



## **Manual for Scientific Diving Safety VIMS Scientific Diving Program**

2025

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## **FOREWORD**

The Virginia Institute of Marine Science (VIMS) Scientific Diving Program has supported the VIMS Dive Team with training and equipment since 1983. As an organizational member, we follow the latest American Academy of Underwater Sciences (AAUS) Standards to safely conduct scientific diving operations. This manual is a modified version of the 2018 AAUS Standards. The Diving Control Board will review this manual annually.

## **ACKNOWLEDGEMENTS**

VIMS thanks the AAUS and the members of the VIMS community who, over the years, have contributed to the contents of the VIMS Diving Safety Manual.

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| <b>Revision History</b>      |
| <b>March 1983</b>            |
| <b>revised July 1987</b>     |
| <b>revised March 1990</b>    |
| <b>revised January 1998</b>  |
| <b>revised November 2017</b> |
| <b>revised June 2019</b>     |
| <b>revised January 2022</b>  |
| <b>revised March 2023</b>    |
| revised March 2025           |

# Contents

|                                                                                     |    |
|-------------------------------------------------------------------------------------|----|
| Section 1.00 GENERAL POLICY .....                                                   | 6  |
| 1.10 Scientific Diving Standards .....                                              | 6  |
| 1.20 Operational Control .....                                                      | 7  |
| 1.30 Consequence of Violation of Regulations by Scientific Divers .....             | 10 |
| 1.40 Consequences of Violation of Regulations by VIMS .....                         | 10 |
| 1.50 Record Maintenance .....                                                       | 10 |
| SECTION 2.00 DIVING REGULATIONS .....                                               | 11 |
| 2.10 Introduction .....                                                             | 11 |
| 2.20 Pre-Dive Procedures .....                                                      | 11 |
| 2.30 Diving Procedures .....                                                        | 12 |
| 2.40 Post-Dive Procedures .....                                                     | 13 |
| 2.50 Emergency Procedures .....                                                     | 13 |
| 2.60 Flying After Diving or Ascending to Altitude (Over 1000 feet/304 meters) ..... | 14 |
| 2.70 Record Keeping Requirements .....                                              | 14 |
| SECTION 3.00 DIVING EQUIPMENT .....                                                 | 15 |
| 3.10 General Policy .....                                                           | 15 |
| 3.20 Equipment .....                                                                | 15 |
| 3.30 Auxiliary Equipment .....                                                      | 16 |
| 3.40 Support Equipment .....                                                        | 16 |
| 3.50 Equipment Maintenance .....                                                    | 17 |
| SECTION 4.00 SCIENTIFIC DIVER CERTIFICATION AND AUTHORIZATIONS .....                | 19 |
| 4.10 Prerequisites .....                                                            | 19 |
| 4.30 Diver Certification and Authorizations .....                                   | 22 |
| 4.40 Depth Authorizations .....                                                     | 23 |
| 4.50 Maintaining Active Status .....                                                | 24 |
| 4.60 Revocation of Authorization .....                                              | 24 |
| SECTION 5.00 MEDICAL STANDARDS .....                                                | 24 |
| 5.10 Medical Requirements .....                                                     | 24 |
| 5.20 Frequency of Medical Evaluations .....                                         | 25 |
| 5.30 Information Provided Examining Physician .....                                 | 25 |
| 5.40 Content of Medical Evaluations .....                                           | 25 |

|                                                                                  |    |
|----------------------------------------------------------------------------------|----|
| 5.50 Physician's Written Report .....                                            | 25 |
| Volume 2.....                                                                    | 27 |
| SECTION 6.00 NITROX DIVING .....                                                 | 28 |
| 6.10 Requirements for Nitrox Authorization.....                                  | 28 |
| 6.20 Minimum Activity to Maintain Authorization .....                            | 29 |
| 6.30 Operational Requirements .....                                              | 29 |
| 6.40 Nitrox Diving Equipment .....                                               | 29 |
| SECTION 7.00 Surface Supplied Diving Technologies .....                          | 31 |
| 7.10 Prerequisites.....                                                          | 31 |
| 7.20 Hookah.....                                                                 | 31 |
| SECTION 8.00 STAGED DECOMPRESSION DIVING .....                                   | 32 |
| 8.10 Minimum Experience and Training Requirements.....                           | 32 |
| 8.20 Minimum Equipment Requirements.....                                         | 33 |
| 8.30 Minimum Operational Requirements .....                                      | 33 |
| SECTION 9.00 MIXED GAS DIVING .....                                              | 35 |
| SECTION 10.00 REBREATHERS.....                                                   | 36 |
| Appendices.....                                                                  | 37 |
| APPENDIX 1 DIVING MEDICAL EXAM OVERVIEW FOR THE EXAMINING PHYSICIAN .....        | 38 |
| APPENDIX 2 AAUS MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT .....      | 40 |
| APPENDIX 2b AAUS MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT .....     | 41 |
| APPENDIX 3 DIVING MEDICAL HISTORY FORM .....                                     | 42 |
| APPENDIX 4 RECOMMENDED PHYSICIANS WITH EXPERTISE IN DIVING MEDICINE .....        | 45 |
| APPENDIX 5 DEFINITION OF TERMS .....                                             | 46 |
| APPENDIX 6 .....                                                                 | 50 |
| APPENDIX 7 EMERGENCY ACTION PLAN .....                                           | 51 |
| APPENDIX 8 AAUS STATISTICS COLLECTION CRITERIA AND DEFINITIONS .....             | 54 |
| Appendix 9 .....                                                                 | 58 |
| Recommendations For Rescue Of A Submerged Unresponsive Compressed-Gas Diver..... | 58 |

## **Section 1.00 GENERAL POLICY**

### **1.10 Scientific Diving Standards**

#### **Purpose**

The purpose of this manual is to ensure scientific diving is conducted in a manner that will maximize the protection of scientific divers from accidental injury and/or illness, and to set forth standards for training and certification that will allow a working reciprocity between VIMS and other Organizational Members (OMs or OM). Fulfillment of these purposes shall be consistent with the furtherance of research and safety, and facilitation of collaborative opportunities between VIMS and other OMs.

This *Manual* adheres to the minimum standards of the American Academy of Underwater Sciences (AAUS) and the basic regulations and procedures for safety in scientific diving operations. It also establishes a framework for reciprocity between VIMS and other OMs that adhere to these minimum standards.

#### **Historical Perspective**

This *Manual* was developed and modeled after the AAUS standards which were developed by compiling the policies set forth in the diving manuals of several university, private, and governmental scientific diving programs. These programs share a common heritage with the scientific diving program at the Scripps Institution of Oceanography (SIO). Adherence to the SIO standards has proven both feasible and effective in protecting the health and safety of scientific divers since 1954.

In 1982, OSHA exempted scientific diving from commercial diving regulations (29CFR1910, Subpart T) under certain conditions that are outlined below. The final guidelines for the exemption became effective in 1985 (Federal Register, Vol. 50, No.6, p.1046). AAUS is recognized by OSHA as the scientific diving standard setting organization.

#### **Scientific Diving Definition**

Scientific diving is defined (29CFR1910.402) as:

“Diving performed solely as a necessary part of a scientific, research, or educational activity by employees whose sole purpose for diving is to perform scientific research tasks. Scientific diving does not include performing any tasks usually associated with commercial diving such as: Placing or removing heavy objects underwater; inspection of pipelines and similar objects; construction; demolition; cutting or welding; or the use of explosives.”

#### **Scientific Diving Exemption**

In following the AAUS Standards, the two elements that the VIMS dive program contains as defined by OSHA in 29 CFR 1910 Subpart T 1910.401(a)(2)(iv) are:

- a) Diving safety manual which includes at a minimum: Procedures covering all diving operations specific to the program; procedures for emergency care, including recompression and evacuation; and criteria for diver training and certification.
- b) Diving control (safety) board (DCB), with the majority of its members being active divers, which must, at a minimum, have the authority to: Approve and monitor diving projects; review and revise the diving safety manual; assure compliance with the manual; certify the depths to which a diver has been trained; take disciplinary action for unsafe practices; and, assure adherence to the buddy system (a diver is accompanied by and is in continuous contact with another diver in the water) for SCUBA diving.

OSHA has granted an exemption for scientific diving from commercial diving regulations under the following guidelines (Appendix B to 29 CFR 1910 Subpart T):

- The Diving Control Board consists of a majority of active scientific divers and has autonomous and absolute authority over the scientific diving program's operation.
- The purpose of the project using scientific diving is the advancement of science; therefore, information and data resulting from the project are non-proprietary.
- The tasks of a scientific diver are those of an observer and data gatherer. Construction and trouble-shooting tasks traditionally associated with commercial diving are not included within scientific diving.
- Scientific divers, based on the nature of their activities, must use scientific expertise in studying the underwater environment and therefore, are scientists or scientists-in-training.

### **Recommendations for Changes to AAUS Manual**

As part of VIMS's annual report, recommendations for modifications of the AAUS Standards must be submitted to AAUS for consideration.

## **1.20 Operational Control**

### **VIMS Auspices and Responsibilities**

VIMS auspices include any scientific diving operation in which VIMS is connected because of ownership of life support equipment used, locations selected, or relationship with the individual(s) concerned. This includes all cases involving the operations of authorized individuals of VIMS or auxiliary organizations, where such individuals are acting within the scope of their authorization.

It is the VIMS's responsibility to adhere to the AAUS Standards for Scientific Diving Certification and Operation of Scientific Diving Programs. The administration of the local diving program will reside with the VIMS Diving Control Board (DCB).

The regulations herein must be observed at all locations where scientific diving is conducted.

### **VIMS Diving Safety Manual**

Meeting AAUS minimum standards is a requirement for VIMS to maintain organizational membership in the Academy. VIMS has developed and maintains a diving safety manual that includes wording and defines specific policies and procedures required for the proper function of a its scientific diving program. VIMS has addressed environmental and working conditions unique to its operations. The VIMS diving manual meets or exceeds the AAUS standards.

AAUS standards must be the foundation for the development of an VIMS's scientific diving safety manual. The order and formatting of the VIMS manual mostly conforms to the AAUS template.

### **Diving Control Board**

- The Diving Control Board (DCB) consists of a majority of active scientific divers. Voting members include the Diving Safety Officer (DSO), and other representatives who are approved by a vote of the DCB and appointed by the VIMS Dean and Director. The membership of the DCB will be reviewed no less than annually to confirm that all members meet the requirements to remain on the DCB and are still committed to their responsibilities to the DCB. The Chairperson of the board will be elected on a biennial basis.
- The DCB has autonomous and absolute authority over the scientific diving program's operation.

- The DCB must:
  - Establish additional standards, protocols, and operational procedures beyond the AAUS minimums to address VIMS's specific needs and concerns.
  - Approve and monitor diving projects, when requested by the DSO.
  - Review and revise the diving safety manual.
  - Ensure compliance with the diving safety manual.
  - Approve the depth to which a diver has been authorized to dive.
  - Take disciplinary action for unsafe practices.
  - Ensure adherence to the buddy system for scientific diving.
  - Act as the official representative of the VIMS in matters concerning the scientific diving program.
  - Act as a board of appeal to consider diver-related problems.
  - Recommend the issue, reissue, or the revocation of diving authorizations.
  - Recommend changes in policy and amendments to AAUS and the VIMS's diving safety manual as the need arises.
  - Establish and/or approve training protocols or standards through which the applicants for authorization can satisfy the requirements of the VIMS diving safety manual.
  - Suspend diving operations considered to be unsafe or unwise.
  - Establish criteria for equipment selection and use.
  - Recommend new equipment or techniques.
  - Establish and/or approve facilities for the inspection and maintenance of diving and associated equipment.
  - Ensure that the VIMS air station meets air quality standards as described in [Section 3.60](#).
  - Annually review the VIMS Dive program.
  - Investigate diving incidents within the VIMS diving program or violations of the VIMS diving safety manual.
- The DCB may delegate operational oversight for portions of the program to the DSO; however, the DCB may not abdicate responsibility for the safe conduct of the diving program.

### **Diving Safety Officer**

The Diving Safety Officer (DSO) serves as a voting member of the DCB, and should be designated one of the VIMS Representatives to AAUS. This person should have broad technical expertise and experience in research related diving.

#### **Qualifications:**

1. Must be an active scuba instructor from an internationally recognized certifying agency.
2. Must be appointed by the responsible administrative officer or designee, with the advice and counsel of the DCB.
3. Must qualify as a Full Voting Member of AAUS as defined by AAUS Bylaws.
4. Must attend an AAUS DSO Orientation within one year of accepting a position at an AAUS approved OM, unless he/she has served as a DSO for another current AAUS OM within the last year.

