



**UNIVERSITY OF ALASKA
SCIENTIFIC DIVING SAFETY MANUAL**

AVAILABLE ON-LINE AT: <http://www.uaf.edu/sfos/research/scientific-diving/>

SCIENTIFIC DIVING SAFETY MANUAL

University of Alaska

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FOREWORD

Since 1951 the scientific diving community has endeavored to promote safe, effective diving through self-imposed diver training and education programs. Over the years, manuals for diving safety have been circulated between organizations, revised and modified for local implementation, and have resulted in an enviable safety record.

This document represents the minimal safety standards for scientific diving at the present day. As diving science progresses so shall this manual, and it is the responsibility of every member of the American Academy of Underwater Sciences (AAUS) to see that it always reflects state of the art, safe diving practice. Guidelines for diving technologies sanctioned by AAUS but not included in this manual, e.g., Staged Decompression Diving, Saturation Diving, and Mixed Gas Diving (<http://www.aaus.org>), may be added to future revisions of this manual as that diving technique becomes necessary.

The policies, procedures and standards set forth in this Scientific Diving Safety Manual are intended to govern the training and diving operations of all personnel participating in the Scientific Diving Program at the University of Alaska (UA). It applies to all divers operating under UA auspices, including visiting divers, and to those UA Fairbanks, UA Anchorage, and UA Southeast campus officers responsible for the administration of this scuba program.

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CONTENTS

Section	Page
1.00 GENERAL POLICY	7
1.10 THE SCIENTIFIC DIVING STANDARDS	7
1.20 OPERATIONAL CONTROL	8
1.30 CONSEQUENCES OF VIOLATION OF REGULATIONS	12
1.40 RECORD MAINTENANCE	12
2.00 DIVING REGULATIONS FOR SCUBA (OPEN CIRCUIT, COMPRESSED AIR)	14
2.10 INTRODUCTION	14
2.20 PRE-DIVE PROCEDURES	14
2.30 DIVING PROCEDURES	15
2.40 POST-DIVE PROCEDURES	16
2.50 EMERGENCY PROCEDURES	16
2.60 FLYING AFTER DIVING	16
2.70 RECORDKEEPING AND REQUIREMENTS	16
3.00 DIVING EQUIPMENT	19
3.10 GENERAL POLICY	19
3.20 EQUIPMENT	19
3.30 AUXILIARY EQUIPMENT	20
3.40 SUPPORT EQUIPMENT	20
3.50 EQUIPMENT MAINTENANCE	21
3.60 AIR QUALITY STANDARDS	22
4.00 ENTRY-LEVEL TRAINING REQUIREMENTS	23
4.10 GENERAL POLICY	23
4.20 REFERENCES	23
5.00 SCIENTIFIC DIVER CERTIFICATION	24
5.10 PREREQUISITES	24
5.20 TRAINING	24
5.30 EXAMINATIONS	26
5.40 DIVER PERMITS/CERTIFICATIONS	27
5.50 DEPTH CERTIFICATIONS	28
5.60 CONTINUATION OF CERTIFICATE	28
5.70 REVOCATION OF CERTIFICATION	29
5.80 RECERTIFICATION	29
5.90 WAIVER OF REQUIREMENTS/TEMPORARY DIVER	29
6.00 MEDICAL STANDARDS	30
6.10 MEDICAL REQUIREMENTS	30
7.00 NITRTOX DIVING	33
7.10 PREREQUISITES	33
7.20 REQUIREMENTS FOR AUTHORIZATION TO USE NITROX	33
7.30 NITROX TRAINING GUIDELINES	34
7.40 SCIENTIFIC NITROX DIVING REGULATIONS	35

7.50	NITROX DIVING EQUIPMENT	39
8.00	AQUARIUM DIVING	41
8.10	GENERAL POLICY	41
8.20	THE BUDDY SYSTEM IN SCIENTIFIC AQUARIUM DIVING	41
8.30	DIVING EQUIPMENT	41
8.40	SCIENTIFIC AQUARIUM DIVER CERTIFICATION	41
8.50	SCIENTIFIC AQUARIUM DIVING USING OTHER DIVING TECHNOLOGY	42
9.00	REBREATHERS	44
9.10	DEFINITIONS AND GENERAL INFORMATION	44
9.20	PREREQUISITES	45
9.30	EQUIPMENT REQUIREMENTS	49
9.40	OPERATIONAL REQUIREMENTS	51
9.50	OXYGEN REBREATHERS	54
9.60	SEMI-CLOSED CIRCUIT REBREATHERS	55
9.70	CLOSED-CIRCUIT REBREATHERS	55
10.00	OTHER DIVING TECHNOLOGY	56
10.10	BLUE WATER DIVING	56
10.20	ICE AND POLAR DIVING	56
10.30	OVERHEAD ENVIRONMENTS	56
10.40	HOOKAH	56
10.50	SURFACE SUPPLIED DIVING	56

APPENDICES

APPENDIX 1	DIVING MEDICAL EXAM OVERVIEW FOR THE EXAMINING PHYSICIAN	57
APPENDIX 2a	AAUS MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT	59
APPENDIX 2b	AAUS MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT – APPLICANT’S RELEASE OF MEDICAL INFORMATION FORM	60
APPENDIX 3	DIVING MEDICAL HISTORY FORM	61
APPENDIX 4	RECOMMENDED PHYSICIANS WITH EXPERTISE IN DIVING MEDICINE	65
APPENDIX 5	DEFINITION OF TERMS	66
APPENDIX 6	AAUS REQUEST FOR DIVING RECIPROCITY FORM	70
APPENDIX 7	DIVING EMERGENCY MANAGEMENT PROCEDURES	71
APPENDIX 8	AAUS STATISTICS COLLECTION CRITERIA AND DEFINITIONS	77

SECTION 1.00

GENERAL POLICY

1.10 THE SCIENTIFIC DIVING STANDARDS

1.11 Purpose

The purpose of these Scientific Diving Standards is to ensure that all scientific diving is conducted in a manner that will maximize protection of scientific divers from accidental injury and/or illness, and to set forth standards for training and certification which will allow a working reciprocity between UA and other American Academy of Underwater Sciences (AAUS)-recognized scientific diving programs. Fulfillment of the purposes shall be consistent with the furtherance of research and safety.

