

#### **Dive Plan Submittal Form**

Dive Details							
Lead Diver				Date Submitted			
Principal Investigator				Project #			
Expedition Start					edition End		
# of Dives				# of Divers			
Location				Maximum Depth			
Will	this Plan Involve (check a	ıll tha	t apply)				
	Boats or Vessels		Specialty Diving		Non-FSU Personnel		
	Multiple Dive Days		Flying after Diving		Divers-in-Train	ing	
	Decompression Diving		International Travel		Mixed Gases		
Purpose of Dive(s)							

# General Dive Plan Considerations

All divers must be familiar with the FSU Standards for Scientific Diving Manual.

The Lead Diver is responsible for 1) ensuring dives are conducted in accordance with Section 2.0., 2) ensuring all dive team members possess current authorization and are qualified for the type of diving operation, 3) coordination with other known activities in the vicinity that are likely to interfere with diving operations, 4) ensuring safety and emergency equipment is in working order and at the dive site, 5) suspending diving operations if in their opinion conditions are not safe, and 6) reporting to the DCB, through the DSO, any physical problems or adverse physiological effects of divers, including symptoms of pressure-related injuries.

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 violates 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.

Roster and Emergency Contacts								
Diver Name		Lead Diver	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								
Notes:								

Operation Plan								
Specific Diving Location(s)								
Dive Type	Scuba		Hookah		Other			
Estimated Depth(s)			Estimated E Time(s)	Bottom				
Deco Monitoring (ex. Tables, Computer model)			Nitrox FO2	Nitrox FO2				
Boat/Vessel Name(s)					1			
Tools or specialized equip	ment: (ex. DPV	s, drills, metal det	ector, dredge, teth	ers)				
Hazardous Conditions An	ticipated: (ex.,	cold water, low vi	sibility, extreme cા	ırrents, extreme o	depths)			
Safety Equipment:								
(check all that apply)	First Aid Kit		Emergency	02	Dive Flag	g		
Others:								
International Travels  Attach a copy of all itineraries, including flight times and accommodations with contact information.								
Contacts in Country								
U.S. Consulate or Embass								

# **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 during 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. 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.
- 5. Administer emergency oxygen or AED if appropriate.
- 6. Contact Divers Alert Network Emergency Hotline (+1 919-684-9111)
- 7. Notify the Diving Safety Officer (850-559-8107). If the Diving Safety Officer is not immediately available contact FSU EH&S (850-645-2279).
- 8. If possible, complete the following actions:
  - a. Take notes of how the incident occurred, and all response measures taken, including a timetable of events and 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				
On Site Emergency Comms (ex. Cell Phone, VHF Radio)				
Shore Contact				
Local Emergency Services				
Nearest Hospital				
Nearest Recompression Chamber				
Anticipated Means of Transport				

# **Emergency Services Information**

### **Divers Alert Network**

Emergency Hotline: (919) 684 9111 Medical Info Line: (919) 684-2948

#### **HCA Florida Capital Hospital**

2626 Capital Medical Blvd Tallahassee, FL 32308 Phone: (850) 325-5000

#### **United States Coast Guard**

Panama City, FL VHF Channel 16

Phone: (850) 234-2377

# **Springhill Medical Center**

Hyperbaric Oxygen Therapy 3719 Dauphin Street Mobile, AL 36608 Phone: 251-344-9630

# Florida Fish and Wildlife Dispatch

Franklin County: (850) 245-7716

# **FSU Coastal and Marine Laboratory**

ADP: (850) 645-3471

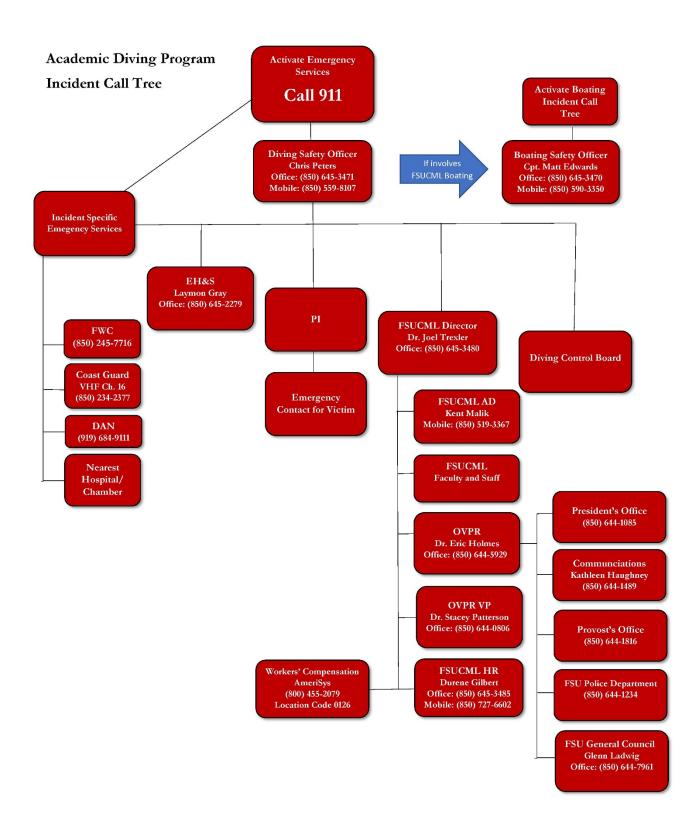
Marine Ops: (850) 645-3470 Main: (850) 645-3474

# **Weems Memorial Hospital**

135 Avenue G Apalachicola, Florida 32320 Main: (850) 653-8853

# Mariner's Hospital,

Florida Keys Hyperbaric Medicine 91500 Overseas Highway Tavernier, FL (305) 434-3000



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 Leaders								
Print Name		Signature						
Print Name		Signature						
Print Name		Signature						
SPACE BELO	OW FOR FLORIDA STATE UNIV	ERSITY ACADEMI	C DIVING PROGRAM ONLY					
Diving Control Board Chair								
Print Name		Signature						
Diving Safety Officer								
Print Name		Signature						
FSU Dive Plan #								
Approved Amendments and Contingencies								