#### **Duties and Responsibilities**

1. Answers, through the DCB, to the appropriate administrative officer or designee, for the conduct of the scientific diving program of VIMS.
2. If delegated by the DCB, the routine operational authority for this program rests with

the DSO. This oversight includes, but is not limited to: training, diver authorizations, approval of dive plans, maintenance of diving records, and ensuring compliance with this Manual.

3. May permit some duties and responsibilities to be carried out by a qualified delegate, with the approval of the DCB.
4. Must be guided in the performance of the required duties by the advice of the DCB, but operational responsibility for the conduct of the scientific diving program will be retained by the DSO.
5. Must suspend diving operations determined to be unsafe or unwise.

### **Instructional Personnel Qualifications**

All personnel involved in diving instruction under the auspices of VIMS must be reviewed and authorized by the DCB.

### **Lead Diver**

For each dive, one individual shall be designated as the Lead Diver who shall be at the dive location during the diving operation. The Lead Diver shall be responsible for:

- Ensuring dives are conducted in accordance with [Section 2.0](#).
- Ensuring all dive team members possess current authorization and are qualified for the type of diving operation.
- Coordination with other known activities in the vicinity that are likely to interfere with diving operations.
- Ensuring safety and emergency equipment is in working order and at the dive site.
- Suspending diving operations if in their opinion conditions are not safe.
- Reporting to the DCB, through the DSO, any physical problems or adverse physiological effects including symptoms of pressure-related injuries.

### **Reciprocity and Visiting Scientific Diver**

- Two or more AAUS organizational members (OMs) engaged jointly in diving activities, or engaged jointly in the use of diving resources, must designate one of the participating DCBs to govern the joint dive project. However, responsibility for individual divers ultimately resides with the home OM.
- A Scientific Diver from one OM must apply for permission to dive under the auspices of another OM by submitting to the DSO of the host OM a document containing all the information listed in Appendix 6, signed by the DSO or designee of the home DCB.
- A visiting Scientific Diver may be asked to demonstrate their knowledge and skills for the planned dive.
- If the visiting diver will never physically visit VIMS where the DSO can perform this evaluation, then the diver must be a current AAUS diver and have a current unrestricted verification of training letter from another OM
- . In international cases of scientific diver reciprocity, the DCB may approve AAUS equivalents on a case-by-case basis.
- If a host OM denies a visiting Scientific Diver permission to dive, the host DCB must notify the visiting Scientific Diver and their DCB with an explanation of all reasons for the denial.

### **Waiver of Requirements**

The VIMS DCB may grant a waiver for specific requirements of training, examinations, depth

authorizations, and minimum activity to maintain authorizations. AAUS medical standards may not be waived.

### **1.30 Consequence of Violation of Regulations by Scientific Divers**

Failure to comply with the regulations of the VIMS Diving Safety Manual may be cause for the restriction or revocation of the diver's scientific diving authorization by action of the VIMS DCB.

### **1.40 Consequences of Violation of Regulations by VIMS**

Failure to comply with the regulations of the AAUS Standards may be cause for the restriction or revocation of the VIMS's recognition by AAUS.

### **1.50 Record Maintenance**

The VIMS DSO maintains consistent records for its diving program and for each participant. These records include but are not limited to: diving safety manual; equipment inspection, testing, and maintenance records; dive plans (project and/or individual); records of dive (project and/or individual); medical approval to dive; diver training records; diver authorization(s); individual dive log; dive incident reports; reports of disciplinary actions by the DCB; and other pertinent information deemed necessary by VIMS.

#### **Availability of Records:**

- Medical records must be available to an attending physician of a diver or former diver when released in writing by the diver.
- Records and documents required by this Manual must be retained by the VIMS DSO for the following periods:
  1. Diving safety manual – Current document only.
  2. Equipment inspection, testing, and maintenance records – Minimum current entry or tag.
  3. Records of Dive – minimum of 1 year, except 5 years where there has been an incident of pressure-related injury.
  4. Medical approval to dive – Minimum of 1 year past the expiration of the current document except 5 years where there has been an incident of pressure-related injury.
  5. Diver training records – Minimum of 1 year beyond the life of the diver's program participation.
  6. Diver authorization(s) – Minimum of 1 year beyond the life of the diver's program participation.
  7. Pressure-related injury assessment - 5 years.
  8. Reports of disciplinary actions by the DCB – Minimum of 1 year beyond the life of the diver's program participation.

## SECTION 2.00 DIVING REGULATIONS

### 2.10 Introduction

No person shall engage in scientific diving operations under the auspices of the VIMS Scientific Diving Program unless they are authorized pursuant to the provisions of this *Manual*.

### 2.20 Pre-Dive Procedures

#### Dive Plans

Before conducting any diving operations under the auspices of VIMS, a dive plan for the proposed project or dive must be formulated and submitted for approval by the DCB or designee. Dives should be planned around the competency of the least experienced diver. Furthermore, the VIMS Diving Program is often conducted in an estuarine environment. Limited to zero visibility and considerable current are common diving conditions. These conditions vary dependent upon actual location within the Chesapeake Bay, Delmarva Coastal Bays and their tributaries. Therefore, authorization for Diver-In-Training to participate on dives will be made on a case-by-case basis by approval of specific dive plans. The dive plan (project or individual) should include the following:

- Diving Mode(s) and Gas(es)
- Divers' authorizations
- Approximate number of proposed dives
- Location(s) of proposed dives
- Estimated depth(s) and bottom time(s) anticipated
- Decompression status and repetitive dive plans, if required
- Proposed work, equipment, and boats to be employed
- Any hazardous conditions anticipated
- Emergency Action Plan (Appendix 7)
- In water details of the dive plan should include:
  - Dive Buddy assignments and tasks
  - Plan for communication between dive buddies – especially as it relates to low visibility
  - Goals and objectives
  - Maximum depth(s) and bottom time
  - Gas management plan
  - Entry, exit, descent and ascent procedures
  - Perceived environmental and operational hazards and mitigations
  - Predicted currents for dive site for dive time
  - Emergency and diver recall procedures

#### Diver Responsibility and Refusal to Dive

The decision to dive is that of the diver. The ultimate responsibility for safety rests with the individual diver. It is the diver's responsibility and duty to refuse to dive, without fear of penalty, if in their judgment, conditions are unsafe or unfavorable, or if they would be violating the precepts of regulations in this *Manual*.

No dive team member will be required to be exposed to hyperbaric conditions against their will.

No dive team member may dive for the duration of any known condition, which is likely to

adversely affect the safety and health of the diver or other dive team members.

### **Pre-dive Safety Checks**

- Prior to commencing the dive, the team must assure that every team member is healthy, fit, and trained for the type of dive that is being attempted.
- Scientific divers must conduct a functional check of their diving equipment in the presence of the dive buddy or tender. They must ensure the equipment is functioning properly and suitable for the type of diving operation being conducted.
- All dive gear must be worn and utilized as per the manufacture's specification, and not improvised or modified without the approval of the DSO and/or the DCB.
- In order to avoid accidents with gear that divers are unfamiliar with, divers should avoid borrowing gear from other divers whenever possible unless they have extensive experience with a particular item. This is especially critical for regulators, BCD's and dry suits.
- Each diver must have the capability of achieving and maintaining positive buoyancy at the surface.
- Environmental conditions at the site will be evaluated prior to entering the water. These include, but are not limited to the visibility, currents, waves, obstructions, temperature, and occasional large aggregations of nuisance cnidarians.

### **Pre-dive Briefings**

Before conducting any diving operations under the auspices of VIMS, the dive team members must be briefed on:

- Dive Buddy assignments and tasks
- Dive Buddy Communications
- Dive objectives.
- Maximum depth(s) and bottom time
- Turn around pressure and required surfacing pressure
- Entry, exit, descent and ascent procedures
- Perceived environmental and operational hazards and mitigations
- Methods of communication between buddies so that constant contacts is maintained
- Emergency and diver recall procedures

## **2.30 Diving Procedures**

### **Solo Diving Prohibition**

All diving activities must assure adherence to the buddy system. This buddy system is based upon mutual assistance, especially in the case of an emergency. If loss of effective communication occurs within a buddy team, all divers should surface and reestablish contact. Exceptions to this procedure can be made, upon approval, in the following situations:

- **Extreme Shallow Water:** Instances where SCUBA is used in shallow depths (less than neck deep for an individual) simply as a matter of convenience also warrant special consideration. Provisions are hereby made to allow a single diver on SCUBA, provided the depth is less than neck deep, and an individual prepared to enter the water (or already in the water) remains in the immediate vicinity to assist in the event of difficulty. This diving entails the use of HOOKAH rigs or backpacks and is primarily for work in shallow water seagrass habitats.

## Decompression Management

- On any given dive, both divers in the buddy pair must follow the most conservative dive profile
- A safety stop performed during the ascent phase of the dive should be conducted on any dive that exceeds 30 feet (9.14m).
- All dives must be no-decompression dives, within no-decompression limits as set forth on U.S. Navy Dive Tables (or their equivalents), unless specifically authorized by the Diving Control Board.

## Termination of the Dive

### Cylinder Pressure

Any dive must be terminated while there is still sufficient cylinder pressure to permit the diver to safely reach the surface, including decompression time, or to safely reach an additional air source at the decompression station. Divers also need to have enough gas to help their buddy in the event of an emergency. For no-decompression dives, divers should use one of the following methods.

- Rule of Thirds: Use one third of gas for outward journey, one third for return, and one third a safety reserve.
- If directly under the boat a diver can use:  
Depth (feet) x 10 + 300 so that for a 60 foot dive the diver should begin their ascent at 900psi of air left.

### Overall

It is the responsibility of the diver to terminate the dive that he/she considers unsafe, without fear of reprisal, in a way that does not compromise the safety of another diver already in the water.

## Emergencies and Deviations from Regulations

Any diver may deviate from the requirements of this *Manual* to the extent necessary to prevent or minimize a situation likely to cause death, serious physical harm, or major environmental damage. A written report must be submitted to the DCB explaining the circumstances and justifications.

## 2.40 Post-Dive Procedures

### Post-Dive Safety Checks

- After the completion of a dive, each diver must report any physical problems, symptoms of decompression sickness, or equipment malfunctions to the Lead Diver, DSO, and/or DCB.
- When diving near or accidentally exceeding no-decompression limits, the diver should remain awake and in the company of a dive team member prepared to initiate emergency procedures if necessary for at least one hour after diving.
- Flying after Diving or Ascending to Altitude over 1000 feet (Section 2.6).

## 2.50 Emergency Procedures

VIMS has developed emergency procedures which follow the standards of care of the community and include procedures and implementation criteria for emergency care, recompression, evacuation, and incident reporting. These are outlined in the VIMS Emergency Action Plan. A laminated copy is located in each DAN Emergency Oxygen Kit, which must accompany all VIMS diving operations.

## **2.60 Flying After Diving or Ascending to Altitude (Over 1000 feet/304 meters)**

- Following a Single No-Decompression Dive: Divers should have a minimum preflight surface interval of 12 hours.
- Following Multiple Dives per Day or Multiple Days of Diving: Divers should have a minimum preflight surface interval of 18 hours.
- Following Dives Requiring Decompression Stops: Divers should have a minimum preflight surface interval of 24 hours.
- Before Ascending to Altitude Above 1000 feet (304 meters): Divers should follow the appropriate guideline for preflight surface intervals unless the decompression procedure used has accounted for the increase in elevation.

## **2.70 Record Keeping Requirements**

### **Personal Diving Log**

Each authorized scientific diver must log every dive made under the auspices of the VIMS Dive Program and they are encouraged to log all other dives. The VIMS dive logs can be found on the program website at [https://www.vims.edu/research/marine\\_ops/resources\\_services/dive\\_ops/index.php](https://www.vims.edu/research/marine_ops/resources_services/dive_ops/index.php). Logs remain in the divers' file for the duration of their time on the VIMS Dive Team. The dive log must include at least the following:

- Name of diver and buddy
- Date, time, and location
- Diving modes used
- General nature of diving activities
- Maximum depth, dive time, temperature, and current speed
- Diving tables or computers used
- Detailed report of any near or actual incidents
- VIMS department
- Research vessel name – if applicable

### **Required Incident Reporting**

All diving incidents requiring recompression treatment, or resulting in moderate or serious injury, or death must be reported to the DSO, DCB and AAUS in a timely manner. VIMS must record and report any occupational injuries and illnesses to the VIMS Safety office and Human Resources in a timely manner. VIMS will investigate and document any incident of pressure-related injury and prepare a report to be forwarded to AAUS during the annual reporting cycle.

- If pressure-related injuries are suspected, or if symptoms are evident, the following additional information must be recorded and retained by the VIMS DSO, with the record of the dive, for a period of 5 years:
  - Written descriptive report shall include:
    - Name, address, phone numbers of the principal parties involved.
    - Summary of experience of divers involved.

- Location, description of dive site, and description of conditions that led up to incident.
- The circumstances of the incident and the extent of any injuries or illnesses.
- Description of symptoms, including depth and time of onset.
- Description and results of treatment.
- Disposition of case.
- Recommendations to avoid repetition of incident.