This standard sets minimal standards for the establishment of the UA scientific diving program, the organization for the conduct of this program, and the basic regulations and procedures for safety in scientific diving operations. It also establishes a framework for reciprocity between AAUS organizational members that adhere to these minimum standards.

This manual been modified from the procedures developed and written by the AAUS 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 (29 CFR Part 1910, 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). The AAUS is recognized by OSHA as the scientific diving standard-setting organization.

1.12 Scientific Diving Definition

Scientific diving is defined (29 CFR 1910.402) 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.

1.13 Scientific Diving Exemption

OSHA has granted an exemption for scientific diving from commercial diving regulations under the following guidelines (Appendix B to 29CFR1910 Subpart T):

1.13.1 The UA Diving Control Board (DCB) consists of a majority of active scientific divers and has autonomous and absolute authority over the scientific diving program's operation.

1.13.2 The purpose of any project using scientific diving is the advancement of science; therefore, information and data resulting from any project are non-proprietary.

1.13.3 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.

1.13.4 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.

1.13.5 In addition, the UA scientific diving program shall contain at least the following elements (29CFR1910.401):

1.13.5.1 Diving safety manual which includes at a minimum: Procedures covering all diving operations specific to the program; including procedures for emergency care, recompression and evacuation; and the criteria for diver training and certification.

1.13.5.2 Diving control (safety) board, with the majority of its members being active scientific divers, which shall 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.

1.14 Review of Standards

As part of UA's annual report, any recommendations for modifications of these standards shall be submitted to the AAUS for consideration.

1.20 OPERATIONAL CONTROL

1.21 Organizational Member Auspices Defined

For the purposes of these standards the auspices of UA includes any scientific diving operation in which UA is connected because of ownership of any equipment used, locations selected, or relationship with the individual(s) concerned. This includes all cases involving the operations of employees of UA or employees of auxiliary organizations, where such employees are acting within the scope of their employment, and the operations of other persons who are engaged in scientific diving of UA or are diving as members of an organization recognized by UA.

It is UA'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 UA's DCB.

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

1.22 UA Scientific Diving Standards and Safety Manual

UA maintains a scientific diving safety manual that provides for the development and implementation of policies and procedures that will enable the dive program to meet requirements of local environments

and conditions as well as to comply with the AAUS scientific diving standards. The UA scientific diving standards shall include, but not be limited to:

1.22.1 The AAUS Standards may be used as a set of minimal guidelines for the development of UA's scientific diving safety manual.

1.22.2 Emergency evacuation and medical treatment procedures.

1.22.3 Criteria for diver training and certification.

1.22.4 Standards written or adopted by reference for each diving mode utilized which include the following:

1.22.4.1 Safety procedures for the diving operation.

1.22.4.2 Responsibilities of the dive team members.

1.22.4.3 Equipment use and maintenance procedures.

1.22.4.4 Emergency procedures.

1.23 The Diving Safety Officer

The Diving Safety Officer (DSO) serves as a member of the DCB. This person should have broad technical and scientific expertise in research related diving.

1.23.1 Qualifications

1.23.1.1 Shall be appointed by the responsible administrative officer or his/her designee, with the advice and counsel of the diving control board.

1.23.1.2 Shall be trained as a scientific diver.

1.23.1.3 Shall be a full member as defined by the AAUS.

1.23.1.4 Shall be an active underwater instructor from a nationally recognized agency.

1.23.2 Duties and Responsibilities

1.23.2.1 Shall be responsible, through the DCB, to the responsible administrative officer or his/her designee, for the conduct of the UA scientific diving program. The routine operational authority for this program, including the conduct of training and certification, approval of dive plans, maintenance of diving records, and ensuring compliance with this manual and all relevant regulations of UA, rests with the Diving Safety Officer.

1.23.2.2 May permit portions of this program to be carried out by a qualified delegate, although the Diving Safety Officer may not delegate responsibility for the safe conduct of the local diving program.

1.23.2.3 Shall be guided in the performance of the required duties by the advice of the DCB, but operational responsibility for the conduct of the local diving program will be retained by the Diving Safety Officer.

1.23.2.4 Shall suspend diving operations which he/she considers to be unsafe or unwise.

1.24 The Diving Control Board

1.24.1 The Diving Control Board (DCB) shall consist of a majority of active scientific divers. Voting members shall include the Diving Safety Officer, the responsible administrative officer, or his/her designee, and should include other representatives of the diving program such as qualified divers and members selected by procedures established by UA. A chairperson and a secretary may be chosen from the membership of the board according to local procedure.

1.24.2 Has autonomous and absolute authority over the scientific diving program's operation.

1.24.3 Shall approve and monitor diving projects.

1.24.4 Shall review and revise the diving safety manual.

1.24.5 Shall assure compliance with the diving safety manual.

1.24.6 Shall certify the depths to which a diver has been trained.

1.24.7 Shall take disciplinary action for unsafe practices.

1.24.8 Shall assure adherence to the buddy system for scuba diving.

1.24.9 Shall act as the official representative of UA in matters concerning the scientific diving program.

1.24.10 Shall act as a board of appeal to consider diver-related problems.

1.24.11 Shall recommend the issue, reissue, or the revocation of diving certifications.

1.24.12 Shall recommend changes in policy and amendments to the AAUS and UA's scientific diving manual as the need arises.

1.24.13 Shall establish and/or approve training programs through which the applicants for certification can satisfy the requirements of UA's diving safety manual.

