

Dr G Carter
254 Canning Highway
EAST FREMANTLE WA 6158

Dr DE Davies
Suite 6
Killowen Mouse
St Anne's Hospital
MOUNT LAWLEY WA 6050

Dr G Deleuil
135 Dunedin Street
MOUNT HAWTHORN WA 6016

Dr H Oxeer
331 Riverton Drive
SHELLEY WA 6155

Dr J Rippon
764 Canning Highway
APPLECROSS WA 6153

Dr A Robertson
Sick Quarters
HMAS Stirling
PO Box 228
GARDEN ISLAND WA 6168

Dr J Taylor
PO Box 498
EXMOUTH WA 6707

Dr R Wong
34 Loftus Street
NEDLANDS WA 6009

Errors in this list should be notified to the Secretary of SPUMS

Dr David Davies
Suite 6 Killowen House
St Anne's Hospital
Ellesmere Road
MT LAWLEY WA 6050

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

TRAINING STANDARDS FOR THE RECREATIONAL DIVER

Wal Williams

On 18-19 June 1986, The Standards Association of Australia (SAA) called a meeting of the Working Group SF/17/-/14, Scuba Diving, Basic Requirements, in Townsville. This Working Group is part of Committee SF/17, Work in Compressed Air, and was formed as a result of a request from the Australian Underwater Federation (AUF) to produce an acceptable Australian standard for a scuba diver. This standard will be the basic requirement for any diver whether recreational, scientific, search and rescue or professional.

Present at the meeting were representatives from the AUF, the Federation of Australian Underwater Instructors (FAUI), the National Association of Underwater Instructors (NAUI), the Professional Association of Diving Instructors (PADI), the Australian Institute of Marine Science (AIMS), Sydney University, the New South Wales Department of Sport, Leisure and Tourism, and the New South Wales Police Divers. The AUF was represented by myself and Frank Poole who was also representing the Scuba Divers' Federation of Australia (SDFA).

The meeting received many submissions from bodies with an interest in diving, but the two main submissions were forwarded by the AUF, on the National Coaching Accreditation Scheme (NCAS), (our Standards and Procedures) and the combined submission from FAUI, NAUI and PADI (called the Australian Scuba Council (ASC)).

Despite pressure from the representative of FAUI to have the Australian Scuba Council submission of a draft standard used as the basic document, the SAA used the AUF "Philosophy Behind the Australian Recreational Diving Standards" (ARDS) paper as the base document for the discussions.

After two days in which we were forced to accept some reductions and in turn forced some improvements to the ASC draft standards some form of agreement was reached. The draft standard produced was:

Theory

To be the same as ARDS requirements.

Basic Water Skills

To be able to swim 200 metres any style, with no time limit, and then tread water for 2 minutes.