In addition to VIMS' requirements, all diving incidents will be reported to the AAUS. This report must first be reviewed and released by the VIMS DCB and at a minimum contain:

- Complete AAUS Incident Report.
- Summary of experience of divers involved.
- Description of dive site, and description of conditions that led up to incident.
- The circumstances of the incident and the extent of any injuries or illnesses.
- Description of symptoms, including depth and time of onset.
- Description and results of treatment.
- Disposition of case.
- Recommendations to avoid repetition of incident.

## **SECTION 3.00 DIVING EQUIPMENT**

### **3.10 General Policy**

All equipment must meet standards as determined by the DSO and the DCB. All equipment must be regularly examined by the person using it and serviced annually. Equipment that is subjected to extreme usage under adverse conditions should require more frequent testing and maintenance.

### **3.20 Equipment**

The VIMS DCB establishes the minimum equipment configuration for all dives.

#### **Regulators and Gauges**

- Scuba regulators and gauges must be inspected and tested prior to each use and serviced annually.
- Standard open circuit (OC) regulator configuration is:
  - A first stage
  - Primary 2<sup>nd</sup> stage
  - Back up 2<sup>nd</sup> stage
  - Submersible Pressure Gauge (SPG)
  - Inflator hose for a Buoyancy Compensator Device
- Alternative ultra-shallow water (<5fsw) open circuit (OC) regulator configuration is:
  - A first stage
  - Primary 2<sup>nd</sup> stage
  - Backplate for cylinder

#### **Equipment for Determination of Decompression Status**

- Each member of the buddy team must have an underwater timing device and depth indicator, or dive computer
- If dive tables are being used a set must be available at the dive location
- If a dive computer is used the diver must use the same computer used on repetitive dives.

- In an aquarium or other manmade structure of a known maximum obtainable depth:
  - A depth indicator is not required, except when a diver's decompression status must be taken into consideration on repetitive dives.
  - Only one buddy must be equipped with a timing device.
  - The maximum obtainable depth of the aquarium must be used as the diving depth.

### **Scuba Cylinders**

- Scuba cylinders must be designed, constructed, and maintained in accordance with the applicable provisions of the Unfired Pressure Vessel Safety Orders.
- Scuba cylinders must be hydrostatically tested in accordance with DOT standards.
- Scuba cylinders must have an internal and external inspection at intervals not to exceed 12 months.
- Scuba cylinder valves must be functionally tested at intervals not to exceed 12 months.

### **Buoyancy Compensation Devices (BCD)**

- Each diver must have the capability of achieving and maintaining neutral buoyancy underwater and positive buoyancy at the surface; with the exception of when using the alternative ultra-shallow water (<5fsw) configuration shown above.
- BCDs, dry suits, or other variable volume buoyancy compensation devices must be equipped with an exhaust valve.
- These devices must be functionally inspected and tested at intervals not to exceed 12 months.
- BCDs, dry suits, or other variable volume buoyancy compensation devices must not be used as a lifting device in lieu of lift bags.

## **3.30 Auxiliary Equipment**

### **Handheld Underwater Power Tools**

- Power tools and equipment used underwater must be specifically approved for this purpose.
- Tools and equipment supplied with power from the surface must be de-energized before being placed into or retrieved from the water.
- Handheld power tools must not be supplied with power from the dive location until requested by the diver.

## **3.40 Support Equipment**

### **First Aid Supplies**

- A first aid kit and emergency oxygen appropriate for the diving being conducted must be available at the dive site.

### **Diver's Flag**

- A diver's flag must be displayed prominently whenever diving is conducted under circumstances where required or where water traffic is probable.

### **Compressor Systems - VIMS Controlled**

The following will be considered in design and location of compressor systems:

- Compressed air systems over 500 psig must have slow-opening shut-off valves.
- All air compressor intakes must be located away from areas containing exhaust or other contaminants.
- The VIMS DSO, or designee, will monitor the compressor intake areas during operation, to ensure that no exhausts come near.

### 3.50 Equipment Maintenance

#### Record Keeping

Each equipment modification, repair, test, calibration, or maintenance service must be logged, including the date and nature of work performed, serial number of the item (if applicable), and the name of the person performing the work for the following equipment:

- Regulators
- Gauges (SPG, Depth Gauges, Timers, and Dive Computers)
- BCDs
- Dry suits
- Scuba cylinders and valves
- Full Face Masks
- Compressors, air filtration systems, gas control panels, and storage banks
- Surface supplied equipment
- Rebreather systems
- Additional equipment categories as determined by the DCB

#### Compressor Operation and Air Test Records

Gas analyses and air tests must be performed on all VIMS breathing air compressors at regular intervals of no more than 100 hours of operation or 6 months, whichever occurs first. The results of these tests must be entered into a formal log and be maintained. The most recent results are displayed next to the air station.

### 3.60 Air Quality Standards

#### Breathing Gas

Breathing gas must meet the following specifications as set forth by the Compressed Gas Association (CGA Pamphlet G-7.1; see table below).

| CGA Grade E                   |                     |
|-------------------------------|---------------------|
| Component                     | Maximum             |
| Oxygen                        | 20 - 22%/v          |
| Carbon Monoxide               | 10 PPM/v            |
| Carbon Dioxide                | 1000 PPM/v          |
| Condensed Hydrocarbons        | 5 mg/m <sup>3</sup> |
| Total Hydrocarbons as Methane | 25 PPM/v            |
| Water Vapor ppm               | (2)                 |
| Objectionable Odors           | None                |

For breathing air used in conjunction with self-contained breathing apparatus in extreme cold where moisture can condense and freeze, causing the breathing apparatus to malfunction, a dew point not to exceed -50°F (63 pm v/v) or 10 degrees lower than the coldest temperature expected in the area is required.

## **Remote Operations**

For remote site operations using gas sources not controlled by VIMS, every effort is made to verify breathing gas meets the requirements of this standard. If CGA Grade E gas is not verifiable, the DCB must develop a protocol to mitigate risk to the diver.

## **SECTION 4.00 SCIENTIFIC DIVER CERTIFICATION AND AUTHORIZATIONS**

### **4.10 Prerequisites**

#### **Administrative**

The candidate must complete all administrative and legal documentation required by VIMS.

- a) Fill out an application to join the VIMS Dive Program.
- b) Annually, read and sign the VIMS Dive Program Assumption of Risk document.
- c) If not a VIMS employee, provide proof of health insurance to the DSO.
- d) If not a VIMS employee or whenever working remotely, or with other AAUS OMs on reciprocity, provide proof of DAN Accident Insurance.

#### **Entry Level Diver Certification**

The candidate must, at minimum, show documented proof of Diver Certification or equivalent from an internationally recognized training agency. Entry level diver training is a prerequisite to scientific diver training and therefore no part of entry level training may be counted in any way toward scientific diver training.

<sup>1</sup> “Minimum Course Content for Open Water Diver Certification”- World Recreational Scuba Training Council (WRSTC), [www.wrstc.com](http://www.wrstc.com).

<sup>2</sup> “Safety related minimum requirements for the training of recreational scuba divers -- Part 2: Level 2 -- Autonomous diver”. ISO 24801-2:2007- International Organization for Standardization (ISO) - [www.iso.org](http://www.iso.org).

#### **Medical Examination**

The candidate must be medically qualified for diving as described in [Section 5.0](#) and [Appendices 1-4](#) of this Manual. AAUS medical standards may not be waived.

### **4.20 Training**

The candidate must successfully complete prerequisites, theoretical aspects, practical training, and examinations for a minimum cumulative time of 100 hours and a minimum of 12 open water dives. The VIMS 100-hour training requirement consists of two parts: 1. Theoretical Training/Knowledge Development and 2. On-the-job training.

When a diver’s resume provides clear evidence of significant scientific diving experience, the diver can be given credit for meeting portions of the 100-hour course requirements. The DCB will identify specific overlap between on-the-job training, previous scientific diving training/experience and course requirements, to determine how potential deficiencies will be resolved. However, as per the AAUS Standards, VIMS cannot “test-out” divers, regardless of experience, when they have no previous experience in scientific diving.

Any candidate who does not convince the DCB, through the DSO, that they possess the necessary judgment, under diving conditions, for the safety of the diver and his/her buddy, may be denied VIMS scientific diving privileges.

#### **Theoretical Training / Knowledge Development**

##### **REQUIRED TOPICS**

Diving Emergency Care Training DAN Diving First Aid for Professional Divers (DAN DFA Pro)

- Cardiopulmonary Resuscitation (CPR)

- AED
- Standard or Basic First Aid
- Recognition of DCS and AGE
- Accident Management
- Field Neurological Exam
- Oxygen Administration

#### AAUS Scientific Diver Certification E-Learning Course (REQUIRED)

- Introduction to Scientific Diving
- OSHA, the Scientific Dive Exemption, and AAUS
- AAUS Scientific Diving Standards
- Diving Physics
- Diving Physiology
- Decompression Theory and Application
- Decompression Management Tools
- Dive Rescue
- Dive Injuries and Emergency Care
- Dive Planning in Various Environments
- Air Consumption Background and Calculations
- Underwater navigation Techniques
- Data Gathering Techniques
- Scientific Method
- Breath-Hold Diving
- Safe Handling and Filling of Scuba Cylinders
- Final Exam

#### **ELECTIVES**

##### Dive Modes

- Open Circuit
- Hookah
- Very shallow water backpack diving

##### Specialized Breathing Gas

- Nitrox

##### Specialized Environments and Conditions

- Zero Visibility Diving
- Polluted Water Diving
- Night Diving
- Strong Current Diving
- Potential Entanglement/Entrapment
- Small Boat Diving

##### Specialized Diving Equipment

- Communications
- SMBs/Lift Bags
- Gear Bags
- Line Reels

#### **Practical Training / Skill Development**

##### **Confined Water**

The candidate must demonstrate the following in the presence of the VIMS DSO or approved designee.

All tests are to be performed without swim aids. However, where exposure protection is needed, the candidate must be appropriately weighted to provide for neutral buoyancy.

- a) Swim underwater for a distance of 25 yards (23 meters) without surfacing.
- b) Swim 400 yards (366 meters) in less than 12 minutes.
- c) Tread water for 10 minutes, or 2 minutes without the use of hands.
- d) Transport a passive person of equal size a distance of 25 yards (23 meters) in the water.

At the completion of training, the trainee must satisfy the DSO or DCB-approved designee of their ability to perform the following, as a minimum, in a pool or in sheltered water:

- Gear Set up – buddy check
- Enter water fully equipped for diving
- Clear fully flooded face mask – remove and replace
- Neutral buoyancy
- Demonstrate air sharing and ascent using an alternate air source, as both donor and recipient..
- OPTIONAL - Demonstrate stationary buddy breathing as both donor and recipient.
- Demonstrate understanding of underwater signs and signals
- Demonstrate ability to remove and replace equipment while submerged
- Demonstrate acceptable watermanship skills for anticipated scientific diving conditions

### **Open Water**

The trainee must satisfy the DSO, or DCB-approved designee, of their ability to perform at least the following in open water:

- Surface dive to a depth of 10 feet (3 meters) without scuba\*
- Enter and exit water while wearing scuba gear\* ^^
- Kick on the surface 400 yards (366 meters) while wearing scuba gear, but not breathing from the scuba unit\*
- Demonstrate proficiency in air sharing ascent as both donor and receiver\*
- Demonstrate the ability to maneuver efficiently in the environment, at and below the surface\* ^^
- Complete a simulated emergency swimming ascent\*
- Demonstrate clearing of mask and regulator while submerged\*
- Underwater communications^^
- Demonstrate ability to achieve and maintain neutral buoyancy while submerged\*
- Demonstrate techniques of self-rescue and buddy rescue\*
- Navigate underwater ^
- Plan and execute a dive^
- Demonstrate judgment adequate for safe scientific diving\* ^^

### **Rescue Skills:**

- Rescue from depth and transport 25 yards (23 meters), as a diver, a passive simulated victim of an accident: surface diver, establish buoyancy, stabilize the victim
- Demonstrate simulated in-water mouth-to-mouth resuscitation
- Removal of victim from water to shore or boat
- Stressed and panicked diver scenarios
- Recommendations for Rescue of A Submerged Unresponsive Compressed-Gas Diver – Appendix 9

Successfully complete a minimum of one checkout dive and at least eleven additional open water dives in a variety of dive sites, for a cumulative surface-to-surface time of 6 hours. Dives following the checkout dive(s) may be supervised by an active Scientific Diver holding the necessary depth authorization experienced in the type of diving planned, and with the knowledge and permission of the

DSO.

The eleven dives (minimum) following the initial checkout dive may be conducted over a variety of depth ranges as specified by the VIMS DCB. Depth progression must proceed shallower to deeper after acceptable skills and judgement have been demonstrated, and are not to exceed 100 feet (30 m) during the initial 12 dive cycle.