1.24.14 Shall suspend diving programs which it considers to be unsafe or unwise.

1.24.15 Shall establish criteria for equipment selection and use.

1.24.16 Shall recommend new equipment or techniques.

1.24.17 Shall establish and/or approve facilities for the inspection and maintenance of diving and associated equipment.

1.24.18 Shall ensure that UA's air station(s) meet air quality standards as described in Section 3.60 of this manual.

1.24.19 Shall periodically review the Diving Safety Officer's performance and program.

1.24.20 Shall sit as a board of investigation to inquire into the nature and cause of diving accidents or violations of UA's diving manual.

1.25 Instructional Personnel

1.25.1 Qualifications - All personnel involved in diving instruction under the auspices of UA shall be qualified for the type of instruction being given.

1.25.2 Selection - Instructional personnel will be selected by the responsible administrative officer, or his/her designee, who will solicit the advice of the DCB in conducting preliminary screening of applicants for instructional positions.

1.26 Lead Diver

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

1.26.1 Coordination with other known activities in the vicinity which are likely to interfere with diving operations.

1.26.2 Ensuring all dive team members possess current certification and are qualified for the type of diving operation.

1.26.3 Planning dives in accordance with section 2.21.

1.26.4 Ensuring safety and emergency equipment is in working order and at the dive site.

1.26.5 Briefing the dive team members on:

1.26.5.1 Dive objectives.

1.26.5.2 Unusual hazards or environmental conditions likely to affect the safety of the diving operation.

1.26.5.3 Modifications to diving or emergency procedures necessitated by the specific diving operation.

1.26.6 Suspending diving operations if in his/her opinion conditions are not safe.

1.26.7 Reporting to the DSO and DCB any physical problems or adverse physiological effects including symptoms of pressure-related injuries.

1.27 Reciprocity And Visiting Scientific Diver

1.27.1 Two or more AAUS Organizational Members engaged jointly in diving activities, or engaged jointly in the use of diving resources, shall designate one of the participating Diving Control Boards to govern the joint dive project.

1.27.2 A scientific diver from one Organizational Member shall apply for permission to dive under the auspices of another Organizational Member by submitting to the Diving Safety Officer of the host Organizational Member a document containing all the information described in Appendix 6 (Letter of Reciprocity), signed by the Diving Safety Officer or Chairperson of the home Diving Control Board.

1.27.3 A visiting scientific diver may be asked to demonstrate his/her knowledge and skills for the planned diving.

1.27.4 If a host Organizational Member denies a visiting scientific diver permission to dive, the host Diving Control Board shall notify the visiting scientific diver and his/her Diving Control Board with an explanation of all reasons for the denial.

1.28 Waiver of Requirements

The UA Diving Control Board may grant a waiver for specific requirements of training, examinations, depth certification, and minimum activity to maintain certification.

1.29 Consequence of Violation of Regulations by Scientific Divers

Failure to comply with the regulations of UA's diving manual may be cause for the revocation or restriction of the diver's scientific diving certificate by action of UA's Diving Control Board.

1.30 CONSEQUENCES OF VIOLATION OF REGULATIONS BY ORGANIZATIONAL MEMBERS

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

1.40 RECORD MAINTENANCE

The Diving Safety Officer or his/her designee shall maintain permanent records for each individual Scientific Diver certified. The file shall include evidence of certification level, log sheets, results of current physical examination, reports of disciplinary actions by UA's Diving Control Board, and other pertinent information deemed necessary.

1.40.1 Availability of Records:

1.40.1.1 Medical records shall be available to the attending physician of a diver or former diver when released in writing by the diver.

1.40.1.2 Records and documents required by this standard shall be retained by UA for the following period:

1.40.1.2.1 Physician's written reports of medical examinations for dive team members - 5 years.

1.40.1.2.2 Manual for diving safety - current document only.

1.40.1.2.3 Records of dive - 1 year, except 5 years where there has been an incident of pressure-related injury.

1.40.1.2.4 Pressure-related injury assessment or death - 5 years.

1.40.1.2.5 Equipment inspection and testing records - current entry or tag, or until equipment is withdrawn from service.

SECTION 2.00

DIVING REGULATIONS FOR SCUBA (OPEN CIRCUIT, COMPRESSED AIR)

2.10 INTRODUCTION

No person shall engage in scientific diving operations under the auspices of the UA scientific diving program unless he/she holds a current certification issued pursuant to the provisions of this manual.

2.20 PRE-DIVE PROCEDURES

2.21 Dive Plans

Dives should be planned around the competency of the least experienced diver. Before conducting any diving operations under the auspices of UA, the lead diver for a proposed operation must formulate a dive plan that should include the following:

2.21.1 Divers qualifications, and the type of certificate or certification held by each diver.

2.21.2 Emergency plan (see Appendix 7) with the following information:

2.21.2.1 Name, telephone number, and relationship of person to be contacted for each diver in the event of an emergency.

2.21.2.2 Nearest operational recompression chamber

2.21.2.3 Nearest accessible hospital

2.21.2.4 Available means of transport

2.21.3 Approximate number of proposed dives.

2.21.4 Location(s) of proposed dives.

2.21.5 Estimated depth(s) and bottom time(s) anticipated.

2.21.6 Decompression status and repetitive dive plans, if required.

2.21.7 Proposed work, equipment, and boats to be employed.

2.21.8 Any hazardous conditions anticipated.

2.22 Pre-dive Safety Checks

2.22.1 Diver's Responsibility:

2.22.1.1 Each scientific diver shall conduct a functional check of his/her diving equipment in the presence of the diving buddy or tender.

2.22.1.2 It is the diver's responsibility and duty to refuse to dive if, in his/her judgement, conditions are unfavorable, or if he/she would be violating the precepts of his/her training of this manual.

2.22.1.3 No dive team member shall be required to be exposed to hyperbaric conditions against his/her will, except when necessary to prevent or treat a pressure-related injury.

