

- (3) It would be a safety factor if there was someone in a boat on the surface, keeping a lookout while diving is going on. As it was, I believe I would have drowned if the boat had not been moored where it was and that was fortuitous, not part of the safety system for the diving.

EDITOR:

This report has been reproduced in its entirety because it highlights the dangers of the prevailing, and likely to increase, availability of such “supervised” scuba diving opportunities offered to chance visitors to the Barrier Reef. The only changes made have been the removal of identifying details. Case SC/81/2 (Provisional Report Project Stickybeak, SPUMS J. Oct-Dec 1982) documents a fatality occurring under similar circumstances.

PROJECT STICKYBEAK

This project is an ongoing investigation seeking to document all types and severities of diving related incidents. Information, all of which is treated as being CONFIDENTIAL in regards to identifying details, is utilised in reports and case reports on non-fatal cases. Such reports can be freely used by any interested person or organization to increase diving safety through better awareness of critical factors. Information may be sent (in confidence) to:

*Dr D Walker
PO Box 120
Narrabeen NSW 2101*

UNUSUAL INCIDENTS FROM THE PAST

Number 4, 1962

Sharks had not read his book

Terracina (Italy) - A man who wrote a book called "My Friend, the Shark", died late yesterday after a shark had attacked him.

He was Maurizio Sarra, an underwater photographer.

The attack on Sarra was one of the few recorded instances in Italy of a shark attack on a human.

He had been taking underwater pictures for years.

He was taking some pictures of a rare species of fish off the coast in the Tyrrhenian Sea when he was attacked yesterday.

Australian Skindivers Magazine. October-November 1962

LETTERS TO THE EDITOR

Dear Sir,

I have been re-reading the Stickybeak Report on the 1981 fatalities and one case (SC 81/2) has a familiar ring about it, as it brings to mind a conversation I had with a kid at a school where I teach. The boy in question is 14 years old and of sub-normal intellect (IQ <85). He went on a trip to Queensland with his older brother (20 years old) during the school holidays last year, to the Whitsunday group area. While on a boat trip they found the package deal included a scuba dive on a reef.

Scuba units were rigged for them. No BCs were provided. No one asked him if he could swim, but fortunately he swims quite well.

I asked about pre-dive briefing, expecting to be told about warnings re barotrauma, breathing normally, clearing ears, buddy system, etc. NONE of the list was covered! The only instruction was to stay in sight of the anchor line. I asked about supervision; there were at least ten apparent novices in the water with one dive leader. He did not remember any problems and, needless to say, thoroughly enjoyed the dive.

Such "quickie dives" are very popular in the Whitsunday area. I fear they will feature in future annual reports of fatalities.

(name supplied)

Dr CG Macfarlane,
Bass Strait Medical Services
281 Main Street,
Bairnsdale VIC 3875.

Dear Sir,

The Standards Association of Australia, Committee SF17 "Work in Compressed Air", is about to release for public comment the draft of the standard on Diver Certification of competence and fitness.

Certification of fitness currently may be made by any registered practitioner. Submissions to the Committee have demonstrated many examples of complete lack of understanding of the nature of the diving industry and its requirements. This can obviously jeopardise the life of the applicant, and perhaps others, and the Committee has found the present situation unacceptable.

There is no recognised post-graduate qualification in diving or hyperbaric medicine in Australia, and there is no suitable regulatory mechanism.

Committee SF17 has therefore suggested that Certification of fitness of commercial divers be accepted only from doctors approved by the Health and Safety Executive of the United Kingdom.

Such approval is gained by demonstrating competence in diving medicine and the usual method is proof of attendance

at an approved diving medicine course, eg. the Shell-Comex Course at Marseilles in 1982. Ex-Navy diving physicians will be automatically approved.

Such a mechanism of establishing an approval panel of diving practitioners has several advantages.