\* Checkout dive element

^^ Evaluated on all dives

^ Evaluated at some point during the training cycle

## **Examinations**

### **Equipment**

The trainee will be subject to examination/review of:

- Personal diving equipment
- Task specific equipment

Function and manipulation of decompression computer to be employed by the diver (if applicable)

### **Written Exams**

The trainee must pass all quizzes and the final written examination associated with the AAUS E-Learning Scientific Diving Course. The AAUS E-Learning SDC has been approved by the VIMS DCB. The trainee must also pass any exams associated with electives to receive credit for that elective.

## **4.30 Diver Certification and Authorizations**

To be eligible to dive under the auspices of VIMS and train for the scientific diver certification one must subscribe to the practices of the AAUS.

### **Diver-In-Training (DIT) Authorization**

This is an authorization to dive, usable only while it is current and for the purpose intended. This authorization signifies that a diver has completed and been certified as at least an entry level diver through an internationally recognized certifying agency and has the knowledge skills and experience necessary to commence and continue training as a scientific diver under supervision, as approved by the DCB. DIT status must only be used when the diver is on their way to becoming certified as a scientific diver. While it is recommended for DIT's to have hands-on scientific diver experience during their training, the DIT status is intended to be a temporary authorization, not a substitute for Scientific Diver Certification.

### **Scientific Diver (SD) Certification**

Signifies a diver has completed all requirements in [Section 4.20](#) and is certified by VIMS to engage in scientific diving without supervision, as approved by the DCB through the DSO. Submission of documents and participation in aptitude examinations does not automatically result in certification. To be certified, the applicant must demonstrate to the DCB, through the DSO, that they are sufficiently skilled and proficient, and possess the necessary judgement for their safety and/or that of the dive team. Scientific Diver Certification is only active when required authorizations are in place and current.

### **Scientific Diver / DIT Mentorship**

During the 100-Hour VIMS scientific diving course, after passing all of the confined water requirements, the Diver-In-Training (DIT) may conduct scientific dives approved by the DCB or a designee, under the mentorship of a DCB-approved active Scientific Diver (SD). This mentor should maintain supervision of, and provide feedback for, the DIT while allowing them to perform the following tasks, when appropriate:

- The DIT plans and executes a scientific dive.

- The DIT conducts a pre-dive briefing.
- The DIT conducts underwater scientific diving tasks.
- The DIT conducts a post-dive briefing covering what went well, what should be changed for future dives, and any near misses.

### **Transfer AAUS Certification from another Organizational Member**

Divers from other AAUS OM's may be admitted to the VIMS diving program by providing the following:

- Verification of Training VOT letter from the other OM's program of which the member is an active diver.
- Documentation of a checkout dive with the DSO or by another AAUS DSO by agreement.
- Fulfillment all of the requirements outlined in this manual and the AAUS Standards.
- The diver is a necessary person in a VIMS research program who will be working and diving with other members of this program on VIMS dive plans.
- The diver is an employee of VIMS.

## **4.40 Depth Authorizations**

### **Depth Ratings and Progression to Next Depth Level**

Indicates the maximum depth in which a diver can conduct science and may supervise other divers holding a lesser depth authorization. A scientific diver requires a valid depth authorization to be considered active.

A diver may be authorized to the next depth level after successfully completing the requirements for that level. A diver may exceed his/her depth authorization when accompanied and supervised by a dive buddy holding a depth authorization greater or equal to the intended depth. Dives must be planned and executed with the permission of the DCB or designee.

In the event that a VIMS diver does not hold an authorization at the desired next level, the DCB may authorize a required progression or procedure for a diver to attain a deeper authorization. The total number of dives to obtain a given depth authorization must follow the cumulative number of dives listed below.

- a) Authorization to 30 Foot Depth - Initial science diver depth authorization, approved upon the successful completion of training listed in [Section 4.00](#). Cumulative minimum supervised dives: 12.
- b) Authorization to 60 Foot Depth - A diver holding a 30-foot authorization may be authorized to a depth of 60 feet after successfully completing and logging 12 supervised dives to depths between 31 and 60 feet under supervision of a diver authorized by the DCB, for a minimum total time of 4 hours. Cumulative minimum supervised dives: 24.
- c) Authorization to 100 Foot Depth - A diver holding a 60-foot authorization may be authorized to a depth of 100 feet after successfully completing and logging 6 supervised dives to depths between 61 and 100 feet under supervision of a dive buddy authorized by the DCB. The diver must also demonstrate proficiency in the use of the appropriate decompression profiling method. Cumulative minimum supervised dives: 30.
- d) Authorization to 130 Foot Depth - A diver holding a 100-foot authorization may be authorized to a depth of 130 feet after successfully completing and logging 6 supervised dives to depths between 100 and 130 feet under supervision of a dive buddy authorized by the DCB. The diver must also

demonstrate proficiency in the use of the appropriate decompression profiling method. Cumulative minimum supervised dives: 36.

e) The maximum depth to which VIMS divers currently dive is not to exceed 130 feet.

#### **4.50 Maintaining Active Status**

##### **Minimum Activity to Maintain Authorizations**

During any 12-month period, each scientific diver must log a minimum of 12 scientific, scientific training, or proficiency dives. At least one dive must be logged near the maximum depth, as defined by the DCB, of the diver's authorization during each 6-month period. Failure to meet these requirements will result in revocation or restriction of authorization by the DSO under procedures established by the DCB.

##### **Requalification of Authorization**

Once the initial requirements of [Section 4.00](#) are met, divers whose depth authorization has lapsed due to lack of activity may be requalified by the DCB.

##### **Medical Examination**

All scientific divers must pass a medical examination at the intervals specified in [Section 5.0](#). A medically cleared diver experiencing any Conditions Which May Disqualify Candidates From Diving (Appendix 1) must receive clearance to return to diving from a physician before resuming diving activities. This medical examination requirement cannot be waived for any diver.

##### **Emergency Care Training**

The scientific diver must hold current training in the following:

- Adult CPR and AED
- Emergency oxygen administration
- First aid for diving accidents

#### **4.60 Revocation of Authorization**

An individual's scientific diver certification can be restricted or revoked for cause by the DCB. Authorizations associated with an individual's scientific diver certification may be restricted or suspended for cause by the DSO. Restrictions or suspensions issued by the DSO may be rescinded by the DSO; these issues will be reported to and reviewed by the DCB, and the outcomes or actions resulting from this review will be documented in the diver's record. Violations of regulations set forth in this Manual or other governmental subdivisions not in conflict with this Manual, or demonstration of poor judgement, may be considered cause. The DCB must inform the diver in writing of the reason(s) for revocation. The diver will be given the opportunity to present their case in writing to the DCB for reconsideration. Following revocation, the diver may be reauthorized after complying with conditions the DCB may impose. All such written statements and requests, as identified in this section, are formal documents, and therefore part of the diver's file.

## **SECTION 5.00 MEDICAL STANDARDS**

### **5.10 Medical Requirements**

#### **General**

- All medical evaluations required by this *Manual* must be performed by, or under the direction of, a licensed physician of the applicant-diver's choice, preferably one trained in diving/undersea

medicine.

- The diver should be free of any chronic disabling disease and any conditions contained in the list of conditions for which restrictions from diving are generally recommended. (Appendix 1)
- The VIMS Dive Program must verify that divers have been declared by the examining medical authority to be fit to engage in diving activities.

## 5.20 Frequency of Medical Evaluations

| <i>Medical evaluation must be completed:</i>                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                              |                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Before Age 40                                                                                                                                                                                                                                                                                                                                                                                                               | After age 40 Before Age 60                                                                                                   | After Age 60                                                                                                                 |
| Before a diver may begin diving, unless an equivalent initial medical evaluation has been given within the preceding 5 years                                                                                                                                                                                                                                                                                                | Before a diver may begin diving, unless an equivalent initial medical evaluation has been given within the preceding 3 years | Before a diver may begin diving, unless an equivalent initial medical evaluation has been given within the preceding 2 years |
| At 5-year intervals                                                                                                                                                                                                                                                                                                                                                                                                         | At 3-year intervals                                                                                                          | At 2-year intervals                                                                                                          |
| Clearance to return to diving must be obtained from a healthcare provider following a medically cleared diver experiencing any Conditions Which May Disqualify Candidates From Diving (Appendix 1), or following any major injury or illness, or any condition requiring chronic medication. If the condition is pressure related, the clearance to return to diving must come from a physician trained in diving medicine. |                                                                                                                              |                                                                                                                              |

## 5.30 Information Provided Examining Physician

The VIMS diver must provide a copy of the medical evaluation requirements of this *Manual* to the examining physician. (Appendices [1](#), [2](#), and [3](#)).

## 5.40 Content of Medical Evaluations

Medical examinations conducted initially and at the intervals specified in [Section 5.20](#) must consist of the following:

1. Diving physical examination ([Appendix 2](#)). Modifications or omissions of required tests are not permitted
2. Applicant agreement for release of medical information to the Diving Safety Officer and the DCB ([Appendix 2b](#))
3. Medical history ([Appendix 3](#))

## 5.50 Physician's Written Report

- A Medical Evaluation of Fitness For Scuba Diving Report signed by the examining or supervising physician stating the individual's fitness to dive, including any recommended restrictions or limitations will be submitted to the DSO for the diver's record after the examination is completed.
- The Medical Evaluation of Fitness For Scuba Diving Report will be reviewed by the DCB or designee and the diver's record and authorizations will be updated accordingly.
- A copy of any physician's written reports will be made available to the individual.
- It is the diver's responsibility to provide to the VIMS Dive Program, a written statement from the examining medical authority listing any restrictions, limitations, or clearances to dive resulting from medical examinations obtained by the individual outside of their normal diving medical

examination cycle. These statements will be reviewed by the DCB and the diver's record and authorizations will be updated accordingly.

# Volume 2

## **Sections 6.00 through 12.00 Required Only When Conducting Described Diving Activities and Organizational Member Specific Sections**

In this section are the specialized modes of diving that, given the prerequisites, training and approval by the Diving Control Board, are explicitly allowed under the auspice of the VIMS Diving Program. Any other types of diving that divers would like to engage in must also go before the diving control board and would have to be done under a reciprocity agreement with another OM's program that has expertise in the given area of interest.

## **SECTION 6.00 NITROX DIVING**

This section describes the requirements for authorization and use of nitrox for Scientific Diving.

### **6.10 Requirements for Nitrox Authorization**

Prior to authorization to use nitrox, the following minimum requirements must be met:

#### **Prerequisites**

Only a certified Scientific Diver or DIT diving under the VIMS auspices is eligible for authorization to use nitrox.

Application for authorization to use nitrox must be made to the DCB. Submission of documents and participation in aptitude examinations does not automatically result in authorization to use nitrox. The applicant must convince the DCB through the DSO that they are sufficiently knowledgeable, skilled and proficient in the theory and use of nitrox for diving.

#### **Training**

Divers wishing to utilize nitrox in scientific diving at VIMS shall enroll in and complete the AAUS E-Learning Nitrox elective containing the following topics:

- Physics Review
- Physiology Review
- Oxygen Physiology, Toxicity and Tolerance
- Tracking Oxygen Limits and Exposure
- Tracking Nitrogen
- Nitrox Dive Planning
- Safe Gas Preparation and Handling
- Analyzing Nitrox

#### **Practical Evaluation**

- Oxygen analysis of nitrox mixtures.
- Determination of MOD, oxygen partial pressure exposure, and oxygen toxicity time limits, for various nitrox mixtures at various depths.
- Determination of nitrogen-based dive limits status by EAD method using air dive tables, and/or using nitrox dive tables, as approved by the DCB.
- Nitrox dive computer use may be included, as approved by the DCB.
- A minimum of two supervised open water dives using nitrox is required for authorization.

## Written Evaluation

The trainee must pass all quizzes throughout, and the final exam at the conclusion of the AAUS E-Learning Nitrox elective.

### 6.20 Minimum Activity to Maintain Authorization

The diver should log at least one nitrox dive per year. Failure to meet the minimum activity level may be cause for restriction or revocation of nitrox authorization.

### 6.30 Operational Requirements

#### Oxygen Exposure Limits

- The inspired oxygen partial pressure experienced at depth should not exceed 1.4 ATA.
- The maximum allowable exposure limit should be reduced in cases where cold or strenuous dive conditions, or extended exposure times are expected.

#### Calculation of Decompression Status

- A set of DCB approved nitrox dive tables should be available at the dive site.
- Dive computers may be used to compute decompression status during nitrox dives. Manufacturers' guidelines and operation instructions should be followed.
- Dive computers capable of pO<sub>2</sub> limit and fO<sub>2</sub> adjustment should be checked by the diver prior to the start each dive to ensure conformity with the mix being used.

