

URA Diver Emergency Transportation Information

This document provides information helpful in initially arranging transportation to an EMS (Emergency Medical Facility) and subsequently (if appropriate) to a

hyperbaric chamber for divers who are potentially involved in a diving accident ... including possible DCS (Decompression Sickness). Information below has current emergency telephone numbers that will assist in calling for emergency transport.

First it is important to understand that **WHO** you call will be dependent upon the diver's location when first suspected to have a medical problem. **IF YOU ARE IN CELL PHONE COVERAGE YOUR IMMEDIATE CALL SHOULD BE TO 911** !!! This is particularly true if diving an inland lake, an "offshore" dive on the Great Lakes, ocean, etc. It MAY also be the most appropriate call if diving from a small boat just offshore.

You must ALWAYS remember that your first and highest priority is to get the diver to the closest major EMS facility! Why? Because the diver may NOT be suffering DCS or AGE_(Arterial Gas Embolism) etc. Also, the MAJORITY of "suspected" diving accidents are actually non-diving related ... such as heart attack and pulmonary associated events. Your first action is to rescue the diver, begin resuscitation/first aid while transporting to an EMS where they can better access the often-overlapping symptoms, and to begin immediate EMS care to address a multitude of symptoms that non-EMS people are incapable of recognizing or treating.

It IS APPROPRIATE to start recording the diver's physical and neurological symptoms (see URA Diver Emergency Incident Report) ASAP before/after calling 911. The 911 call will also arrange with you WHERE to meet the ambulance. It IS APPROPRIATE to advise 911 that you suspect there MAY BE a diving related illness. Get EMS contact information so that you can get Diver's Alert Network (DAN) in contact with the EMS facility to assist in determining how to address diving illness issues AND to assist the EMS in arranging hyperbaric transport if appropriate. Another reason for EMS facility first is the EMS can then prep the diver for transport while continuing treatment en route to a hyperbaric facility. THIS IS DAN'S PRIMARY RECOMMENDATION. Do NOT call DAN first ... but call DAN early! Call them after you know where the diver's EMS facility & contact will be.

URA divers are often why out in the middle of the Great Lakes & have no cellular phone service. In cases like this you should hail the United States Coast Guard (USCG) on CHANNEL 16. The procedure is identical to above. You will be connected with the USCG "command center" for the USCG region. They will then determine via their procedures if transport via air (helicopter) or small USCG boat is the best and most

immediate transport option. They will also coordinate appropriate USCG facilities & resources to be used. You should tell them you have a "suspected" diver related medical incident & require ASAP transport to the nearest major EMS facility. They will determine if the closest major EMS facility also has hyperbaric treatment, but that would be unlikely. They too want to transport you to the closest EMS facility for the diver's treatment for the same reasons as above. Begin you on-site medical recording and make sure to get name and contact info of the EMS facility such that you can contact DAN when you reach communications. (The USCG has NO KNOWLEDGE of DAN and will NOT contact them or advise the EMS to contact them!!) They adhere to their own internal procedures which is direct to EMS.

Make arrangements to transport the medical info (e.g. the URA Diver Emergency Incident Report) that you have taken on-site with the diver or the EMS transport (ambulance). Good advice is to take a cell phone and take an image of the medical info as it can easily get detached from the diver as he/she moves from transport to transport & EMS to EMS to hyperbaric facilities.

Do NOT send the divers dive computer(s) with the diver for transport. It too is too easily lost or misplaced. And the EMS facilities will NOT HAVE THE ABILITY TO DOWNLOAD DIVE DATA. Work with the post-accident legal agency(s) such as USCG, State Police, Sherriff, etc. to download the data for them, and get to the EMS people ASAP. Remember to preserve the diver's equipment as also recorded in the URA Diver Emergency Incident Report form.