2.22.1.4 No dive team member shall be permitted to dive for the duration of any known condition which is likely to adversely affect the safety and health of the diver or other dive members.

2.22.2 Equipment Evaluations

2.22.2.1 Each diver shall ensure that his/her equipment is in proper working order and that the equipment is suitable for the type of diving operation.

2.22.2.2 Each diver shall have the capability of achieving and maintaining positive buoyancy.

2.22.3 Site Evaluation - The environmental conditions at the site will be evaluated.

2.30 DIVING PROCEDURES

2.31 Solo Diving Prohibition

All diving activities shall assure adherence to the buddy system (two comparably equipped scuba divers in the water in constant communication) for scuba diving. This buddy system is based upon mutual assistance, especially in the case of an emergency.

2.32 Refusal to Dive

2.32.1 The decision to dive is that of the diver. A diver may refuse to dive, without fear of penalty, whenever he/she feels it is unsafe for them to make the dive.

2.32.2 Safety - The ultimate responsibility for safety rests with the individual diver. It is the diver's responsibility and duty to refuse to dive if, in his/her judgement, conditions are unsafe or unfavorable, or if he/she would be violating the precepts of his/her training or the regulations in this manual.

2.33 Termination of the Dive

2.33.1 It is the responsibility of the diver to terminate the dive, without fear of penalty, whenever he/she feels it is unsafe to continue the dive, unless it compromises the safety of another diver already in the water.

2.33.2 The dive shall 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.

2.34 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 which is likely to cause death, serious physical harm, or major environmental damage. A written report of such actions must be submitted to the UA Diving Control Board explaining the circumstances and justifications.

2.40 POST-DIVE PROCEDURES

2.41 Post-Dive Safety Checks

2.41.1 After the completion of a dive, each diver shall report any physical problems, symptoms of decompression sickness, or equipment malfunctions.

2.41.2 When diving outside the no-decompression limits, the divers should remain awake for at least one hour after diving, and in the company of a dive team member who is prepared to transport him/her to a hyperbaric chamber if necessary.

2.50 EMERGENCY PROCEDURES

UA will develop emergency procedures that follow the standards of care of the community and must include procedures for emergency care, recompression and evacuation for each dive location (See Appendix 7).

2.60 FLYING AFTER DIVING OR ASCENDING TO ALTITUDE (Over 1000 ft)

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) by Land Transport: Divers should follow the appropriate guideline for preflight surface intervals unless the decompression procedure used has accounted for the increase in elevation.

2.70 RECORDKEEPING AND REQUIREMENTS

2.71 Personal Diving Log

Each certified scientific diver shall log every dive made under the auspices of UA's program, and is encouraged to log all other dives. Standard forms will be provided by the UA program. Log sheets shall be submitted to the Diving Safety Officer to be placed in the diver's permanent file. Details of the submission procedures are left to the discretion of the Diving Safety Officer. The diving log shall be in a form specified by the UA's DCB and shall include at least the following:

- 2.71.1 Name of diver, partner, and Lead Diver.
- 2.71.2 Date, time, and location.
- 2.71.3 Diving modes used.
- 2.71.4 General nature of diving activities.
- 2.71.5 Approximate surface and underwater conditions.
- 2.71.6 Maximum depths, bottom time and surface interval time.
- 2.71.7 Diving tables or computers used.
- 2.71.8 Detailed report of any near or actual incidents.

2.72 Required Incident Reporting

All diving incidents requiring recompression treatment, or resulting in moderate or serious injury, or death shall be reported to the UA's Diving Control Board and the AAUS. UA's regular procedures for incident reporting, including those required by the AAUS, shall be followed. The report will specify the circumstances of the incident and the extent of any injuries or illnesses.

Additional information must meet the following reporting requirements:

- 2.72.1 The UA shall record and report occupational injuries and illnesses in accordance with requirements of the appropriate Labor Code section.
- 2.72.2 If pressure-related injuries are suspected, or if symptoms are evident, the following additional information shall be recorded and retained by UA, with the record of the dive, for a period of 5 years:
 - 2.72.2.1 Complete AAUS Incident Report Form at <http://www.aaus.org>.
 - 2.72.2.2 Written descriptive report to include:
 - 2.72.2.2.1 Name, address, phone numbers of the principal parties involved.
 - 2.72.2.2.2 Summary of experience of divers involved.
 - 2.72.2.2.3 Location, description of dive site and description of conditions that led up to incident.
 - 2.72.2.2.4 Description of symptoms, including depth and time of onset.
 - 2.72.2.2.5 Description and results of treatment.

2.72.2.2.6 Disposition of case.

2.72.2.2.7 Recommendations to avoid repetition of incident.

2.72.3 The UA Diving Control Board shall investigate and document any incident of pressure-related injury and prepare a report which is to be forwarded to the AAUS during the annual reporting cycle. This report must first be reviewed and released by UA's Diving Control Board.

SECTION 3.00

DIVING EQUIPMENT

3.10 GENERAL POLICY

3.10.1 All equipment shall meet standards as determined by the Diving Safety Officer and the Diving Control Board. Equipment that is subjected to extreme usage under adverse conditions should require more frequent testing and maintenance.

3.10.2 All equipment shall be regularly examined by the person using them.

3.20 EQUIPMENT

3.21 Regulators

3.21.1 Only those makes and models specifically approved by the Diving Safety Officer shall be used.

3.21.2 Scuba regulators shall be inspected and tested prior to first use and every 12 months thereafter.

3.21.3 Regulators will consist of a primary second stage and an alternate air source (such as an octopus second stage or redundant air supply).

3.22 Breathing Masks and Helmets

Breathing masks and helmets shall have:

3.22.1 A non-return valve at the attachment point between helmet or mask and hose, which shall close readily and positively.

3.22.2 An exhaust valve.

3.22.3 A minimum ventilation rate capable of maintaining the diver at the depth to which he/she is diving.

3.23 Scuba Cylinders

3.23.1 Scuba cylinders shall be designed, constructed, and maintained in accordance with the applicable provisions of the Unfired Pressure Vessel Safety Orders.

