

Florida State University Academic Diving Program Dive Plan Submittal Form



			r				
DSO Signature							
Dive Details							
Dive Plan Submitted by					Date Sub	mitted	
Principal Investi	gator				Lead Dive	er	
Proposed Expec	Proposed Expedition Dates Start				End		
Is this a Sponso	red Project?	•			Sponsore	d Project	<del>4</del>
Proposed # of D	ives				Proposed	# of Dive	rs
General Dive Sit	e Location				Maximun	n Depth	
Will this Plan In	volve (check a	all that a	oply)				
Boats o	r larger vesse	ls		Specialty Diving			Non-FSU personnel
Multiple	e days of divir	וg	Flying after Diving		5		Science Divers in Training
Decom	pression Divir	ıg	International Trave		vel		Mixed Gases
General Dive Pla	an Considerat	ions	<u> </u>				
• In the interest of the dive team, it is expected that any diver who feels ill or has reasonable cause to believe they have been exposed to the Corona SARS-CoV-2 virus will exclude her/himself from diving operations until receiving medical clearance to dive.							
All divers must be familiar with the FSU Standards for Scientific Diving Manual.							
<ul> <li>The Lead Diver is responsible for making and communicating decisions on in water details of this dive plan including dive buddy assignments and tasks, goals and objectives, maximum depth(s) and bottom time, gas management, entry, exit, descent and ascent procedures, perceived environmental and operational hazards and mitigations, emergency and diver recall procedures.</li> </ul>							
• Any diver has the right to refuse to dive without fear of penalty if he or she feels the conditions are unsafe or unfavorable OR the dive violates the precepts of their training OR the regulations of the FSU Standards for Scientific Diving Manual.							
• It is the responsibility of each diver to terminate the dive, without fear of penalty, whenever he or she feels it is unsafe to continue the dive, unless it compromises the safety of another diver already in the water.							
• All Dive plans MUST be based on the competency of the least experienced diver.							
Absolutely No Solo Diving is allowed.							
• An Emergency Management Plan MUST be completed for each expedition including the following: emergency contact information (including name, relationship, and telephone number) for each diver, nearest recompression chamber, nearest accessible hospital and anticipated means of transportation.							

Dive Plan Diving Roster and Emergency Contacts							
Diver Name		Depth Rating <sup>1</sup>	Phone Number	Emergency Contact			
				Name	Relation	Phone #	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

<sup>&</sup>lt;sup>1</sup> Depth ratings are subject to change. If you are unsure of a depth rating contact the DSO. See Standards section 4.0 for details. Dive Plan Submittal Form

### Purpose of Dives

Operation Plan					
Boat/Vessel Names		On Site Emergency C (ex. Cell Phone, VHF Radio)	omms		
Estimated Depth		Estimated Bottom Tir	me		
Dive Tables Used		Dive Computers Used	b		
Specific Diving Locations					
Decompression schedules and	d repetitive dive plans (	(attach dive profile worksheet	if necessary)		
Diving work plans (attach det	ailed explanation if nec	cessary)			
Nitrox, or mixed gases (include percentages)					
Tools or specialized equipment (diving sleds, scooters, drills, surface supply, hookah, tethers, etc.)					
Hazardous Conditions Anticipated: (i.e., cold water, low visibility, extreme currents, extreme depths)					
Safety Equipment: (check all that apply)	First Aid Kit	Emergency Oxygen	Dive Flag		
Others:					

International Travels			
Attach a copy of all itineraries, including flight times and accommodations with contact information.			
Contacts in Country			
U.S. Consulate or Embassy			

### **Emergency Management Plan**

A diving accident victim could be any person who has been breathing air underwater regardless of depth. It is essential that emergency procedures are pre-planned, and that medical treatment is initiated as soon as possible. The following procedures provide guidance for dealing with emergencies that arise in the course of compressed-gas diving. They do not substitute for project supervisors and participants using good judgment. Further, they cannot account for all possible situations. Proper emergency actions rely upon sound training, sound judgment, and rapid response.