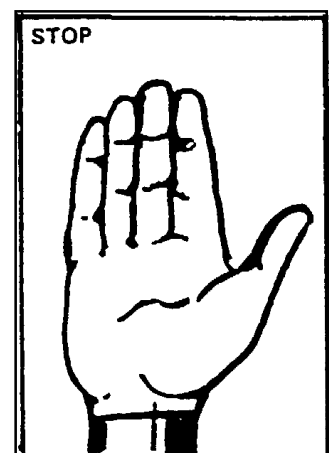
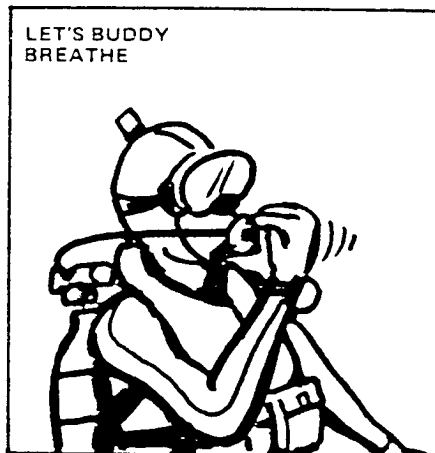
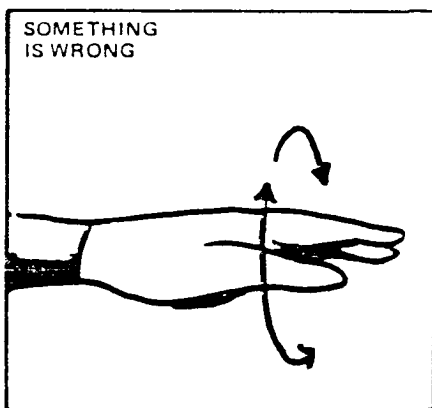
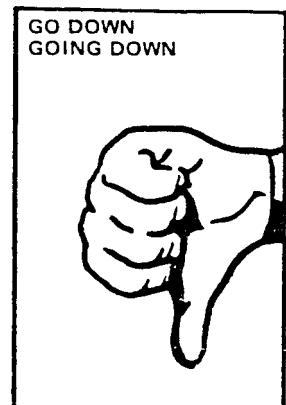
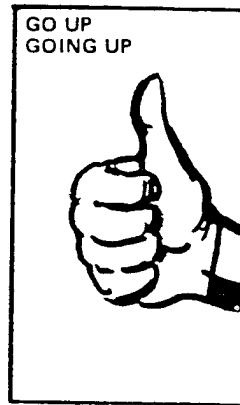
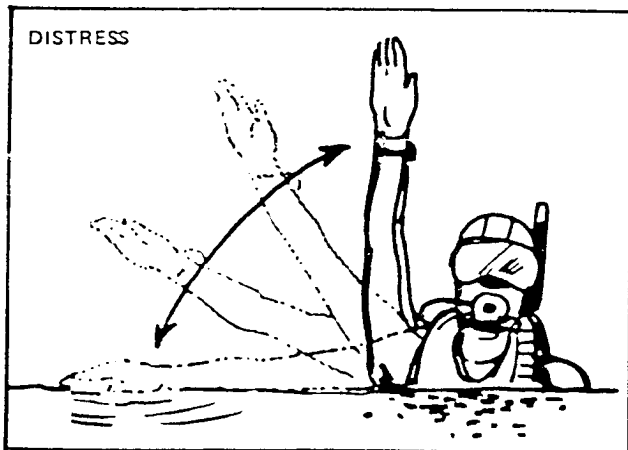
Snorkel Tests

These were all reduced because they are also tested while on scuba. The only remaining snorkel test is a breath-hold dive demonstrated during the scuba surface swim.

Open Water Scuba Tests

1. Prepare, assemble and fit all equipment correctly.
2. Enter the water correctly from beach, boat, jetty, rocky shore, or through surf and demonstrate alternative methods of entry.

3. Demonstrate all compulsory hand signals. There is a disagreement between the 9 compulsory World Underwater Federation (CMAS) signals and the 25 US signals which have been accepted by the ASC. We agreed on 8 signals to be made compulsory for the course and which are the same in both organisations. These are OK, OK on surface, Distress on the surface, Up, Down, Something Wrong, Buddy-Breathe, and Stop (see figure).



4. In at least 3 metres of water, swim 25 metres without a mask, replace the mask and clear it.
5. In at least 3 metres of water demonstrate the ability to remove and replace all equipment except the weight belt.
6. The student is to demonstrate ability to navigate underwater.

7. Swim 200 metres on the surface wearing, but not using, scuba. During the swim demonstrate skill in submerging and snorkel clearing techniques.
8. In at least 3 metres of water buddy breathe with buddy and swim for a least 25 metres while buddy breathing.
9. In at least 3 metres of water swim with buddy for at least 25 metres using an alternative air supply.
10. Demonstrate neutral buoyancy with buoyancy compensator (BC) deflated at the surface.
11. Demonstrate proper use of BC at depth.

Rescue

1. Achieve the Royal Life Saving Society (RLSS) 'A' resuscitation certificate or carry out the equivalent training.
2. Using scuba, dive to recover a simulated non-breathing scuba diver in 3 metres of water, surface and tow the diver 25 metres while conducting in-water expired air resuscitation (EAR), call for help and prepare to land. This test can be examined in a pool.