3.23.2 Scuba cylinders must be hydrostatically tested in accordance with DOT standards.

3.23.3 Scuba cylinders must have an internal inspection at intervals not to exceed 12 months.

3.23.4 Scuba cylinder valves shall be functionally tested at intervals not to exceed 12 months.

3.24 Backpacks

Backpacks without integrated flotation devices and weight systems shall have a quick release device designed to permit jettisoning with a single motion from either hand.

3.25 Gauges

Gauges shall be inspected and tested before first use and every 12 months thereafter.

3.26 Flotation Devices

3.26.1 Each diver shall have the capability of achieving and maintaining positive buoyancy.

3.26.2 Personal flotation systems, buoyancy compensators, dry suits, or other variable volume buoyancy compensation devices shall be equipped with an exhaust valve.

3.26.3 These devices shall be functionally inspected and tested at intervals not to exceed 12 months.

3.27 Timing Devices, Depth and Pressure Gauges

Both members of the diving pair must have an underwater timing device, an approved depth indicator, and a submersible pressure gauge.

3.28 Determination of Decompression Status: Dive Tables, Dive Computers

3.28.1 A set of diving tables, approved by the Diving Control Board, must be available at the dive location.

3.28.2 Dive computers may be utilized in place of diving tables.

3.30 AUXILIARY EQUIPMENT

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

3.40 SUPPORT EQUIPMENT

3.41 First aid supplies.

A first aid kit and emergency oxygen shall be available.

3.42 Diver's Flag

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

3.43 Compressor Systems - UA Controlled

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

3.43.1 Low pressure compressors used to supply air to the diver if equipped with a volume tank shall have a check valve on the inlet side, a relief valve, and a drain valve.

3.43.2 Compressed air systems over 500 psig shall have slow-opening shut-off valves.

3.43.3 All air compressor intakes shall be located away from and upwind of areas containing exhaust or other contaminants.

3.50 EQUIPMENT MAINTENANCE

3.51 Record keeping

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

3.51.1. Regulators

3.51.2 Submersible pressure gauges

3.51.3 Depth gauges

3.51.4 Scuba cylinders

3.51.5 Cylinder valves

3.51.6 Diving helmets

3.51.7 Submersible breathing masks

3.51.8 Compressors

3.51.9 Gas control panels

3.51.10 Air storage cylinders

3.51.11 Air filtration systems

3.51.12 Analytical instruments

3.51.13 Buoyancy control devices

3.51.14 Dry suits

3.52 Compressor Operation and Air Test Records

3.52.1 Gas analyses and air tests shall be performed on UA-controlled breathing air compressor at regular intervals of no more than 100 hours of operation or six months, whichever occurs first. The results of these tests shall be entered in a formal log and be maintained.

3.52.2 A log shall be maintained showing operation, repair, overhaul, filter maintenance, and temperature adjustment for each compressor.

3.60 AIR QUALITY STANDARDS

Breathing air for scuba shall meet the following specifications as set forth by the Compressed Gas Association (CGA Pamphlet G-7.1).

CGA Grade E	
Component	Maximum
Oxygen	20 - 22%/v
Carbon Monoxide	10 PPM/v
Carbon Dioxide	1000 PPM/v
Condensed Hydrocarbons	5 mg/m ³
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.

SECTION 4.00

ENTRY-LEVEL TRAINING REQUIREMENTS

This section describes training for the non-diver applicant, previously not certified for diving, and equivalency for the certified diver.

4.10 General Policy

Training and certification as an entry-level diver is a prerequisite to AAUS Scientific Diver Training. In lieu of writing/promulgating AAUS specific standards for entry-level divers, AAUS references here, the standards for entry-level diver training as defined by the WRSTC and/or ISO. If UA wishes to train entry-level divers, we may do so using one of the following options:

- a) under the auspices and standards of an internationally recognized diver training agency.
- b) under the auspices of AAUS using the minimum guidelines presented by the most current version of the RSTC/WRSTC and/or ISO entry-level diver standards.

4.20 References

“Minimum Course Content for Open Water Diver Certification”- World Recreational Scuba Training Council (WRSTC), www.wrstc.com.

“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.

SECTION 5.00

SCIENTIFIC DIVER CERTIFICATION

This section describes the training and performance standards for AAUS Scientific Divers. These standards represent the minimum required level of knowledge and skills presented in a generalized format.

5.10 Prerequisites

Administrative

The applicant/candidate must complete all administrative and legal documentation required by the UA.

Diver Certification

The applicant/ candidate must, at minimum, show documented proof of entry-level diver certification from an internationally recognized training agency. As an alternative, UA may train and certify entry-level divers under AAUS auspices and will do so under the guidelines presented in Section 4.0.

Medical Examination

The applicant/candidate must be medically qualified for diving as described in Section 6.0 of the AAUS Standards for Scientific Diving.

Swimming/Watermanship Evaluation

The applicant/candidate must demonstrate the following in the presence of the Diving Safety Officer, instructor, or other approved examiner. All tests are to be performed without swim aids; however, where exposure protection is needed, the applicant must be appropriately weighted to provide for neutral buoyancy.

- a) Swim underwater for a distance of 25 yards/meters without surfacing.
- b) Swim 400 yards/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/meters in the water.

5.20 Training

The diver must complete theoretical aspects and practical training for a minimum cumulative time of 100 hours. Theoretical aspects shall include principles and activities appropriate to the intended area of scientific study.

