

FIGURE 3.1 Sample Emergency Assistance Plan

Last updated _____

Dive site _____

Local emergency number (911)
or appropriate local contact _____

Location of the nearest pay phone or public phone _____

Location of the nearest cellular phone signal _____

Coast Guard radio frequency _____

Nearest medical facility	Directions from dive site
_____	_____
_____	_____
_____	_____

Phone () _____

See maps on reverse.

Emergency Procedures

- If a diver is lost, initiate emergency procedures.
- Determine the most appropriate search technique for the dive site.
- Secure necessary equipment.
- Recall other divers if there is an emergency.
- Organize rescue and first aid care and establish control.
- Alert rescue authorities.
- Prepare first aid equipment.
- Provide basic life support.

Basic Life Support

Assess scene safety. Remove the diver from the water if necessary, and ensure the safety of all rescuers.

1. Assess responsiveness. If the diver is unresponsive, immediately activate your emergency plan. Call for emergency medical services.
2. Open the airway and check for breathing.
3. If the diver is not breathing normally, deliver 2 rescue breaths.
4. Begin CPR. Immediately deliver 30 compressions followed by 2 breaths.

Provide emergency oxygen, if available, at the highest possible concentration using the most suitable delivery device.

If EMS help is not available, immediately transport the injured diver to the nearest emergency medical facility. Provide emergency department personnel with details concerning the accident and the contact information for DAN, included below.

Contact Information for DAN

919-684-8111 or 919-684-4DAN (4326) (Collect calls are accepted.)

Explain to the operator that you have a scuba diving emergency.

Personal Emergency Contact Information

Diver's name _____

Next of kin _____

Address

Address

Phone () _____

Phone () _____

Relevant Medical Information

Allergies _____

Conditions _____

Medications _____

Medical insurance information _____ Policy number _____

DAN member number _____

Family physician _____ Phone () _____

Additional relevant medical information _____

(continued)

FIGURE 3.1 (continued)

Diving Emergency Information

Diver's name _____

Vital signs _____

Pulse _____ Respirations _____ Blood pressure _____

Signs or symptoms _____

Allergies _____

Medications _____

Medical history _____

Last meal or oral intake _____

Events leading to current situation _____

Neurological assessment _____

Dive profile information _____
