**University of New Hampshire Diving Operations**

All divers must be healthy, fit and prepared to participate in the daily dive activities. Any diver who is unsure of illness or does not want to dive for any reason should not dive. Any diver that has recovered from COVID-19 must not dive and contact the UNH DSO for further information.

 All current UNH COVID-19 regulations must be followed.

Each diver and boat driver MUST be fully vaccinated for COVID-19 or part of UNH testing program and have a compliant *Wildcat Pass* for date of dive operations.

**This Plan must be submitted to the Diving Program Officer for approval the day before diving. You must also have a copy (electronic or picture is fine) of this plan at the dive site.**

## PROJECT TITLE-

**Date and Time**

## PERSONNEL

Principal Investigator Phone/email

Diving Supervisor Phone/email

Lead Diver Phone/email

**Personnel requirements-minimize the size of dive teams**

Shore dives-2 divers (1 surface support person only if needed, if not the normal off-site shore contact). Boat dive personnel numbers minimum is 1 vessel operator and 1 dive team (2 divers).

 Name of Diver Scientific diver/diver in training Depth certification

1.

2.

3.

4.

### **DIVE SITES** (Use additional sheets as required)

Location (s)

Max Depth

Current

Hazards

(Pollution, Obstructions, Vessels, etc)

Comments-(mitigation of hazards)

## DIVING OPERATIONS

Vessel Required Yes, No, Vessel Name

Master/Operator Vessel Description

**Diving Tasks**: Science ( ) Training ( ) Work ( )

Description of diving tasks and any specialized equipment used (Use additional sheets as required)

**Diving Mode and Equipment**

() Scuba ( ) Surface Supply ( ) Nitrox ( ) Mixed Gas ( ) Rebreather ( ) Other

Night Dives ( ) Yes ( ) No

Wet Suit (# of Divers) Dry Suit (# of Divers)

**Details of planned Depth, Bottom time and Surface interval for dives each day**

Computer ( ) Tables ( ) Dive planning software ( )

Decompression Required ( ) Yes ( √ ) No If Yes, provide details

Comments:

## EMERGENCY MANAGEMENT PLAN FOR THIS PROJECT

**General Procedures-**supply additional information for this particular project

**Be sure to use proper PPE (Pocket masks and gloves) for all steps of Dive Accident Management Avoid direct contact with injured parties unless not doing so would lead to severe injury or death**

Depending on and according to the nature of the diving accident, stabilize the patient, administer 100% oxygen, contact local Emergency Medical System (EMS) for transport to medical facility, contact diving accident coordinator, as appropriate. 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.

1. Make appropriate contact with victim or rescue as required.
2. Transport victim to boat or shore
3. Position victim (either flat with legs raised or recovery as needed)
4. Establish (A)irway, (B)reathing, (C)irculation as required. (CAB for suspected heart attacks)
5. Administer 100% oxygen, if appropriate (in cases of Decompression Illness, or Near Drowning).
6. Call local Emergency Medical System (EMS) for transport to nearest medical treatment facility.
7. 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 may be necessary.
8. Call DAN or appropriate Diving Accident Coordinator for contact with diving physician and recompression chamber. etc.
9. Notify DSO or designee. UNH DSO Number 603-834-1398
10. Secure victims dive gear away for examination or incident inquiry(do not disassemble-turn air off)

**List of Emergency Contact Numbers Appropriate for Dive Location:**

Durham Emergency Dispatch Center 911

Diver’s Alert Network (DAN) 919-684-911 800-446-2671

Emergency Equipment Checklist BVM or MTV () Gloves ()

Oxygen Kit ( ) First Aid Kit ( ) AED ( ) Communications Radio ( ) Cell Phone ( √ )

Nearest Hospital:

Nearest Chamber information if available-most likely will be determined by DAN. (If diving in a remote area chamber information is required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact for listed divers above**

**1.**

**2.**

**3.**

**4.**

#### APPROVED AS SUBMITTED

**APPROVED WITH THE FOLLOWING CHANGES**

**Documents Attached**

**By\_\_\_\_ UNH DPO**