Theoretical Training/ Knowledge Development

Required Topics:

1. Diving Emergency Care Training
 - Cardiopulmonary Resuscitation (CPR)
 - Standard or Basic First Aid
 - Recognition of DCS and AGE
 - Accident Management
 - Field Neurological Exam
 - Oxygen Administration
2. Dive Rescue
3. Dive Physics
4. Dive Physiology
5. Dive Environments
6. Decompression Theory and its Application
7. AAUS Scientific Diving Regulations and History
 - Scientific Dive Planning

- Coordination with other Agencies
 - Appropriate Governmental Regulations
8. Scientific Method
 9. Data Gathering Techniques (the following are listed as examples)
 - Transect Sampling (Quadrating)
 - Transecting
 - Mapping
 - Coring
 - Photography
 - Tagging
 - Collecting
 - Animal Handling
 - Common Biota
 - Organism Identification
 - Behavior
 - Ecology
 - Site Selection, Location, and Re-location
 - Specialized Equipment for data gathering

Suggested Topics:

10. Specific Dive Modes (methods of gas delivery)
 - Open Circuit
 - Hooka
 - Surface Supplied diving
11. Small Boat Operation
12. Rebreathers
 - Closed
 - Semi-closed
13. Specialized Breathing Gas
 - Nitrox
 - Mixed Gas
14. Specialized Environments and Conditions
 - Blue Water Diving,
 - Ice and Polar Diving (Cold Water Diving)
 - Zero Visibility Diving
 - Polluted Water Diving
 - Saturation Diving
 - Decompression Diving
 - Overhead Environments
 - Aquarium Diving
 - Night Diving
 - Kelp Diving
 - Strong Current Diving (Live-boating)
 - Potential Entanglement
15. Specialized Diving Equipment
 - Full face mask
 - Dry Suit
 - Communications

Practical Training/ Skill Development

Confined Water Evaluation

At the completion of training, the trainee must satisfy the Diving Safety Officer or the instructor of their ability to perform the following, as a minimum, in a pool or in sheltered water:

- a) Enter water with full equipment.
- b) Clear face mask.
- c) Demonstrate air sharing, including both buddy breathing and the use of alternate air source, as both donor and recipient, with and without a face mask.
- d) Demonstrate ability to alternate between snorkel and scuba while kicking.
- e) Demonstrate understanding of underwater signs and signals.
- f) Demonstrate simulated in-water mouth-to-mouth resuscitation.
- g) Rescue and transport, as a diver, a passive simulated victim of an accident.
- h) Demonstrate ability to remove and replace equipment while submerged.
- i) Demonstrate watermanship ability, which is acceptable to the instructor.

Open Water Evaluation

The trainee must satisfy an instructor, approved by the Diving Safety Officer, of their ability to perform at least the following in open water:

- a) Surface dive to a depth of 10 feet in open water without scuba.
- b) Demonstrate proficiency in air sharing as both donor and receiver.
- c) Enter and leave open water or surf, or leave and board a diving vessel, while wearing scuba gear.
- d) Kick on the surface 400 yards while wearing scuba gear, but not breathing from the scuba unit.
- e) Demonstrate judgment adequate for safe diving.
- f) Demonstrate, where appropriate, the ability to maneuver efficiently in the environment, at and below the surface.
- g) Complete a simulated emergency swimming ascent.
- h) Demonstrate clearing of mask and regulator while submerged.
- i) Demonstrate ability to achieve and maintain neutral buoyancy while submerged.
- j) Demonstrate techniques of self-rescue and buddy rescue.
- k) Navigate underwater.
- l) Plan and execute a dive.

Checkout Dive/ Additional Experience

Practical training must include an Open Water checkout dive(s), with evaluation of the skills listed in Open Water Evaluation, with the DSO or qualified delegate followed by at least 11 ocean or open water dives in a variety of dive sites and diving conditions, for a cumulative bottom time of 6 hours. Dives following the checkout dive must be supervised by a certified Scientific Diver with experience in the type of diving planned, with the knowledge and permission of the DSO.

5.30 Examinations

Written Exams

Before completing training, the trainee must pass a written examination that demonstrates knowledge of at least the following:

1. Function, care, use, and maintenance of diving equipment.
2. Physics and physiology of diving.

3. Diving regulations and precautions.
4. Near-shore currents and waves.
5. Dangerous marine animals.
6. Emergency procedures, including buoyant ascent and ascent by air sharing.
7. Currently accepted decompression procedures.
8. Demonstrate the proper use of dive tables.
9. Underwater communications.
10. Aspects of freshwater and altitude diving.
11. Hazards of breath-hold diving and ascents.
12. Planning and supervision of diving operations.
13. Diving hazards.
14. Cause, symptoms, treatment, and prevention of the following: near drowning, air embolism, carbon dioxide excess, squeezes, oxygen poisoning, nitrogen narcosis, exhaustion and panic, respiratory fatigue, motion sickness, decompression sickness, hypothermia, and hypoxia/anoxia.
15. Suggested topics (from Sec. 5.20) at the DSO's discretion.

Equipment

The trainee will be subject to examination/review of:

1. Personal diving equipment
2. Task specific equipment

5.40 Diver Permits/ Certifications

AAUS requires that no person shall engage in scientific diving at UA unless that person is authorized by the UA pursuant to the provisions of this standard. Only a person diving under the auspices of the UA that subscribes to the practices of AAUS is eligible for a scientific diver certification.

Scientific Diver-In-Training Permit

This is a permit to dive, usable only while it is current and for the purpose intended. This permit signifies that a diver has completed and been certified as at least an entry level diver through an internationally recognized certifying agency or scientific diving program, and has the knowledge skills and experience necessary to continue training as a scientific diver under supervision, as approved by the DSO.

Scientific Diver Certification

This permit signifies a diver has completed all requirements in Section 5.0 and is authorized by UA to engage in scientific diving without supervision, as approved by the DSO. Submission of documents and participation in aptitude examinations does not automatically result in certification. The applicant must

convince the Diving Safety Officer and members of the DCB that they are sufficiently skilled and proficient to be certified. This skill will be acknowledged by the signature of the Diving Safety Officer. Any applicant who does not possess the necessary judgment, under diving conditions, for the safety of the diver and their partner, may be denied organizational member scientific diving privileges.