1. It prevents the “grandfather” problem which so often bedevils the genesis of fledgling professional groups.
2. No new bureaucracy is required.
3. Approval by the HSE is rapid, efficient and without cost.
4. Approval will enable identification of those practitioners with a significant involvement in the commercial diving industry and improve communication between them.
5. The Health and Safety Executive encourage applications from foreign practitioners in the interests of reciprocity and communication.

Committee SF17 has called for comment on this proposed mechanism of certification. Such comment should be forwarded to me to tender to the Committee.

Geoff Macfarlane

NEW ZEALAND MEETING

4 Dodson Avenue
Milford 9 New Zealand

Dear Sir,

You will be pleased to know that in conjunction with the North Shore Medical Association dive we have held the inaugural SPUMS Meeting at the Paihia Autolodge in the Bay of islands. I gathered together sixteen diving doctors, many of whom are members of SPUMS and we had a most enjoyable weekend staying at the Paihia Autolodge and travelling on a 36 foot catamaran dive boat, the Top Cat, to first the Cavalli Islands on Saturday, and Deep Cove on Sunday.

On Saturday night we had a clinical meeting, well lubricated, in true SPUMS style. The speakers were Tony Slark, discussing local facilities available for treatment of diving accident victims; Alan Adair, hypothermia and diving accidents; Rob Stevens, diving as an antidepressant; and Simon Cotton, the diving environment. Rob Stevens discussed and showed pictures of diving at Raoul Island, while Simon Cotton showed pictures of diving with Sir Edmund Hillary in Fiji and diving in the Milford Sound. The clinical element lasted an hour and a half and was followed by our inaugural SPUMS dinner.

The first North Shore Medical Association dive was arranged by Warren Paykel and Rob Stevens two years ago and we had a day trip to the Mokahinau Islands.

On that occasion there was no clinical element, but now we have introduced a clinical element we feel that asking for affiliation with SPUMS to be appropriate. Those doctors taking part were Tony Slark, Rob Stevens, Rex Brown, Robin Hardwick-Smith, John Chapman-Smith, Harold Coup, Alan Adair, Tom Marshall, Roger Peak, Julian Roberts, Simon Cotton, Warren Paykel, Ron Glennie, Bill Baber. It is our plan to make this diving weekend an annual event and would ask for the Society’s blessing.

Alan Sutherland

Found in the Editor’s mailbag:

WHICH ARE YOU?

Are you the *Active Member*,
The kind that would be missed,
Or are you just *contented*
Your name is on the list?
Do you attend the *meetings*,
And mingle with the flock,
Or do you stay at home,
And *criticise* and *knock*?
Do you take an *active part*
To help the work along,
Or are you *satisfied* to be
The kind that just belong?
Do you push the *Cause* along,
And make things really tick,
Or leave the work to *just a few*,
And talk about the “Clique”?
Think this over, Member,
You know the Right from Wrong ...
Are *YOU* an *Active Member*,
Or do you just belong?
... ANON.

SEE YOU AT THE NEXT MEETING. GOOD DIVING ONE AND ALL.

FROM DAN TO DAN AND CDC TO C OF O

Slipped inconspicuously into the pages of the most recent issue of TRIAGE, the newsletter of the National Association of Diver Medical Technicians (NADMT), is the announcement that the Diving Accident Network is now to be called the Diving Alert Network and that the Commercial Diving Centre (CDC) has gone upmarket in title and is now the College of Oceaneering (in Los Angeles). These changes signal the rapid growth in acceptance of the value of the reporting of diving-related problems (DAN) and the spurt in acceptance of the valuable role awaiting diver medical technicians. The CDC was in the forefront of designing and running courses for divers anxious to upgrade their medical skills, in the days when there was social value but little if any cash reward for their graduates. Readers of TRIAGE are now becoming aware of the promise of great things from this newsletter, the Editor (Dick Clarke) having excellent contacts among the ranks of those involved in the medical world of commercial diving: and he knows how to get them to contribute valuable articles.