THE INADEQUACY OF CURRENT FIRST AID CARE

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Accidents, first aid, oxygen.

Introduction

From what we have heard about the Australian, New Zealand, UK and USA situations it is clear that the current provision of first aid to divers is inadequate.[1-4] Nowhere do all injured divers get given oxygen first aid. Nowhere does even the majority of injured divers get oxygen. The figures for fluid administration are even worse.

Why is diving first aid inadequate?

I can only speak about the UK, because I know a bit about what goes on there. I do not know much about what goes on anywhere else.

I think the basic reason is ignorance of what to do in a number of groups, in particular divers themselves and the people who provide diving facilities, such as dive boats. In the UK there has been ignorance of diving first aid in the Coast Guard, which is one of the principal emergency retrieval systems that we have, and in the Royal National Lifeboat Institution, which backs them up. I am not suggesting that these organizations are ignorant about first aid, merely about the specific requirements of divers, notably the provision of oxygen and fluid resuscitation. In 1991,when we first started collecting data in a formalised manner, we were dealing with single figure percentages. One reason could have been that these data were incompletely recorded, however I am quite convinced that they reflect a minimal provision of diving-specific first aid.

Between 1991 and 1995 the situation improved, and the UK struggled into the double figures. Now (April 1997) the provision of oxygen first aid is around 25% or so, but the provision of fluids is less.

Diving medical officers, and particularly those associated with the Royal Navy, have been bleating for years that oxygen treatment has been inadequate. But our bleats were muted and we were bleating in the wrong place. To a certain extent we doctors can blame ourselves.

How can the situation be improved?

What change that has occurred in the UK has been because the divers themselves have come to realise that more adequate diving first aid treatment is required and they have turned out to be the necessary pressure group to get things to change. In the UK, the British Sub-Aqua Club, which is the principal training authority there, has hoisted this in and they now provide first aid courses very much along the lines of what we have been hearing this afternoon from DAN, PADI and SSI.

Initially these courses, particularly the oxygen delivery course, were provided as an add-on to exiaring training. It was one of the things that one did during a weekend's diving with the BSAC. Now it is going to be introduced into their training qualifications for the sport diver. This is bound to have a snowball effect. If divers are trained in the need for and the provision of oxygen first aid they will expect it to be available at the dive site and we will enter a virtuous circle. So we should soon have the situation where oxygen delivery skills should be quite widespread amongst UK divers.

Another problem, which has inhibited the provision of oxygen, is that the equipment was not always available. Staggeringly, it was not available in the Coast Guard until fairly recently, unless the Coast Guard chopper happened to be a military one, in which case there was almost always not just the equipment available but someone who was trained to deliver it.

Again, until recently, most dive boats did not carry oxygen, and even if they did, there was no gaurantee that there would be someone trained to deliver it. Thankfully this situation has turned around. Divers in the UK have a growing reluctance to go out in dive boats that do not carry oxygen. Quite right too! If they can put pressure on the market to get itself up to speed, good on them and I encourage their efforts.

I am quite convinced that if the lack of provision of oxygen first aid to divers is to be improved, it is divers themselves who need to exert the necessary pressure on their training organisations and on those who provide diving facilities. If organisations like DAN can do that, good for them.

References

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