5.50 Depth Certifications

Depth Certifications and Progression to Next Depth Level

A certified diver diving under UA auspices may progress to the next depth level after successfully completing the required dives for the next level. Under these circumstances the diver may exceed their depth limit. Dives shall be planned and executed under close supervision of a diver certified to this depth, with the knowledge and permission of the DSO.

- a) Certification to 30 Foot Depth - Initial permit level, approved upon the successful completion of training listed in Section 4.00 and 5.00.
- b) Certification to 60 Foot Depth - A diver holding a 30 foot certificate may be certified to a depth of 60 feet after successfully completing, under supervision, 12 logged training dives to depths between 31 and 60 feet, for a minimum total time of 4 hours.
- c) Certification to 100 Foot Depth - A diver holding a 60 foot certificate may be certified to a depth of 100 feet after successfully completing, 4 dives to depths between 61 and 100 feet. The diver shall also demonstrate proficiency in the use of the appropriate Dive Tables.
- d) Certification to 130 Foot Depth - A diver holding a 100 foot certificate may be certified to a depth of 130 feet after successfully completing, 4 dives to depths between 100 and 130 feet. The diver shall also demonstrate proficiency in the use of the appropriate Dive Tables.
- e) Certification to 150 Foot Depth - A diver holding a 130 foot certificate may be certified to a depth of 150 feet after successfully completing, 4 dives to depths between 130 and 150 feet. The diver must also demonstrate knowledge of the special problems of deep diving, and of special safety requirements.
- f) Certification to 190 Foot Depth - A diver holding a 150 foot certificate may be certified to a depth of 190 feet after successfully completing, 4 dives to depths between 150 and 190 feet. The diver must also demonstrate knowledge of the special problems of deep diving, and of special safety requirements.

Diving on air is not permitted beyond a depth of 190 feet.

5.60 Continuation of Certificate

Minimum Activity to Maintain Certification

During any 12-month period, each certified scientific diver must log a minimum of 12 dives. Ideally, at least one dive should be logged near the maximum depth of the diver's certification during each 6-month period. If more than 6 months elapse after the last dive, the first dive will be a proficiency and gear check out dive. Divers certified to 150 feet or deeper may satisfy these requirements with dives to 130 feet or over. Failure to meet these requirements may be cause for revocation or restriction of certification.

Re-qualification of Depth Certificate

Once the initial certification requirements of Section 5.00 are met, divers whose depth certification has lapsed due to lack of activity may be re-qualified by procedures adopted by the organization's DCB.

Medical Examination

All certified scientific divers shall pass a medical examination at the intervals specified in Section 6.0. After each major illness or injury, as described in Section 6.0, a certified scientific diver shall receive clearance to return to diving from a physician before resuming diving activities.

Emergency Care Training

The scientific diver must provide proof of training in the following:

- Adult CPR (must be current).
- Emergency oxygen administration (must be current)
- First aid for diving accidents (must be current)

5.70 Revocation of Certification

A diving certificate may be revoked or restricted for cause by the Diving Safety Officer or the DCB. Violations of regulations set forth in this standard, or other governmental subdivisions not in conflict with this standard, may be considered cause. Diving Safety Officer shall inform the diver in writing of the reason(s) for revocation. The diver will be given the opportunity to present their case in writing for reconsideration and/or re-certification. All such written statements and requests, as identified in this section, are formal documents, which will become part of the diver's file.

5.80 Recertification

If a diver's certificate expires or is revoked, they may be re-certified after complying with such conditions as the Diving Safety Officer or the DCB may impose. The diver shall be given an opportunity to present their case to the DCB before conditions for re-certification are stipulated.

5.90 Waiver of Requirements/Temporary Diver

A temporary diver permit constitutes a waiver of the requirements of Section 5.0 and is issued only following a demonstration of the required proficiency in diving. It is valid only for a limited time, as determined by the Diving Safety Officer. This permit is not to be construed as a mechanism to circumvent existing standards set forth in this standard.

Requirements of Section 5.0 may be waived by the Diving Safety Officer if the person in question has demonstrated proficiency in diving and can contribute measurably to a planned dive. A statement of the temporary diver's qualifications shall be submitted to the Diving Safety Officer as a part of the dive plan. Temporary permits shall be restricted to the planned diving operation and shall comply with all other policies, regulations, and standards of this standard, including medical requirements.

SECTION 6.00

MEDICAL STANDARDS

6.10 MEDICAL REQUIREMENTS

6.11 General

6.11.1 The UA shall determine that divers have passed a current diving physical examination and have been declared by the examining physician to be fit to engage in diving activities as may be limited or restricted in the medical evaluation report.

6.11.2 All medical evaluations required by this standard shall be performed by, or under the direction of, a licensed physician of the applicant-diver's choice, preferably one trained in diving/undersea medicine.

6.11.3 The diver should be free of any chronic disabling disease and be free of any conditions contained in the list of conditions for which restrictions from diving are generally recommended. (Appendix 1)

6.12 Frequency of Medical Evaluations

Medical evaluation shall be completed:

6.12.1 Before a diver may begin diving, unless an equivalent initial medical evaluation has been given within the preceding 5 years (3 years if over the age of 40, 2 years if over the age of 60), UA has obtained the results of that examination, and those results have been reviewed and found satisfactory by the UA DCB.

6.12.2 Thereafter, at 5-year intervals up to age 40, every 3 years after the age of 40, and every 2 years after the age of 60

6.12.3 Clearance to return to diving must be obtained from a physician following any major injury or illness, or any condition requiring hospital care. If the injury or illness is pressure related, then the clearance to return to diving must come from a physician trained in diving medicine.

6.13. Information Provided Examining Physician

The UA shall provide a copy of the medical evaluation requirements of this manual to the examining physician. (Appendices 1, 2, and 3).

