressure alarm.

4 The warning audible alarm and the light settings must be easily adjustable.

5 The display panel of the proposed alarm must be compact enough to fit on the limited space of the existing control panel.

The satisfactory unit supplied utilizes a transducer which feeds to a solid state integrated circuit controller, having a remote LED display for flush panel mounting.

Advantages of this system are that the three component parts are small and joined only by wiring, which makes fitting the system to existing chamber pipe-work and control panels easier. During the last three months the unit has functioned trouble free.

We can recommend this low gas pressure alarm. It is available from Microscan (phone 08 276 4691) for $A650.00 ex Adelaide.

R.Ramsay
S.Goble
Senior Hyperbaric Technicians

BOOK REVIEW

"The Maldive Mystery"
by Thor Heyerdahl
George Allen and &Unwin, 1986

The modern Maldive nation dates its history from the conversion to Islam in 1153 A.D.

However, the question remains, where did the inhabitants of this group of 1200 islands come from originally?

In 1982, Thor Heyerdahl was sent a photograph of a stone statue discovered in the Maldive islands, representing the upper part of a person with long ears.

"The Maldive Mystery" is an account of his subsequent investigations, archeological digs and extensive research into this fascinating puzzle.

With his wide experience of reed boats and excellent recall of ancient masonry walls, seen in scattered locations around the world, and his knowledge of currents and seafaring, he was the ideal person for this task.

However, when the participants to the 1991 SPUMS Annual Scientific Meeting in the Maldives travel by boat from Male to the resort island, they should note the arched, incurved prow ending in a fan shape, on the ferries. The Maldive Islanders say, "It is only for beauty", "it has has no practical purpose", "it is an old tradition", "it has no practical purpose and can be detached when it disturbs our work". Thor Heyerdahl immediately noted that this in stylized form resembled the typical shape of the bow of the elegant reed ships, shared by the world's three oldest civilizations; Egypt, Mesopotamia and the Indus Valley.

We recommend this book with its fascinating theories to all SPUMS readers.

Drs. Penny and Peter McCartney
Hobart, Tasmania

ARTICLES OF INTEREST REPRINTED FROM OTHER JOURNALS

FINAL SUMMARY OF RECOMMENDATIONS ISSUED FROM 1990 DIVING ACCIDENT WORKSHOP

Editor of Pressure's Note

The March/April 1990 issue of *Pressure* presented the draft recommendations of the Diving Accident Management Workshop held at Duke University Medical Centre in January. Since then, all workshop participants have reviewed the draft. This review resulted in the revised recommendations below. In the future, to ensure that the recommendations published in *Pressure* represent the final consensus of workshop participants, we will not publish UHMS workshop recommendations until the workshop report has been sent to the printer.

1 The increasing complexity of diving equipment, for example, decompression computers and dry suits in addition to some diving techniques such as enriched oxygen breath-