#### Gas Mixture Requirements

- Only nitrox mixtures and mixing methods approved by the DCB may be used.
- VIMS personnel mixing nitrox must be qualified and approved by the DCB for the method(s) used.
- Oxygen used for mixing nitrox should meet the purity levels for "Medical Grade" (U.S.P.) or "Aviator Grade" standards.
- In addition to the AAUS Air Purity Guidelines outlined in [Section 3.60](#), any air that may come in contact with oxygen concentrations greater than 40% (i.e. during mixing), must also have a hydrocarbon contaminant no greater than .1 mg/m<sup>3</sup>.
  - For remote site operations using compressors not controlled by VIMS where this is not verifiable, the DCB must approve on a case-by-case basis.

#### Analysis Verification by User

- Prior to the dive, it is the responsibility of each diver to analyze the oxygen content of his/her scuba cylinder. And acknowledge in writing the following information for each cylinder: fO<sub>2</sub>, MOD, cylinder pressure, date of analysis, and user's name.
- Individual dive log reporting forms should report fO<sub>2</sub> of nitrox used, if different than 21%.

### 6.40 Nitrox Diving Equipment

#### Required Equipment

All of the designated equipment and stated requirements regarding scuba equipment required in the *AAUS Manual* apply to nitrox operations. Additional minimal equipment necessary for nitrox diving operations includes:

- Labeled SCUBA Cylinders in Accordance with Industry Standards

- Oxygen Analyzers
- Oxygen compatible equipment as applicable

#### **Requirement for Oxygen Service**

- All equipment, which during the dive or cylinder filling process is exposed to concentrations greater than 40% oxygen, should be cleaned and maintained for oxygen service.
- Any equipment used with oxygen or mixtures containing over 40% by volume oxygen must be designed and maintained for oxygen service. Oxygen systems over 125 psig must have slow-opening shut-off valves.

#### **Compressor system**

- Compressor/filtration system must produce oil-free air, or
- An oil-lubricated compressor placed in service for a nitrox system should be checked for oil and hydrocarbon contamination at least quarterly.

## **SECTION 7.00 Surface Supplied Diving Technologies**

Surface supplied diving technologies include any diving mode in which a diver at depth is supplied with breathing gas from the surface.

### **7.10 Prerequisites**

All surface supplied and hookah divers must be certified scientific divers or divers in training and have completed system specific training as authorized by the DCB.

### **7.20 Hookah**

#### **Hookah Definition**

Hookah, as it is configured at VIMS, is an open circuit diving mode comprised of a remote gas supply, a long hose, and a standard scuba second stage. Hookah, at VIMS, is generally used in shallow water (5 feet or less), and not used to supply breathing gas from a diving bell, habitat, or submersible/submarine.

#### **Equipment Requirements**

- The air supply hose must be rated for a minimum operating pressure of 130psi.
- Air supplied to the hookah diver must meet the air quality standards outlined in section 3.60
- Hookah supply systems must be capable of supplying all divers breathing from the system with sufficient gas for comfortable breathing for the planned depth and workload.
- Hookah system second stage should be capable of being attached to the diver in a way to avoid pulling stress on the second stage mouthpiece and affords easy release if the diver must jettison the regulator and hose.
- Because VIMS hookah divers are in very shallow water (<5-fsw), and can stand up in the event of a problem, they are not required to carry a bailout system while on hookah.

#### **Operational Requirements**

- VIMS Hookah divers operate in very shallow water (<5fsw) and so don't require an alternate breathing gas. The user must ensure that a rising tide does not compromise this condition.
- Only current divers on the active roster are eligible. All users must receive a short training session in the proper procedures. Those users will be authorized in writing.
- All diver-tenders must be familiar with basic line-pull signals, and the procedure for monitoring the tank pressure. This familiarization can be obtained by way of simple instruction from any diver authorized to use the unit.
- The dive cylinder (secured aboard the vessel) will be positioned such that the tender can easily monitor tank pressure.
- The diver will remain within clear sight of the tender at all times.
- Buoyancy Compensators are not required, as the diver can stand up in the event of difficulty. Due to the length of the hose, a standing diver can easily establish vocal communication with the tender or vessel operator.
- All other provisions of the VIMS Dive Safety Manual, such as the requirement for approved medicals, approved Dive Plans, emergency oxygen or a first aid kit presence, etc. remain in effect.

## SECTION 8.00 STAGED DECOMPRESSION DIVING

Decompression diving is defined as any diving during which the diver cannot perform a direct return to the surface without performing a mandatory decompression stop to allow the release of inert gas from the diver's body.

The following procedures must be observed when conducting dives requiring planned decompression stops.

### 8.10 Minimum Experience and Training Requirements

#### Prerequisites

- 1) Scientific Diver qualification according to [Section 4.00](#).
- 2) Minimum of 100 logged dives with experience in the depth range where decompression dives will be conducted.
- 3) Demonstration of the ability to safely plan and conduct dives deeper than 100 feet.
- 4) Nitrox certification/authorization according to AAUS [Section 6.00](#) required.

#### Training

Training must be appropriate for the conditions in which dive operations are to be conducted. Minimum Training must include the following:

1. A minimum of 6 hours of classroom training to ensure theoretical knowledge to include: physics and physiology of decompression; decompression planning and procedures; gas management; equipment configurations; decompression method, emergency procedures, and omitted decompression.
2. It is recommended that at least one training session be conducted in a pool or sheltered water setting, to cover equipment handling and familiarization, swimming and buoyancy control, to estimate gas consumption rates, and to practice emergency procedures.
3. At least 6 open-water training dives simulating/requiring decompression must be conducted, emphasizing planning and execution of required decompression dives, and including practice of emergency procedures.
4. Progression to greater depths must be by 6-dive increments at depth intervals as specified in [Section 5.50](#).
5. No training dives requiring decompression shall be conducted until the diver has demonstrated acceptable skills under simulated conditions.
6. The following are the minimum skills the diver must demonstrate proficiently during dives simulating and requiring decompression:
  - Buoyancy control
  - Proper ascent rate
  - Proper depth control
  - Equipment manipulation
  - Stage/decompression bottle use as pertinent to planned diving operation
  - Buddy skills
  - Gas management
  - Time management
  - Task loading
  - Emergency skills

7. Divers must demonstrate to the satisfaction of the DSO or the DSO's qualified designee proficiency in planning and executing required decompression dives appropriate to the conditions in which diving operations are to be conducted.
8. Upon completion of training, the diver must be authorized to conduct required decompression dives with DSO approval.

### **8.20 Minimum Equipment Requirements**

1. Valve and regulator systems for primary (bottom) gas supplies must be configured in a redundant manner that allows continuous breathing gas delivery in the event of failure of any one component of the regulator/valve system.
2. Cylinders with volume and configuration adequate for planned diving operations
3. One of the second stages on the primary gas supply must be configured with a hose of adequate length to facilitate effective emergency gas sharing in the intended environment.
4. Minimum dive equipment should include:
  - a) Diver location devices adequate for the planned diving operations and environment.
  - b) Compass
5. Redundancy in the following components may be required at the discretion of the DCB:
  - a) Decompression Schedules
  - b) Dive Timing Devices
  - c) Depth gauges
  - d) Buoyancy Control Devices
  - e) Cutting devices
  - f) Lift bags and line reels

### **8.30 Minimum Operational Requirements**

1. The maximum  $pO_2$  to be used for planning required decompression dives is 1.4 for open circuit. It is recommended that a  $pO_2$  of less than 1.4 be used during bottom exposure.
2. Decompression dives may be planned using dive tables, dive computers, and/or PC software approved by the DCB.
3. Breathing gases used while performing in-water decompression must contain the same or greater oxygen content as that used during the bottom phase of the dive.
4. The dive team prior to each dive must review emergency decompression procedures appropriate for the planned dive.
5. If breathing gas mixtures other than air are used for required decompression, their use must be in accordance with those regulations set forth in the appropriate sections of this Manual.
6. Use of additional nitrox and/or high-oxygen fraction decompression mixtures as travel and decompression gases to decrease decompression obligations is recommended.
7. VIMS divers do not need alternate inert gas mixtures to limit narcosis for depths greater than 150 feet because VIMS divers dive to a maximum of 130 feet.
8. The maximum depth for required decompression using air as the bottom gas for VIMS divers is

130 feet.

9. If a period of more than 6 months has elapsed since the last decompression dive, a series of progressive workup dives defined by the DCB to return the diver(s) to proficiency status prior to the start of project diving operations are required.
10. Mission specific workup dives are recommended.

## **SECTION 9.00 MIXED GAS DIVING**

VIMS does not engage in mixed gas diving, where helium is involved, with or without rebreathers. VIMS Scientific divers, who are certified in the use of helium-based mixed gases, and want to employ these methods, may do so only under an agreement of reciprocity with other AAUS OMs who are certified in the use of these mixed gases. Enriched oxygen gases, such as Nitrox, are available for VIMS divers with the proper training and approval by the Diving Control Board.

## **SECTION 10.00 REBREATHERS**

VIMS does not have a rebreather program. If a VIMS researcher requires the use of rebreathers, they may do so via reciprocity with an established rebreather program at another AAUS (or equivalent) organization as approved by the DCB. The VIMS Dive Program will send a letter of verification of training and/or reciprocity to the host institution indicating their status regarding the basic AAUS diver requirements. The visiting VIMS rebreather diver will follow the host institution's AAUS approved rebreather procedures.

# Appendices

**Appendix 1 Through 9 Or Equivalent  
Required for All Organizational Members**

# APPENDIX 1

## DIVING MEDICAL EXAM OVERVIEW FOR THE EXAMINING PHYSICIAN

### TO THE EXAMINING PHYSICIAN:

This person, \_\_\_\_\_, requires a medical examination to assess their fitness for certification as a Scientific Diver for the Virginia Institute of Marine Science (VIMS). Their answers on the Diving Medical History Form (attached) may indicate potential health or safety risks as noted. Your evaluation is requested on the attached scuba Diving Fitness Medical Evaluation Report. If you have questions about diving medicine, you may wish to consult one of the references on the attached list or contact one of the physicians with expertise in diving medicine whose names and phone numbers appear on an attached list, the Undersea Hyperbaric and Medical Society, or the Divers Alert Network. Please contact the Diving Safety Officer if you have any questions or concerns about diving medicine or the VIMS standards. Thank you for your assistance.

VIMS Diving Safety Officer \_\_\_\_\_

\_\_\_\_ Date

\_\_\_\_\_

\_\_\_\_\_

Printed Name

Phone Number

Scuba and other modes of compressed-gas diving can be strenuous and hazardous. A special risk is present if the middle ear, sinuses, or lung segments do not readily equalize air pressure changes. The most common cause of distress is eustachian insufficiency. Recent deaths in the scientific diving community have been attributed to cardiovascular disease. Please consult the following list of conditions that usually restrict candidates from diving.

(Adapted from Bove, 1998: bracketed numbers are pages in Bove)

### *CONDITIONS WHICH MAY DISQUALIFY CANDIDATES FROM DIVING*

1. Abnormalities of the tympanic membrane, such as perforation, presence of a monomeric membrane, or inability to autoinflate the middle ears. [5, 7, 8, 9]
2. Vertigo, including Meniere's Disease. [13]
3. Stapedectomy or middle ear reconstructive surgery. [11]
4. Recent ocular surgery. [15, 18, 19]
5. Psychiatric disorders including claustrophobia, suicidal ideation, psychosis, anxiety states, untreated depression. [20 - 23]
6. Substance abuse, including alcohol. [24 - 25]
7. Episodic loss of consciousness. [1, 26, 27]
8. History of seizure. [27, 28]
9. History of stroke or a fixed neurological deficit. [29, 30]
10. Recurring neurologic disorders, including transient ischemic attacks. [29, 30]
11. History of intracranial aneurysm, other vascular malformation or intracranial hemorrhage. [31]
12. History of neurological decompression illness with residual deficit. [29, 30]
13. Head injury with sequelae. [26, 27]
14. Hematologic disorders including coagulopathies. [41, 42]
15. Evidence of coronary artery disease or high risk for coronary artery disease. [33 - 35]
16. Atrial septal defects. [39]
17. Significant valvular heart disease - isolated mitral valve prolapse is not disqualifying. [38]
18. Significant cardiac rhythm or conduction abnormalities. [36 - 37]
19. Implanted cardiac pacemakers and cardiac defibrillators (ICD). [39, 40]
20. Inadequate exercise tolerance. [34]
21. Severe hypertension. [35]
22. History of spontaneous or traumatic pneumothorax. [45]
23. Asthma. [42 - 44]
24. Chronic pulmonary disease, including radiographic evidence of pulmonary blebs, bullae, or cysts. [45, 46]
25. Diabetes mellitus. [46 - 47]
26. Pregnancy. [56]

