**University of Mississippi Diving Operations Plan**

This Plan must be submitted to the Diving Program Officer for approval prior to implementation.

## PROJECT TITLE

**TIMELINE (From) (To)**

## PERSONNEL

Principal Investigator Phone/email

Diving Supervisor Phone/email

Lead Diver Phone/email

Name of Diver Scientific diver/diver in training Depth certification DAN #

1.

2.

3.

4.

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

Location (s)

Max Depth

Current

Hazards

(Pollution, Obstructions, Vessels, etc)

Comments-(mitigation of hazards)

## DIVING OPERATIONS

Vessel Required Yes, No, Vessel Name

Master Vessel Description

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

Description (Use additional sheets as required)

**Diving Mode and Equipment**

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

Night Dives ( ) Yes ( ) No

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

Special Equipment Required

**Planned Depth, Bottom time and Surface interval for dives each day**

Computer ( ) Tables ( ) Dive planning software ( )

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

Comments:

## EMERGENCY MANAGEMENT PLAN FOR THIS PROJECT

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

Depending on and according to the nature of the diving accident, stabilize the patient, administer 100% oxygen, contact local Emergency Medical System (EMS) for transport to medical facility, contact diving accident coordinator, as appropriate. Explain the circumstances of the dive incident to the evacuation teams, medics and physicians. Do not assume that they understand why 100% oxygen may be required for the diving accident victim or that recompression treatment may be necessary.

1. Make appropriate contact with victim or rescue as required.
2. Transport victim to boat or shore
3. Position victim (either flat with legs raised or recovery as needed)
4. Establish (A)irway, (B)reathing, (C)irculation as required. (CAB for suspected heart attacks)
5. Administer 100% oxygen, if appropriate (in cases of Decompression Illness, or Near Drowning).
6. Call local Emergency Medical System (EMS) for transport to nearest medical treatment facility.
7. Explain the circumstances of the dive incident to the evacuation teams, medics and physicians. Do NOT assume that they understand WHY 100% oxygen may be required for the diving accident victim, or that recompression may be necessary.
8. Call DAN or appropriate Diving Accident Coordinator for contact with diving physician and recompression chamber. etc.
9. Notify DSO or designee. UM DSO Number: 662-801-9840
10. Secure victims dive gear away for examination or incident inquiry

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

EMS Center 911

Diver’s Alert Network (DAN) 919-684-9111 800-446-2671

Emergency Equipment Checklist

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

Nearest Hospital\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Emergency contact for listed divers above**

**1.**

**2.**

**3.**

**4.**

#### APPROVED AS SUBMITTED

**APPROVED WITH THE FOLLOWING CHANGES**

**Documents Attached**

**By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_UM DSO**