

Director To You



from **John Lippmann**
OAM

Still a Long Way to Go.

DAN's mission is to improve the safety of all divers and we routinely receive calls about divers who are not DAN Members. DAN tries to assist with such cases, although we cannot provide the same level of assistance as for Members because we are unable to authorise the transportation or treatment, or cover any of the costs involved, in the management of these divers.

Over the past few months DAN AP was contacted about two very serious diving accidents involving divers who were not members. These cases highlighted some all-too-common problems:- *delayed and inadequate provision of high concentration oxygen, and extended delay to evacuation to a suitable treatment facility.*

The first accident involved a man who was diving in a remote part of Papua New Guinea. Immediately after surfacing from a dive he became short of breath with chest pains, coughing and impaired consciousness. The divemaster called the DAN DES hotline and the doctor advised that the diver was likely to be suffering from very severe decompression illness (DCI) and needed immediate high concentration oxygen first aid and rapid evacuation to a recompression chamber. There was no oxygen available on the boat and the oxygen provided on reaching land some 20 minutes later was only a relatively low concentration. I spoke to the divemaster and then contacted the nearest chamber facility and linked the diving doctor and possible

evacuation provider with the victim's companions. He was taken to a basic clinic and, because he was uninsured, was not evacuated to a chamber until around 30 hours later, after some very extensive negotiations. On arrival at the chamber, he was in a very poor condition and the doctor later stated that he was unsure if the diver would survive. However, this diver was extremely fortunate and had a better than expected recovery after extensive (and expensive) treatment.

The second accident involved a 14-year-old boy who was on a brief diving trip with his father in Malaysia. After surfacing from the first dive, he mentioned that he had been sneezing underwater and that he now had an itchy feeling in his chest. Nothing was visible and he felt otherwise fine, so, after a relatively short surface interval, he dived again. The dive appeared uneventful until at the safety stop when the divemaster noticed that the boy was becoming unconscious so took him to the surface where he was quickly brought on board the boat. He was in and out of consciousness and was having seizures. Unfortunately, as in the previous case, no immediate oxygen first aid was available on the boat.

Oxygen provision was commenced by the dive operator on reaching shore some 10-15 minutes later and there are conflicting reports whether an appropriate delivery system was used. An ambulance arrived and took him to a local hospital but the doctors at the hospital had no knowledge of

how to manage diving accidents. As a result they failed to realise that the diver probably had a cerebral arterial gas embolism (an air bubble in his brain) and required the immediate administration of 100 percent oxygen and rapid transfer to a recompression chamber. He was transferred to another hospital and assessed by other doctors, again without training in dive medicine, and they were also unable to diagnose the problem. A Navy dive doctor who was eventually consulted, diagnosed the likely problem and investigated whether the diver could be taken to the nearest chamber. However, he was concerned that the young diver was too ill to be placed inside this chamber and further delays ensued while a more suitable chamber was sought.

The father's travel insurer was contacted but only elevated the urgency of the case after a DAN hotline was finally called some nine hours after the dive. An urgent evacuation to Singapore advised.

Further extensive delays occurred before the evacuation team arrived to pick up the patient. Throughout this time he was only given low concentration oxygen and continued to deteriorate due to progressive brain damage from the poorly-treated injury.

By the time he arrived at the chamber, around 32 hours after the dive, it was too late for the subsequent recompression to be effective. Tragically, he died several days later.

Had this diver been a DAN Member and had we been called by the dive operator, the hospital or a companion soon after the accident, we would have advised the medical staff about appropriate oxygen administration and other management, and we would have immediately sought to arrange an evacuation. One can never be certain, however, given the location and some of the facilities available, we are reasonably confident that the evacuation could have occurred that day and that this accident might have had a better outcome.

Personally, I have been deeply touched by this case and have become involved in its aftermath in the hope of reducing the likelihood of similar occurrences. It shows that, despite all of our efforts, DAN has a long way to go in increasing divers' awareness of our existence and the benefits of being a DAN Member.

We also need to continue to urge dive operators to have appropriate oxygen equipment *at the dive site* and to encourage divers to insist on this. Finally, we need to continue to better educate divers, dive professionals, and the non-diving medical community of the existence and benefits of DAN, and to promptly contact a DAN hotline in the event of diving accident.

I have recently met with some of the doctors involved in this case and DAN AP will be re-doubling our efforts to disseminate information about the management of dive accidents to medical facilities in that area, and well beyond. Please ask your diving friends to join DAN. In addition to providing direct benefits to them, it will provide additional funds to help in our mission to improve diving safety for all of us.

Let's make something good come from this terrible accident.

Safe diving,



In Memory of
Reagan.

Safe DIVING Tips

- Be Medically Dive Fit
- Be Physically Dive Fit
- Don't Dive if Feeling Unwell
- Be Well Hydrated
- Be Well Insulated
- Avoid Deep Dives
- Reduce Depths During Multi-Level Dives
- Ascend Slowly
(usually 10 metres/minute or slower near surface)
- Do Safety Stop(s)
- Minimise Exercise During and After Diving
- Maximise Surface Intervals
- Minimise Repetitive Diving
- Report Unusual Symptoms
- Dive with a Buddy
- Dive Within Your Training & Experience
- Ensure Equipment is Appropriate & Functional

Don't Dive Without DAN Protection

Be a DAN Member

It's Worth it for the Peace of Mind.



Your Buddy in Dive Safety

www.danasiapacific.org

Background photo by David Bryant, Scapix.com.au