#### SELECTED REFERENCES IN DIVING MEDICINE

Available from Best Publishing Company, P.O. Box 30100, Flagstaff, AZ 86003-0100, the Divers Alert Network (DAN) or the Undersea and Hyperbaric Medical Society (UHMS), Durham, NC

- Elliott, D.H. ed. 1996. *Are Asthmatics Fit to Dive?* Kensington, MD: Undersea and Hyperbaric Medical Society.
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- Thompson, P.D. 2011. The cardiovascular risks of diving. *Undersea and Hyperbaric Medicine* 38(4): 271-277.
- Douglas, P.S. 2011. Cardiovascular screening in asymptomatic adults: Lessons for the diving world. *Undersea and Hyperbaric Medicine* 38(4): 279-287.
- Mitchell, S.J., and A.A. Bove. 2011. Medical screening of recreational divers for cardiovascular disease: Consensus discussion at the Divers Alert Network Fatality Workshop. *Undersea and Hyperbaric Medicine* 38(4): 289-296.
- Grundy, S.M., Pasternak, R., Greenland, P., Smith, S., and Fuster, V. 1999. Assessment of Cardiovascular Risk by Use of Multiple-Risk-Factor Assessment Equations. AHA/ACC Scientific Statement. *Journal of the American College of Cardiology*, 34: 1348-1359. <http://content.onlinejacc.org/cgi/content/short/34/4/1348>
- Bove, A.A. and Davis, J. 2003. *DIVING MEDICINE*, Fourth Edition. Philadelphia: W.B. Saunders Company.
- Edmonds, C., Lowry, C., Pennefather, J. and Walker, R. 2002. *DIVING AND SUBAQUATIC MEDICINE*, Fourth Edition. London: Hodder Arnold Publishers.
- Bove, A.A. ed. 1998. *MEDICAL EXAMINATION OF SPORT SCUBA DIVERS*, San Antonio, TX: Medical Seminars, Inc.
- NOAA DIVING MANUAL, NOAA. Superintendent of Documents. Washington, DC: U.S. Government Printing Office.
- U.S. NAVY DIVING MANUAL. Superintendent of Documents, Washington, DC: U.S. Government Printing Office, Washington, D.C.

## APPENDIX 2

# AAUS MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT

\_\_\_\_\_  
Name of Applicant (Print or Type)

\_\_\_\_\_  
Date of Medical Evaluation (Month/Day/Year)

**To The Examining or Supervising Physician:** Scientific divers require periodic scuba diving medical examinations to assess their fitness to engage in diving with self-contained underwater breathing apparatus (scuba). Their answers on the Diving Medical History Form may indicate potential health or safety risks as noted. Scuba diving is an activity that puts unusual stress on the individual in several ways. Your evaluation is requested on this Medical Evaluation form. Your opinion on the applicant's medical fitness is requested. Scuba diving requires heavy exertion. The diver must be free of cardiovascular and respiratory disease (see references, following page). An absolute requirement is the ability of the lungs, middle ears and sinuses to equalize pressure. Any condition that risks the loss of consciousness should disqualify the applicant. Please proceed in accordance with the AAUS Medical Standards (Sec. 5.00). If you have questions about diving medicine, please consult with the Undersea Hyperbaric Medical Society or Divers Alert Network.

### TESTS: THE FOLLOWING TESTS ARE REQUIRED:

#### DURING ALL INITIAL AND PERIODIC RE-EXAMS (UNDER AGE 40):

- Medical history
- Complete physical exam, with emphasis on neurological and otological components
- Urinalysis
- Any further tests deemed necessary by the physician

#### ADDITIONAL TESTS DURING FIRST EXAM OVER AGE 40 AND PERIODIC RE-EXAMS (OVER AGE 40):

- Chest x-ray (Required only during first exam over age 40)
- Resting EKG
- Assessment of coronary artery disease using Multiple-Risk-Factor Assessment<sup>1</sup>  
(age, lipid profile, blood pressure, diabetic screening, smoking)  
Note: Exercise stress testing may be indicated based on Multiple-Risk-Factor Assessment<sup>1</sup>

### PHYSICIAN'S STATEMENT:

I have evaluated the above mentioned individual according to the tests listed above. I have discussed with the patient any medical condition(s) that would not disqualify him/her from diving but which may seriously compromise subsequent health. The patient understands the nature of the hazards and the risks involved in diving with these conditions.

\_\_\_\_\_ 01 I find no medical conditions that may be disqualifying for participation in scuba diving.

Diver **IS** medically qualified to dive for:

\_\_\_\_\_ 2 years (over age 60)

\_\_\_\_\_ 3 years (age 40-59)

\_\_\_\_\_ 5 years (under age 40)

\_\_\_\_\_ 02 Diver **IS NOT** medically qualified to dive: \_\_\_\_\_ Permanently \_\_\_\_\_ Temporarily.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
MD or DO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-Mail Address

My familiarity with applicant is: \_\_\_\_\_ This exam only \_\_\_\_\_ Regular physician for \_\_\_\_\_ years

My familiarity with diving medicine is: \_\_\_\_\_

# **APPENDIX 2b**

## **AAUS MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT**

### **APPLICANT'S RELEASE OF MEDICAL INFORMATION FORM**

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Name of Applicant (Print or Type) \_\_\_\_\_

I authorize the release of this information and all medical information subsequently acquired in association with my diving to the Virginia Institute of Marine Science Diving Safety Officer and Diving Control Board or their designee at Gloucester Point, Virginia on (date) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

---

### **REFERENCES**

<sup>1</sup> Grundy, S.M., Pasternak, R., Greenland, P., Smith, S., and Fuster, V. 1999. Assessment of Cardiovascular Risk by Use of Multiple-Risk-Factor Assessment Equations. AHA/ACC Scientific Statement. *Journal of the American College of Cardiology*, 34: 1348-1359. <http://content.onlinejacc.org/cgi/content/short/34/4/1348>

# APPENDIX 3

## DIVING MEDICAL HISTORY FORM

(To Be Completed By Applicant-Diver)

Name \_\_\_\_\_ DOB \_\_\_\_ Age \_\_\_\_ Wt. \_\_\_\_ Ht. \_\_\_\_

Sponsor \_\_ Virginia Institute of Marine Science (VIMS) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Mo/Day/Yr)

### TO THE APPLICANT:

Scuba diving places considerable physical and mental demands on the diver. Certain medical and physical requirements must be met before beginning a diving or training program. Your accurate answers to the questions are more important, in many instances, in determining your fitness to dive than what the physician may see, hear or feel as part of the diving medical certification procedure.

This form must be kept confidential by the examining physician. If you believe any question amounts to invasion of your privacy, you may elect to omit an answer, provided that you must subsequently discuss that matter with your own physician who must then indicate, in writing, that you have done so and that no health hazard exists.

Should your answers indicate a condition, which might make diving hazardous, you will be asked to review the matter with your physician. In such instances, their written authorization will be required in order for further consideration to be given to your application. If your physician concludes that diving would involve undue risk for you, remember that they are concerned only with your well-being and safety.

|    | Yes | No | Please indicate whether or not the following apply to you   | Comments |
|----|-----|----|-------------------------------------------------------------|----------|
| 1  |     |    | Convulsions, seizures, or epilepsy                          |          |
| 2  |     |    | Fainting spells or dizziness                                |          |
| 3  |     |    | Been addicted to drugs                                      |          |
| 4  |     |    | Diabetes                                                    |          |
| 5  |     |    | Motion sickness or sea/air sickness                         |          |
| 6  |     |    | Claustrophobia                                              |          |
| 7  |     |    | Mental disorder or nervous breakdown                        |          |
| 8  |     |    | Are you pregnant?                                           |          |
| 9  |     |    | Do you suffer from menstrual problems?                      |          |
| 10 |     |    | Anxiety spells or hyperventilation                          |          |
| 11 |     |    | Frequent sour stomachs, nervous stomachs or vomiting spells |          |
| 12 |     |    | Had a major operation                                       |          |
| 13 |     |    | Presently being treated by a physician                      |          |
| 14 |     |    | Taking any medication regularly (even non-prescription)     |          |
| 15 |     |    | Been rejected or restricted from sports                     |          |
| 16 |     |    | Headaches (frequent and severe)                             |          |
| 17 |     |    | Wear dental plates                                          |          |
| 18 |     |    | Wear glasses or contact lenses                              |          |
| 19 |     |    | Bleeding disorders                                          |          |
| 20 |     |    | Alcoholism                                                  |          |
| 21 |     |    | Any problems related to diving                              |          |
| 22 |     |    | Nervous tension or emotional problems                       |          |

|    | Yes | No | Please indicate whether or not the following apply to you                                           | Comments |
|----|-----|----|-----------------------------------------------------------------------------------------------------|----------|
| 23 |     |    | Take tranquilizers                                                                                  |          |
| 24 |     |    | Perforated ear drums                                                                                |          |
| 25 |     |    | Hay fever                                                                                           |          |
| 26 |     |    | Frequent sinus trouble, frequent drainage from the nose, post-nasal drip, or stuffy nose            |          |
| 27 |     |    | Frequent earaches                                                                                   |          |
| 28 |     |    | Drainage from the ears                                                                              |          |
| 29 |     |    | Difficulty with your ears in airplanes or on mountains                                              |          |
| 30 |     |    | Ear surgery                                                                                         |          |
| 31 |     |    | Ringing in your ears                                                                                |          |
| 32 |     |    | Frequent dizzy spells                                                                               |          |
| 33 |     |    | Hearing problems                                                                                    |          |
| 34 |     |    | Trouble equalizing pressure in your ears                                                            |          |
| 35 |     |    | Asthma                                                                                              |          |
| 36 |     |    | Wheezing attacks                                                                                    |          |
| 37 |     |    | Cough (chronic or recurrent)                                                                        |          |
| 38 |     |    | Frequently raise sputum                                                                             |          |
| 39 |     |    | Pleurisy                                                                                            |          |
| 40 |     |    | Collapsed lung (pneumothorax)                                                                       |          |
| 41 |     |    | Lung cysts                                                                                          |          |
| 42 |     |    | Pneumonia                                                                                           |          |
| 43 |     |    | Tuberculosis                                                                                        |          |
| 44 |     |    | Shortness of breath                                                                                 |          |
| 45 |     |    | Lung problem or abnormality                                                                         |          |
| 46 |     |    | Spit blood                                                                                          |          |
| 47 |     |    | Breathing difficulty after eating particular foods, after exposure to particular pollens or animals |          |
| 48 |     |    | Are you subject to bronchitis                                                                       |          |
| 49 |     |    | Subcutaneous emphysema (air under the skin)                                                         |          |
| 50 |     |    | Air embolism after diving                                                                           |          |
| 51 |     |    | Decompression sickness                                                                              |          |
| 52 |     |    | Rheumatic fever                                                                                     |          |
| 53 |     |    | Scarlet fever                                                                                       |          |
| 54 |     |    | Heart murmur                                                                                        |          |
| 55 |     |    | Large heart                                                                                         |          |
| 56 |     |    | High blood pressure                                                                                 |          |
| 57 |     |    | Angina (heart pains or pressure in the chest)                                                       |          |
| 58 |     |    | Heart attack                                                                                        |          |

|    | Yes | No | Please indicate whether or not the following apply to you                                      | Comments |
|----|-----|----|------------------------------------------------------------------------------------------------|----------|
| 59 |     |    | Low blood pressure                                                                             |          |
| 60 |     |    | Recurrent or persistent swelling of the legs                                                   |          |
| 61 |     |    | Pounding, rapid heartbeat or palpitations                                                      |          |
| 62 |     |    | Easily fatigued or short of breath                                                             |          |
| 63 |     |    | Abnormal EKG                                                                                   |          |
| 64 |     |    | Joint problems, dislocations or arthritis                                                      |          |
| 65 |     |    | Back trouble or back injuries                                                                  |          |
| 66 |     |    | Ruptured or slipped disk                                                                       |          |
| 67 |     |    | Limiting physical handicaps                                                                    |          |
| 68 |     |    | Muscle cramps                                                                                  |          |
| 69 |     |    | Varicose veins                                                                                 |          |
| 70 |     |    | Amputations                                                                                    |          |
| 71 |     |    | Head injury causing unconsciousness                                                            |          |
| 72 |     |    | Paralysis                                                                                      |          |
| 73 |     |    | Have you ever had an adverse reaction to medication?                                           |          |
| 74 |     |    | Do you smoke?                                                                                  |          |
| 75 |     |    | Have you ever had any other medical problems not listed? If so, please list or describe below; |          |
| 76 |     |    | Is there a family history of high cholesterol?                                                 |          |
| 77 |     |    | Is there a family history of heart disease or stroke?                                          |          |
| 78 |     |    | Is there a family history of diabetes?                                                         |          |
| 79 |     |    | Is there a family history of asthma?                                                           |          |
| 80 |     |    | Date of last tetanus shot?<br>Vaccination dates?                                               |          |

Please explain any “yes” answers to the above questions.