It is the responsibility of the Lead Diver for each project or dive to establish effective diving emergency procedures for the local diving operations, including evacuation and medical treatment. Divers must report all injuries to the Diving Safety Officer.

### **General Procedures**

- 1. Make appropriate contact with victim or rescue as required.
- 2. Establish (A)irway (B)reathing (C)irculation or (C)irculation (A)irway (B)reathing as appropriate
- 3. Stabilize the victim
- 4. Administer emergency oxygen, if appropriate (in cases of Decompression Illness, or Near Drowning).

5. Call 911 or local Emergency Medical System (EMS) for transport to nearest medical treatment facility. Explain the circumstances of the dive incident to the evacuation teams, medics and physicians. Do not assume that they understand why 100% oxygen may be required for the diving accident victim or that recompression treatment may be necessary.

- 6. Contact Divers Alert Network Emergency Hotline (+1 919 684 9111)
- 7. Notify the Diving Safety Officer. If the Diving Safety Officer is not immediately available contact FSU EH&S.
- 8. If possible, complete the following actions:

a. Take notes of how the incident occurred, and all response measures taken, including a time table of actions;

- b. Isolate the victim's equipment for inspection by the DSO and authorities;
- c. Manage the accident scene for crowd control. Assign someone to keep bystanders from interfering.
- d. Make statements regarding the incident only to University and EMS/Medical personnel. University representatives shall be responsible for providing information to the media.

9. As soon as possible, the FSU Diving Safety Officer prepares a diving incident report, including facts of the injury and treatment rendered, and statements from pertinent witnesses. A copy of this report shall be forwarded to the FSU Diving Control Board, the FSU Department of Environmental Health & Safety, the FSU Coastal and Marine Laboratory's Human Resources personnel, and to AAUS or the National Institute for Occupational Safety and Health (NIOSH), depending on the nature of the operation.

Emergency Management Contact Information To be completed by Lead Diver			
Nearest Hospital			
Nearest Recompression Chamber			
Anticipated Means of Transport			

# Emergency Reference Contact Information

<b>Divers Alert Network</b> (DAN) Emergency Hotline: (919) 684-9111 Medical Information: (919) 684-2948	FSU Diving Safety Officer (DSO) Christopher Peters Office: (850) 697-2078 Mobile: (850) 559-8107
Capital Regional Medical Center Hyperbaric Medicine 2626 Capital Medical Blvd Tallahassee, FL 32308 Phone: (850) 325-5000	FSU University Health Services 960 Learning Way Tallahassee, FL 32306 Info: (850) 644-6230
Chamber: (850) 325-4542 Weems Memorial Hospital 135 Avenue G Apalachicola, Florida 32320 Main: (850) 653-8853	FSU Office of Human Resources Adline Norwood (850) 645-2731 FSU Office of General Counsel Audrey Wilson
United States Coast Guard Panama City, FL VHF Channel 16 850-234-2377	(850) 644-4440 <b>FSU Coastal and Marine Laboratory</b> (850) 697-4120
Florida Fish and Wildlife Dispatch Dispatch: (850) 245-7716	FSU Environmental Health and Safety Laymon Gray (850) 645-2279

## Dive Plan Approval

I certify that this dive plan has been completed in compliance with the Florida State University Diving Control Board policies and procedures. I further certify that all information provided in this plan is true and correct to the best of my knowledge.				
All dive logs related to this plan should be returned to the Diving Safety Officer or designee within one week following completion of the planned dives(s). Individuals, within the same period, should enter their dives onto the AAUS website.				
Principal Investigator				
Print Name		Signature		
Dive Team Leader				
Print Name		Signature		
SPACE BELOW FOR FLORIDA STATE UNIVERSITY ACADEMIC DIVING PROGRAM ONLY				
Dive Plan Approved By				
Name & Title		Signature		

# Approved Amendments