Open Water Diving Under Direct Supervision

The compulsory dives conducted **after** the above tests are a **minimum** of four dives. One dive from the shore and one from a boat. Three dives are to be deeper than 9 metres, one of which must be deeper than 15 metres. The total bottom time of the four dives is to be at least 140 minutes.

Instructor/Student Ratios

It was agreed that the maximum instructor/student ratio will be 1/8. It was made quite clear that this ratio can only be used in optimum conditions and that any instructor who abused this ratio did so at his or her own risk, ie. "instructor beware".

The results of this working group will be presented to the main committee where it is expected that it will be accepted as a first draft. This first draft will then be sent out for public comment.

It is expected that it will take up to two before the full process of draft, comment, re-draft, etc. will produce an acceptable code. Therefore we have time to work towards upgrading any area found unacceptable by the AUF.

Lt Col WA Williams is the Chairman of the Technical Committee of the AUF. His address is 46 O'Rourke Street, WEETANGA ACT 2614.

The article below applies to the United Kingdom. Neither course is suitable, unaltered, for Australian conditions where doctors examining sports divers must be able to advise them about diving safety.

DIVING MEDICAL ADVISORY COMMITTEE

RECOMMENDATIONS ON THE TRAINING AND REFRESHER TRAINING OF DOCTORS INVOLVED IN THE EXAMINATION OF PROFESSIONAL DIVERS AND IN THE TREATMENT OF DIVING-RELATED ILLNESSES

1. INTRODUCTION

We have been concerned for some time at the lack of positive guidance on the standards to be attained, and maintained by doctors undertaking the examination of professional divers, and the treatment of diving-related illnesses.

The recommendations which follow have been formulated from expert opinion drawn from many doctors who are actively engaged in diving medicine in the UK, Norway and elsewhere.

We would like to express the hope that they will be endorsed by appropriate Government Departments, and as a result, that any training establishment which purports in the future to offer doctors courses in these subjects will be obliged to comply as a minimum with these recommendations. We feel this to be essential in the long-term interests of the diving industry, and particularly of the divers themselves.

Our recommendations as to the content of each course have been arrived at after much thought and discussion, and are therefore firm. We recognise however, that the duration and order in which they appear in each course timetable may have to be adjusted in the light of local circumstances.

2. SCOPE DEFINITION

The recommendations throughout this paper are related to the three categories of doctor involved in one aspect or more of diving medicine. These categories are based on the 1981 EDTC Guidelines, as follows:-

A. Examining Medical Doctor For Professional Divers

A doctor trained to conduct medical examinations on professional divers for fitness to dive.

B. Diving Emergency Medical Doctors

A doctor trained to work with divers and in particular, to cope with the medical aspects of every kind of diving emergency. He must be fit to go under pressure.

C. Specialists

i. Specialists in Diving Medicine

A doctor generally recognised in the international diving community as being well experienced in aspects of diving medicine, such as a medical doctor who is consulted on difficult or unusual cases by Examining Medical Doctors for Divers, and by Diving Emergency Medical Doctors, and who has an expert knowledge of diving physiology.

ii. Associated Specialists

A specialist in some particular field (other than diving) who has an expert knowledge of the diving aspects of his special subject.

3. INITIAL TRAINING FOR GROUP A - EXAMINING DOCTOR

In our examination of this requirement, we have considered carefully whether to restrict the syllabus to normal office hours, or whether as appertains in at least one UK training establishment, have generally informal evening sessions most days, and thus offer longer tuition time, and additional opportunities for exchange of experience, etc.

So far as this particular course is concerned, we have come down firmly in favour of a 5-day course with tuition hours not exceeding 7 hours per day. In reaching this conclusion, we have taken account of the fact that it would be a mistake to over-estimate the learning capacity of the students on this course, most of whom will be unfamiliar with most aspects of diving medicine and their related commercial importance.

It is clear that since this course is intended for 'examining' doctors, everything on the syllabus must be geared to helping such doctors to acquire as much background knowledge as possible on diving and the diving industry, as well as a basic understanding of diving physics and physiology.

Given the above, together with an appreciation of the inter-relationship between 'normal' medical conditions and the diving environment, it ought to be possible by the end of the course for students to have a much fuller understanding of all these matters. They ought thereby, to be better equipped