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I certify that the above answers and information represent an accurate and complete description of my medical history.

Signature

Date

## APPENDIX 4

### RECOMMENDED PHYSICIANS WITH EXPERTISE IN DIVING MEDICINE

A List of Medical Doctors that have training and expertise in diving or undersea medicine can be found through the Undersea and Hyperbaric Medical Society or Divers Alert Network. See links below

<https://www.uhms.org/resources/diving-medical-examiners-list.html>

<https://www.diversalertnetwork.org/medical/physicians.asp>

1. Name: Jason Garison, MD (Barometric Physician)  
Address: Riverside Regional Hospital, J. Clyde Morris Blvd. Newport News, Virginia  
  
Telephone: (757) 594-1060 (W), (757) 478-7877 (C)
  
2. Name:   
Address:   
  
Telephone:
  
3. Name:   
Address:   
  
Telephone:
  
4. Name:   
Address:   
  
Telephone:
  
5. Name:   
Address:   
  
Telephone:

## **APPENDIX 5**

### **DEFINITION OF TERMS**

*Air sharing* - Sharing of an air supply between divers.

*ATA(s)* - “Atmospheres Absolute”, Total pressure exerted on an object, by a gas or mixture of gases, at a specific depth or elevation, including normal atmospheric pressure.

*Alternate Gas Supply* - Fully redundant system capable of providing a gas source to the diver should their primary gas supply fail.

*Authorization*-The DCB authorizes divers to dive using specialized modes of diving, and the depth they may dive to.

*Breath-hold Diving* - A diving mode in which the diver uses no self-contained or surface-supplied air or oxygen supply.

*Bubble Check* - Visual examination by the dive team of their diving systems, looking for O-ring leaks or other air leaks conducted in the water prior to entering a cave. Usually included in the "S" Drill.

*Buddy Breathing* - Sharing of a single air source between divers.

*Buddy System* -Two comparably equipped scuba divers in the water in constant communication.

*Buoyant Ascent* - An ascent made using some form of positive buoyancy.

*Cave Dive* - A dive, which takes place partially or wholly underground, in which one or more of the environmental parameters defining a cavern dive are exceeded.

*Cavern Dive* - A dive which takes place partially or wholly underground, in which natural sunlight is continuously visible from the entrance.

*Certified Diver* - A diver who holds a recognized valid certification from an AAUS OM or internationally recognized certifying agency.

*(Scientific Diver) Certification*- A diver who holds a recognized valid certification from an AAUS OM

*Controlled Ascent* - Any one of several kinds of ascents including normal, swimming, and air sharing ascents where the diver(s) maintain control so a pause or stop can be made during the ascent.

*Cylinder* - A pressure vessel for the storage of gases.

*Decompression Sickness* - A condition with a variety of symptoms, which may result from gas, and bubbles in the tissues of divers after pressure reduction.

*Designated Person-In-Charge* – Supervision requirement for Surface Supplied diving mode. An individual designated by the OM DCB or designee with the experience or training necessary to direct and oversee surface supplied diving operations.  
*Surface Dive* - A descent into the water, an underwater diving activity utilizing compressed gas, an ascent, and return to the surface.

*Dive Computer* - A microprocessor based device which computes a diver's theoretical decompression status, in real time, by using pressure (depth) and time as input to a decompression model, or set of decompression tables, programmed into the device.

*Dive Location* - A surface or vessel from which a diving operation is conducted.

*Dive Site* - Physical location of a diver during a dive.

*Dive Table* - A profile or set of profiles of depth-time relationships for ascent rates and breathing mixtures to be followed after a specific depth-time exposure or exposures.

*Diver* – A person who stays underwater for long periods by having compressed gas supplied from the surface or by carrying a supply of compressed gas.

*Diver-In-Training* - An individual gaining experience and training in additional diving activities under the supervision of a dive team member experienced in those activities.

*Diving Mode* - A type of diving required specific equipment, procedures, and techniques, for example, snorkel, scuba, surface-supplied air, or mixed gas.

*Diving Control Board (DCB)* - Group of individuals who act as the official representative of the membership organization in matters concerning the scientific diving program ([See Diving Control Board under Section 1.0](#)).

*Diving Safety Officer (DSO)* - Individual responsible for the safe conduct of the scientific diving program of the membership organization ([See Diving Safety Officer under Section 1.0](#)).

*DPIC* – See Designated Person-In-Charge.

*EAD* - Equivalent Air Depth (see below).

*Emergency Swimming Ascent* - An ascent made under emergency conditions where the diver may exceed the normal ascent rate.

*Enriched Air (EANx)* - A name for a breathing mixture of air and oxygen when the percent of oxygen exceeds 21%. This term is considered synonymous with the term “nitrox” ([Section 6.00](#)).

*Equivalent Air Depth (EAD)* - Depth at which air will have the same nitrogen partial pressure as the nitrox mixture being used. This number, expressed in units of feet seawater or saltwater, will always be less than the actual depth for any enriched air mixture.

*Flooded Mine Diving* - Diving in the flooded portions of a man-made mine. Necessitates use of techniques detailed for cave diving.

*fO<sub>2</sub>* - Fraction of oxygen in a gas mixture, expressed as either a decimal or percentage, by volume.

*FSW* - Feet of seawater.

*Gas Management* - Gas planning rule which is used in cave diving environments in which the diver reserves a portion of their available breathing gas for anticipated emergencies (See Rule of Thirds, Sixths).

*Gas Matching* – The technique of calculating breathing gas reserves and turn pressures for divers using different volume cylinders. Divers outfitted with the same volume cylinders may employ the Rule of Thirds for gas management purposes. Divers outfitted with different volume cylinders will not observe the same gauge readings when their cylinders contain the same gas volume, therefore the Rule of Thirds will not guarantee adequate reserve if both divers must breathe from a single gas volume at a Rule of Thirds turn pressure. Gas Matching is based on individual consumption rates in volume consumed per minute. It allows divers to calculate turn pressures based on combined consumption rates and to convert the required reserve to a gauge based turn pressure specific to each diver’s cylinder configuration.

*Guideline* - Continuous line used as a navigational reference during a dive leading from the team position to a point where a direct vertical ascent may be made to the surface.

*Hookah* - While similar to Surface Supplied in that the breathing gas is supplied from the surface by means of a pressurized hose, the supply hose does not require a strength member, pneumofathometer hose, or communication line. Hookah equipment may be as simple as a long hose attached to a standard scuba cylinder supplying a standard scuba second stage. The diver is responsible for the monitoring his/her own depth, time, and diving profile.

*Hyperbaric Chamber* - See Recompression chamber.

*Hyperbaric Conditions* - Pressure conditions in excess of normal atmospheric pressure at the dive location.

*Independent Reserve Breathing Gas* - A diver-carried independent supply of air or mixed gas (as appropriate) sufficient under standard operating conditions to allow the diver to reach the surface, or another source of breathing gas, or to be reached by another diver.

*Jump/Gap Reel* - Spool or reel used to connect one guide-line to another thus ensuring a continuous line to the exit.

*Life Support Equipment* – Underwater equipment necessary to sustain life.

*Lead Diver* - Certified scientific diver with experience and training to conduct the diving operation.

*Organizational Member (OM)* - An organization which is a current member of the AAUS, and which has a program, which adheres to the standards of the AAUS as, set forth in the *AAUS Manual*.

*Manifold with Isolator Valve* - A manifold joining two diving cylinders, that allows the use of two completely independent regulators. If either regulator fails, it may be shut off, allowing the remaining regulator access to the gas in both of the diving cylinders.

*Mixed Gas* - Breathing gas containing proportions of inert gas other than nitrogen greater than 1% by volume.

*Mixed Gas Diving* - A diving mode in which the diver is supplied in the water with a breathing gas other than air.

*MOD* - Maximum Operating Depth, usually determined as the depth at which the  $pO_2$  for a given gas mixture reaches a predetermined maximum.

*Nitrox* - Any gas mixture comprised predominately of nitrogen and oxygen, most frequently containing between 22% and 40% oxygen. Also be referred to as Enriched Air Nitrox, abbreviated EAN.

*Normal Ascent* - An ascent made with an adequate air supply at a rate of 30 feet per minute or less.

*OTU* - Oxygen Toxicity Unit

*Oxygen Compatible* - A gas delivery system that has components (O-rings, valve seats, diaphragms, etc.) that are compatible with oxygen at a stated pressure and temperature.

*Oxygen Service* - A gas delivery system that is both oxygen clean and oxygen compatible.

*Oxygen Toxicity* - Any adverse reaction of the central nervous system (“acute” or “CNS” oxygen toxicity) or lungs (“chronic”, “whole-body”, or “pulmonary” oxygen toxicity) brought on by exposure to an increased (above atmospheric levels) partial pressure of oxygen.

*Penetration Distance* - Linear distance from the entrance intended or reached by a dive team during a dive at a dive site.

*Pressure-Related Injury* - An injury resulting from pressure disequilibrium within the body as the result of hyperbaric exposure. Examples include: decompression sickness, pneumothorax, mediastinal emphysema, air embolism, subcutaneous emphysema, or ruptured eardrum.

*Pressure Vessel* - See cylinder.

$pO_2$  - Inspired partial pressure of oxygen, usually expressed in units of atmospheres absolute.

*Primary Reel* - Initial guideline used by the dive team from open water to maximum penetration or a permanently installed guideline.

*Psi* - Unit of pressure, “pounds per square inch.

*Psig* - Unit of pressure, “pounds per square inch gauge.

*Recompression Chamber* - A pressure vessel for human occupancy. Also called a hyperbaric chamber or decompression chamber.

*Restriction* - Any passage through which two divers cannot easily pass side by side while sharing air.

*Rule of Thirds* - Gas planning rule which is used in cave diving environments in which the diver reserves 2/3's of their breathing gas supply for exiting the cave or cavern.

*Rule of Sixths* - Air planning rule which is used in cave or other confined diving environments in which the diver reserves 5/6's of their breathing gas supply (for DPV use, siphon diving, etc.) for exiting the cave or cavern.

*Safety Drill* - ("S" Drill) - Short gas sharing, equipment evaluation, dive plan, and communication exercise carried out prior to entering a cave or cavern dive by the dive team.

*Safety Reel* - Secondary reel used as a backup to the primary reel, usually containing 150 feet of guideline that is used in an emergency.

*Safety Stop* - A stop made between 15-20 feet (5-6 meters) for 3-5 minutes during the final ascent phase of a dive.

*Scientific Diving* - Scientific diving is defined (29CFR1910.402) as diving performed solely as a necessary part of a scientific, research, or educational activity by employees whose sole purpose for diving is to perform scientific research tasks.

*Scuba Diving* - A diving mode independent of surface supply in which the diver uses open circuit self-contained underwater breathing apparatus.

*Side Mount* - A diving mode utilizing two independent SCUBA systems carried along the sides of the diver's body; either of which always has sufficient air to allow the diver to reach the surface unassisted.

*Siphon* - Cave into which water flows with a generally continuous in-current.

*Standby Diver* - A diver at the dive location capable of rendering assistance to a diver in the water.

*Surface Supplied Diving* - Surface Supplied: Dives where the breathing gas is supplied from the surface by means of a pressurized umbilical hose. The umbilical generally consists of a gas supply hose, strength member, pneumofathometer hose, and communication line. The umbilical supplies a helmet or full-face mask. The diver may rely on the tender at the surface to keep up with the divers' depth, time and diving profile.

*Swimming Ascent* - An ascent, which can be done under normal or emergency conditions accomplished by simply swimming to the surface.

*Tender* - Used in Surface supplied and tethered diving. The tender comprises the topsides buddy for the in-water diver on the other end of the tether. The tender must have the experience or training to perform the assigned tasks in a safe and healthful manner.

*Turn Pressure* - The gauge reading of a diver's open circuit scuba system designating the gas limit for terminating the dive and beginning the exit from the water.

*Umbilical* - Composite hose bundle between a dive location and a diver or bell, or between a diver and a bell, which supplies a diver or bell with breathing gas, communications, power, or heat, as appropriate to the diving mode or conditions, and includes a safety line between the diver and the dive location.

## APPENDIX 6

### AAUS REQUEST FOR DIVING RECIPROCITY FORM VERIFICATION OF DIVER TRAINING AND EXPERIENCE

Diver: \_\_\_\_\_

Date: \_\_\_\_\_

This letter serves to verify that the above listed person has met the training and pre-requisites as indicated below, and has completed all requirements necessary to be certified as a (Scientific Diver / Diver in Training) as established by the Virginia Institute of Marine Science Diving Safety Manual, and has demonstrated competency in the indicated areas. Virginia Institute of Marine Science is an AAUS OM and meets or exceeds all AAUS training requirements.