In summary:

- 1. Rescue Diver & begin emergency first aid
- 2. CALL 911 OR CONTACT USCG ON CHANNEL 16
 - a. USCG REGIONAL PHONE NUMBERS ARE LISTED BELOW FOR U.S.
- 3. ARRANGE TRANSPORT TO CLOSEST MAJOR EMS FACILITY
- 4. GET EMS FACILITY NAME & CONTACT INFO FROM TRANSPORTING AUTHORITY
- 5. MAKE COPY (IMAGE) OF ON-SITE MEDICAL DATA COLLECTED
- 6. INCLUDE THE ON-SITE MEDICAL INFORMATION WITH DIVER/TRANSPORT
 - a. If possible, a dive team member with a cell phone and information about the incident should accompany the diver if possible to the medical facility¹
- 7. CALL DAN ASAP WHEN YOU CAN MAKE CONTACT
 - a. DAN EMERGENCY HOTLINE: +1 (919) 684-9111
 - b. Give DAN the diver's full name & contact information
 - c. Give DAN the EMS facility and contact information & ask them to call the facility to assist and to consult with the EMS as appropriate

¹ This person can help the EMS facility better manage triage, and care for the patient as well as act as a link to DAN. This person can also retain on-site incident/medical records.

8. PRESERVE THE DIVER'S EQUIPMENT

- a. Close tank values & record # turns to shut off each tank valve
- b. Record tank size, type of gas, and tank's pressure
- c. Hold/preserve the diver's dive computer(s) for subsequent analysis

U.S. Coast Guard - District and Regional Command Center Contact Information

Data directly from USCG website: https://www.uscg.mil/contact/

<mark>Map</mark>	Center	Emergency Number
National Command Center	NCC Watch Phone Number: 202- 372-2100 - For maritime emergency use only	202-372-2100
	Northeast (D1) First District Command Center Number: (617) 223-8555 - For maritime emergency use only	(617) 223-8555
	Mid Atlantic (D5) Fifth District Command Center Number: (757) 398-6231 - For maritime emergency use only	(757) 398-6231
	Southeast (D7) Seventh District Command Center Number: (305) 415-6800 - For maritime emergency use only	(305) 415-6800

	Heartland (D8) Eighth District Command Center Number: (504) 589-6225 - For maritime emergency use only	(504) 589-6225
	Great Lakes (D9) Ninth District Command Center Number: (216) 902-6117 - For maritime emergency use only	(216) 902-6117
	Pacific Southwest (D11) Eleventh District Command Center Number: (510) 437-3701 - For maritime emergency use only	(510) 437-3701
	Pacific Northwest (D13) Thirteenth District Command Center Number: (206) 220-7001 - For maritime emergency use only	(206) 220-7001
***	Hawaii and the Pacific (D14) Fourteenth District Command Center Number: (808) 535-3333 - For maritime emergency use only	(808) 535-3333
	Alaska (D17) Seventh District Command Center Number: (907) 463-2000 - For maritime emergency use only	(907) 463-2000

A "Typical" Conversation to USCG (similar for 911)

- "USCG, USGC This is vessel "Dive Adventure", EMERGENCY, EMERGENCY, EMERGENCY"
- 911 or USCG responds to your call
- "This is the vessel "Dive Adventure", a 34' boat located APPROXIMATELY 45 miles east of
 Harrisville marina in Lake Huron ... our GPS location is: LAT GPS, LONG GPS. We have
 a diver onboard who has suffered from CATEGORY (ABC?) Decompression Sickness. We
 are REQUESTING immediate aid to transfer the patient to the closest MAJOR EMS
 FACILITY. We'll stand by until you get the flight surgeon on the line and can transfer to you all
 vital signs & symptoms."
- Wait for response and follow USCG instructions
- When the flight surgeon is on make sure you REPEAT the above information
 important as it will be the flight surgeon who makes all the important decisions as to how and
 where your patient will be transported.
- "Yes, sir ... we have a 45 year old male diver_demonstrating the following signs of Category (ABC) Decompression Sickness ... severe pain in both arms and both knees, slight confusion, difficulty breathing, chest pain, and extreme fatigue. The patient has been placed in a phone condition and oxygen is being administered. We have been trying to hydrate without much success. An "on-site neurological examination has been taken with the following results ..."