

FIRST AID TEACHING FOR SPORTS DIVERS: WHAT AND WHY FROM SSI

Bill Day

Key Words

Accidents, first aid, oxygen, rescue, training.

Introduction

SSI and PADI compete in exactly the same markets, we have the same customers, we just have different points of entry into that market. Basically I agree with what Drew Richardson, of PADI, has said. There is not a lot that I can add.

However there are a couple of points I want to make. But I will be brief because it is not worth repeating what Drew has done so well.

What we should teach divers?

There are four areas of first aid for diving that we want our trainees to know, in terms of their final development as a diver.

First, our divers should know general first aid. That is the ABC (Airway, Breathing, Circulation) of first aid, how to stop the blood leaking out of them and how to cope with the things that they will die of immediately. The stuff of a standard first aid course.

Secondly, we would like our divers to be able to rescue other divers.

Third comes oxygen administration and oxygen therapy. Divers need an understanding of the reasons for oxygen administration and the ability (motor skills) to do it.

Fourthly divers need more in depth understanding of the pathophysiology of decompression illness.

There are the four aims. How do we deliver them? The answer is "Not very well at all".

What we actually do

We out-source first aid. SSI does not do that training in-house. PADI has moved, over the years, to teaching the medic first aid course in house, which is a really good and positive move. SSI has in fact been throwing away some of their market by farming first aid out. SSI have just started to take a first aid course on board and keep it within their doors, but it is only developing at the moment (April 1997).

We have put rescue abilities, the second skill, in very much the same place as PADI, as a later course. It is what we call our Stress Rescue course. So our customers come in and do the Open Water course where they learn to dive. Typically they do about five dives in that course. Then we have some further training courses for them to gain experience, which they do between learning to dive and the Stress Rescue course.

To date we have been weak on oxygen administration. We aim to pick that up through a DAN course, that is what we are starting on, and in some ways through our Med Dive program. In terms of the oxygen administration part I think the DAN course is far superior to the Med Dive program. We use the Med Dive program to give our instructors or our senior divers, and often just people who have an interest in it, a much greater understanding of decompression illness and how it happens. When divers have that understanding they realise that there are many changes that they can make in the way they dive. Our aim is to give them an understanding of the problems of repetitive diving; an understanding of why it is much better to have a winch on the front of the boat rather than the diver pulling the anchor up by hand at the end of a stressed dive. There are many things they can learn from that course which actually affects them from day to day, and we think that is important.

That is the overview.

Why not teach rescue at the Open Water level ?

The answer is, "It's too bloody difficult".

When people come for Open Water training, it is a big training challenge. Our clients are thoroughly trained to hold their breath when their heads are under water which has kept them out of trouble all their lives, right up to the moment they come to us. It has been a good skill for them. We have to take that and turn it round to become "Never stop breathing underwater". This must happen not only when they are sitting quietly and thinking about it, but even when everything has gone wrong and panic threatens. We have to change it from an intellectual skill to something that is integrated at a much deeper level. Of course we have to teach them all the other things as well. It is a difficult task. Dive training is not easy. We know that people learn better when they are relaxed and confident, but we are throwing them into a totally alien environment. It is an inherently hostile environment, for one cannot breathe under water without equipment, and most trainees are scared. At some stage or other, when you all learnt to dive, you were scared. At some point we had fear. Last year I learnt to fly aeroplanes. And suddenly, after 20 something years of diving, I sat back and said to the instructor, "Hey, I'm scared again. This is different." Learning to dive is a difficult process.

The problem is that not everyone is a good learner. In the medical field it is a bit different. All of medicos are very good learners. They are in the top academic stream and are very good at learning things.

However I must tell you, as someone who has been out in the field teaching diving for a few years, the lowest common denominator is actually pretty low. Many people learn much slower than doctors do, and it is more of a challenge for us to teach them. We cannot actually teach people, within any reasonable time frame, the whole range of skills. That is why they are split up into different courses. As Drew said, we used to try it in the past, and the way we did it was we cheated. We would take them and teach them to dive, but then we would not let them get away! But there was a difficulty. If we wanted to teach them other things, we had to keep them on the course until they were relaxed enough. So what did we do with them? We just dreamed up things. We taught them to take their gear off and throw it onto the bottom of the sea and dive down and pick it up again. We did not care what they did, they just had to do things in the water. Underwater chess and writing the great New Zealand novel, on waterproof paper, would have been fine! The worst part is that we believed that what we taught them in those days was useful! But that is a secret!

What we did learn from the courses that ran over weeks and weeks was that it not work very well, because when we looked at those people later, they were not all that well trained. Even worse we cannot market the damn thing. We are in the real world and we just cannot sell it any more.

What is the result?

I do not think the result is very good at all, because there are two gaps. I believe every training agency faces the first and most important gap. Just like PADI, SSI has got a lovely range of courses which divers should go through to pick up their skills. We start off with the Open Water course, then there is some Advanced Training, and then on to the Stress Rescue course. Later on one does the DAN Medical Course.

But the point is, people don't do them! The actual retention into those other courses is extremely low. So the reality is, that despite all this fine rhetoric, what is happening is that the vast majority of trainees do the Open Water course and then go out into the world to dive. They do not have any of the skills taught in these subsequent courses, they do not think about getting them and they are never likely to. Most divers out there do not have first aid skills, they do not have rescue skills, they do not have an in depth understanding of decompression illness and they will never have them.

I think there is a gap, and I do not think it has been well served by any training agency. But I do not know how

to fill that gap either. We have tried to bring some of those skills in house, rather than out source them, and as a consequence we are perhaps able to channel people into those other courses. This does two things. One, it is good because they learn at the other courses and two, we are in the business of teaching, so it makes common sense.

The other gap, again from a philosophic standpoint, is that when an instructor is teaching, it is important that he or she has a level of knowledge about the subject that is a degree greater, and in my view a considerable degree greater, than the actual material that they are teaching. That gap is only just being sorted out. For some years now, instructors have learnt how to teach the course by doing it and their level of knowledge is just the same. They are like the Monty Python parrot. They cannot go further.

So I think the biggest challenge that we face is that divers are still going out without any substantial rescue or oxygen administration or first aid skills, despite all the things we have put in place. It is just not happening.

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DAN S.E. ASIA-PACIFIC OXYGEN PROVIDER PROGRAMS

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DAN SEAP structure and aims

The Divers Alert Network (DAN) is a not-for-profit organisation which was formed in 1981 in the United States to assist in the treatment of scuba diving accidents by providing a 24-hour emergency hotline.

To help fund its hotline, DAN established a membership program, initially providing subscribers with a diving accident manual and a regular newsletter, *Alert Diver*, dealing with various issues of diving safety.

As DAN grew, it expanded its operations to provide a free evacuation service for members and diving injury