#### The following is a brief summary of this diver's personnel file regarding dive status at

\_\_\_\_\_  
(Date)

|                                                            |                                           |
|------------------------------------------------------------|-------------------------------------------|
| _____ Original diving authorization                        |                                           |
| _____ Written scientific diving examination                |                                           |
| _____ Last diving medical examination                      | Medical examination expiration date _____ |
| _____ Most recent checkout dive                            |                                           |
| _____ Scuba regulator/equipment service/test               |                                           |
| _____ CPR training (Agency) _____                          | CPR Exp. _____                            |
| _____ Oxygen administration (Agency) _____                 | O2 Exp. _____                             |
| _____ First aid for diving _____                           | F.A. Exp. _____                           |
| _____ Date of last dive _____ Depth _____                  |                                           |
| Number of dives completed within previous 12 months? _____ | Depth Authorization _____ feet            |
| Total number of career dives? _____                        |                                           |

Any restrictions or Waivers of Requirements? (Y/N) \_\_\_\_\_ if yes, explain:

Please indicate any pertinent authorizations or training:

#### Emergency Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ (work) \_\_\_\_\_ (home)

Address: \_\_\_\_\_

This is to verify that the above information is complete and correct

Diving Safety Officer:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Print)

## **APPENDIX 7**

### **EMERGENCY ACTION PLAN**

#### **DIVING EMERGENCY MANAGEMENT PROCEDURES**

A diving accident victim could be anyone who has been breathing compressed gas underwater regardless of depth. Decompression sickness and arterial gas embolism, collectively referred to as decompression illness (DCI) can affect any diver on any dive and may present with a wide variety of signs and symptoms. In any case, emergency procedures and medical treatment must be initiated as soon as possible.

The general plan for a diving accident victim is to **Call 911** and arrange for transport to the nearest medical facility by ambulance. The receiving physician will provide appropriate care and, if necessary, arrange transport to a hyperbaric facility. Even mild signs and symptoms (i.e. numbness/ tingling) can indicate a serious diving injury. When in doubt, always assume DCI and begin the emergency response procedures, below.

#### **EMERGENCY RESPONSE PROCEDURES**

##### **Rescue/ Recover the Diver**

|

##### **Call for Emergency Assistance/ Transport**

(911 or USCG VHF Ch. 16)

State that this is a medical emergency.

State your location and the condition of the diver.

Request transport to the nearest hospital/medical facility.

If on the water, head in the direction of your nearest port or dock and/or coordinate with USCG.

|

##### **Provide Basic Life Support**

(CPR, First Aid)

|

##### **Provide 100% Oxygen**

(Demand mask; Non-rebreather mask @10-15lpm; Resuscitation mask @10-15lpm)

|

##### **Conduct a Field Neurological Examination**

(Assessment of injured diver's sensory and motor responses)

|

##### **Notify VIMS DSO and/or MSO**

If the VIMS DSO and/or MSO are not available, call the Diver's Alert Network (DAN).

Ask for additional guidance and assistance with medical care, hyperbaric treatment, or

#### **+++ FIRST RESPONDERS/ EMS/ HOSPITAL ATTENDANTS +++**

The individual seeking care has been diving using compressed gas. Although this person may appear healthy and uninjured, it is possible that serious neurological or other injuries are present. In any case, medical evaluation and treatment must be initiated as soon as possible. It is critically important that this individual be provided High-Flow Oxygen (100% O<sub>2</sub>, 15 liters/minute, Non-rebreather mask) until they are evaluated by a physician.

### **+++ EXAMINING PHYSICIANS +++**

Pressure-related diving injuries can occur in any person who has been breathing compressed gas underwater regardless of depth. Decompression sickness and arterial gas embolism, collectively referred to as decompression illness (DCI) can affect any diver on any dive and may present with a wide variety of signs and symptoms. Evaluation of this injured diver should include a full physical and neurological examination. Consultation with a physician knowledgeable in diving medicine is encouraged. Thank you for ensuring the best possible care for our diver! -*VIMS Diving Safety Officer*

### **VIMS DIVING EMERGENCY MANAGEMENT CONTACT INFORMATION**

**VIMS Diving Safety Officer (DSO)**

Paul Richardson

Office: (804) 684-7058

Mobile: (804) 695-6794

**Divers Alert Network (DAN)**

Emergency Hotline: 1(919) 684-9111

Medical Information: 1(919)-684-2948

DAN has diving medical specialists on call 24-hrs/day to answer calls and provide guidance on diving injuries and care. DAN can also help to arrange transport to the nearest hyperbaric facility if necessary.

**Eastern Virginia Hyperbaric Centers  
Newport News****Dr. Jason Garrison**

Riverside Regional Medical Center

Advanced Wound Care

Hyperbaric Facility

500 J Clyde Morris Blvd, Newport News  
VA 23601

(757) 612-6391

**Southside****Sentara Leigh Hospital**

Hyperbaric Oxygen Therapy (HBO)

830 Kempsville Rd

Norfolk, VA 23502

(757) 261-4325

**VIMS Diving Control Board (DCB)**

Erin Shields (Chair)

Office: (804) 684-7702

Mobile: (757) 345-1203

Corey Holbert

Office: (804) 684-7143

Mobile: (252) 917-2497

Kevin Weng

Office: (804) 684-7372

Mobile: (831) 915-0296

Alex Demeo

Office: (804) 684-7037

Mobile: (240) 888-7999

Chris Patrick

Office: (804) 684-7399

Mobile: (410) 570-5969

Matt LaGanke

Office: (804) 684-7807

Mobile: (508) 505-5631

Ken Moore

Mobile: 804 693-2746

**VIMS Director of Marine Operations**

Tim Turner

Office: (804) 684-7279

Mobile: (757) 870-9286

**VIMS Marine Safety Officer**

Reid Kirkpatrick (VIMS MSO)

Office: (804) 684-7055

Mobile: (828) 230-0110

## **APPENDIX 8**

### **AAUS STATISTICS COLLECTION CRITERIA AND DEFINITIONS**

#### **COLLECTION CRITERIA:**

The "Dive Time in Minutes", The Number of Dives Logged", and the "Number of Divers Logging Dives" will be collected for the following categories.

- Dive Classification
- Breathing Gas
- Diving Mode
- Decompression Planning and Calculation Method
- Depth Ranges
- Specialized Environments
- Incident Types

Dive Time in Minutes is defined as the surface-to-surface time including any safety or required decompression stops.

A Dive is defined as a descent underwater utilizing compressed gas and subsequent ascent/return to the surface with a minimum surface interval of 10 minutes.

Dives will not be differentiated as open water or confined water dives. But open water and confined water dives will be logged and submitted for AAUS statistics classified as either scientific or training/proficiency.

A "Diver Logging a Dive" is defined as a person who is diving under the auspices of your scientific diving organization. Dives logged by divers from another AAUS Organization will be reported with the diver's home organization. Only a diver who has actually logged a dive during the reporting period is counted under this category.

Incident(s) that occur during the collection cycle: Only incidents that occurred during, or resulting from, a dive where the diver is breathing a compressed gas will be submitted to AAUS.

#### **DEFINITIONS:**

##### Dive Classification:

- Scientific Dives: Dives that meet the scientific diving exemption as defined in 29 CFR 1910.402. Diving tasks traditionally associated with a specific scientific discipline are considered a scientific dive. Construction and trouble-shooting tasks traditionally associated with commercial diving are not considered a scientific dive.
- Training and Proficiency Dives: Dives performed as part of a scientific diver-training program, or dives performed in maintenance of a scientific diving certification/authorization. All proficiency dives shall be preceded by a VIMS Dive Plan. Proficiency dives may include a VIMS diver with a non-AAUS dive buddy if that buddy is approved by the DCB.

##### Breathing Gas:

- Air: Dives where the bottom gas used for the dive is air.

- Nitrox: Dives where the bottom gas used for the dive is a combination of nitrogen and oxygen percentages different from those of air.
- Mixed Gas: Dives where the bottom gas used for the dive is a combination of oxygen, nitrogen, and helium (or other inert gas), or any other breathing gas combination not classified as air or nitrox.

#### Diving Mode:

- Open Circuit SCUBA: Dives where the breathing gas is inhaled from a self-contained underwater breathing apparatus and all of the exhaled gas leaves the breathing loop.
- Surface Supplied: Dives where the breathing gas is supplied from the surface by means of a pressurized umbilical hose. The umbilical generally consists of a gas supply hose, strength member, pneumofathometer hose, and communication line. The umbilical supplies a helmet or full-face mask. The diver may rely on the tender at the surface to monitor the divers' depth, time and diving profile.
- Hookah: While similar to Surface Supplied in that the breathing gas is supplied from the surface by means of a pressurized hose, the supply hose does not require a strength member, pneumofathometer hose, or communication line. Hookah equipment may be as simple as a long hose attached to a standard scuba cylinder supplying a standard scuba second stage. The diver is responsible for monitoring his/her own depth, time, and diving profile.
- Rebreathers: Dives where the breathing gas is repeatedly recycled in a breathing loop. The breathing loop may be fully closed or semi-closed. Note: A rebreather dive ending in an open circuit bailout is still logged as a rebreather dive.

#### Decompression Planning and Calculation Method:

- Dive Tables
- Dive Computer
- PC Based Decompression Software

#### Depth Ranges:

Depth ranges for sorting logged dives are: 0-30, 31-60, 61-100, 101-130, 131-150, 151-190, 191-250, 251-300, and 301->. Depths are in feet seawater (when measured in meters: 0-10, >10-30, >30-40, >40-45, >45-58, >58-76, >76-92, and >92->). A dive is logged to the maximum depth reached during the dive. Note: Only "The Number of Dives Logged" and "The Number of Divers Logging Dives" will be collected for this category.

#### Specialized Environments:

- Required Decompression: Any dive where the diver exceeds the no-decompression limit of the decompression planning method being employed.
- Overhead Environments: Any dive where the diver does not have direct access to the surface due to a physical obstruction.
- Blue Water Diving: Openwater diving where the bottom is generally greater than 200 feet deep and requires the use of multiple-tethers diving techniques.
- Ice and Polar Diving: Any dive conducted under ice or in polar conditions. Note: An Ice Dive would also be classified as an Overhead Environment dive.

- Saturation Diving: Excursion dives conducted as part of a saturation mission are to be logged by "classification", "mode", "gas", etc. The "surface" for these excursions is defined as leaving and surfacing within the Habitat. Time spent within the Habitat or chamber must not be logged by AAUS.
- Aquarium: An aquarium is a shallow, confined body of water, which is operated by or under the control of an institution and is used for the purposes of specimen exhibit, education, husbandry, or research (Not a swimming pool).

#### Incident Types:

- Hyperbaric: Decompression Sickness, AGE, or other barotrauma requiring recompression therapy.
- Barotrauma: Barotrauma requiring medical attention from a physician or medical facility, but not requiring recompression therapy.
- Injury: Any non-barotrauma injury occurring during a dive that requires medical attention from a physician or medical facility.
- Illness: Any illness requiring medical attention that can be attributed to diving.
- Near Drowning/ Hypoxia: An incident where a person asphyxiates to the minimum point of unconsciousness during a dive involving a compressed gas. But the person recovers.
- Hyperoxic/Oxygen Toxicity: An incident that can be attributed to the diver being exposed to too high a partial pressure of oxygen.
- Hypercapnea: An incident that can be attributed to the diver being exposed to an excess of carbon dioxide.
- Fatality: Any death accruing during a dive or resulting from the diving exposure.
- Other: An incident that does not fit one of the listed incident types

#### Incident Classification Rating Scale:

- Minor: Injuries that VIMS considers being minor in nature. Examples of this classification of incident would include, but not be limited to:
  - Mask squeeze that produced discoloration of the eyes.
  - Lacerations requiring medical attention but not involving moderate or severe bleeding.
  - Other injuries that would not be expected to produce long term adverse effects on the diver's health or diving status.
- Moderate: Injuries that VIMS considers being moderate in nature. Examples of this classification would include, but not be limited to:
  - DCS symptoms that resolved with the administration of oxygen, hyperbaric treatment given as a precaution.
  - DCS symptoms resolved with the first hyperbaric treatment.
  - Broken bones.
  - Torn ligaments or cartilage.
  - Concussion.
  - Ear barotrauma requiring surgical repair.
- Serious: Injuries that VIMS considers being serious in nature. Examples of this classification would include, but not be limited to:
  - Arterial Gas Embolism.
  - DCS symptoms requiring multiple hyperbaric treatment.
  - Near drowning.

- Oxygen Toxicity.
- Hypercapnea.
- Spinal injuries.
- Heart attack.
- Fatality.

## Appendix 9

### Recommendations For Rescue Of A Submerged Unresponsive Compressed-Gas Diver

From: S.J. Mitchell et al., Undersea and Hyperbaric Medicine 2012, Vol. 39, No. 6, pages 1099-1108