6.14 Content of Medical Evaluations

Medical examinations conducted initially and at the intervals specified in Section 6.12 shall consist of the following:

6.14.1 Applicant agreement for release of medical information to the Diving Safety Officer and the DCB (Appendix 2).

6.14.2 Medical history (Appendix 3)

6.14.3 Diving physical examination (Section 6.15 and Appendix 2).

6.15 Conditions Which May Disqualify Candidates From Diving (Adapted from Bove, 1998)

1. Abnormalities of the tympanic membrane, such as perforation, presence of a monomeric membrane, or inability to autoinflate the middle ears.
2. Hearing loss; Vertigo including Meniere's Disease.
3. Stapedectomy or middle ear reconstructive surgery.
4. Recent ocular surgery.
5. Psychiatric disorders including claustrophobia, suicidal ideation, psychosis, anxiety states, untreated depression.
6. Substance abuse, including alcohol.
7. Episodic loss of consciousness.
8. History of seizure.
9. History of stroke or a fixed neurological deficit.
10. Recurring neurologic disorders, including transient ischemic attacks.
11. History of intracranial aneurysm, other vascular malformation or intracranial hemorrhage.
12. History of neurological decompression illness with residual deficit.
13. Head injury.
14. Hematologic disorders including coagulopathies.
15. Risk factors or evidence of coronary artery disease.
16. Atrial septal defects.
17. Significant valvular heart disease - isolated mitral valve prolapse is not disqualifying.
18. Significant cardiac rhythm or conduction abnormalities.
19. Implanted cardiac pacemakers and cardiac defibrillators (ICD).
20. Inadequate exercise tolerance.
21. Hypertension.
22. History of pneumothorax.
23. Asthma.
24. Chronic pulmonary disease, including radiographic evidence of pulmonary blebs, bullae or cysts.
25. Diabetes mellitus.
26. Pregnancy.

6.16 Laboratory Requirements for Diving Medical Evaluation and Intervals.

6.16.1 Initial examination under age 40:

- * Medical History
- * Complete Physical Exam, emphasis on neurological and otological components
- * Urinalysis
- * Any further tests deemed necessary by the physician.

- 6.16.2 Periodic re-examination under age 40 (every 5 years)
- * Medical History
 - * Complete Physical Exam, emphasis on neurological and otological components
 - * Urinalysis
 - * Any further tests deemed necessary by the physician
- 6.16.3 Initial exam over age 40:
- * Medical History
 - * Complete Physical Exam, emphasis on neurological and otological components
 - * Detailed assessment of coronary artery disease using Multiple-Risk-Factor Assessment^{1,2} (age, family history, lipid profile, blood pressure, diabetic screening, smoking history)
 - * Resting EKG
 - * Chest X-ray
 - * Urinalysis
 - * Any further tests deemed necessary by the physician
- 6.16.4 Periodic re-examination over age 40 (every 3 years); over age 60 (every 2 years):
- * Medical History
 - * Complete Physical Exam, emphasis on neurological and otological components
 - * Detailed assessment of coronary artery disease using Multiple-Risk-Factor Assessment¹ (age, family history, lipid profile, blood pressure, diabetic screening, smoking history). Further cardiac screening may be indicated based on risk factor assessment.
 - * Resting EKG
 - * Urinalysis
 - * Hematocrit or Hemoglobin
 - * Any further tests deemed necessary by the physician

6.17 Physician's Written Report.

6.17.1 After any medical examination relating to the individual's fitness to dive, the UA shall obtain a written report prepared by the examining physician, which shall contain the examining physician's opinion of the individual's fitness to dive, including any recommended restrictions or limitations. This will be reviewed by the DCB.

6.17.2 The UA shall make a copy of the physician's written report available to the individual.

¹ Grundy et. al. 1999. Assessment of Cardiovascular Risk by Use of Multiple-Risk-Factor Assessment Equations. AHA/ACC Scientific Statement.
<http://www.acc.org/clinical/consensus/risk/risk1999.pdf>

² Bove, A.A. 2011. The cardiovascular system and diving risk. *Undersea and Hyperbaric Medicine* 38(4): 261-269.

SECTION 7.00

NITROX DIVING GUIDELINES

The following guidelines address the use of nitrox by scientific divers under the auspices of the UA. Nitrox is defined for these guidelines as breathing mixtures composed predominately of nitrogen and oxygen, most commonly produced by the addition of oxygen or the removal of nitrogen from air.

7.10 PREREQUISITES

7.10.1 Eligibility

Only a certified Scientific Diver or Scientific Diver In Training (Sections 4.00 and 5.00) diving under the auspices of the UA is eligible for authorization to use nitrox. After completion, review and acceptance of application materials, training and qualification, an applicant will be authorized to use nitrox within their depth authorization, as specified in Section 5.40.

7.10.2 Application and Documentation

Application and documentation for authorization to use nitrox should be made on forms specified by the Diving Control Board.

7.20 REQUIREMENTS FOR AUTHORIZATION TO USE NITROX

Submission of documents and participation in aptitude examinations does not automatically result in authorization to use nitrox. The applicant must convince the DSO and members of the DCB that they are sufficiently skilled and proficient. The signature of the DSO on the authorization form will acknowledge authorization. After completion of training and evaluation, authorization to use nitrox may be denied to any diver who does not demonstrate to the satisfaction of the DSO or DCB the appropriate judgment or proficiency to ensure the safety of the diver and dive buddy.

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

7.20.1 Training

The diver must complete additional theoretical and practical training beyond the Scientific Diver In Training air certification level, to the satisfaction of the UA DSO and DCB (Section 7.30).

7.20.2 Examinations

Each diver should demonstrate proficiency in skills and theory in written, oral, and practical examinations covering:

Written examinations covering the information presented in the classroom training session(s) (i.e., gas theory, oxygen toxicity, partial pressure determination, etc.);

Practical examinations covering the information presented in the practical training session(s) (i.e., gas analysis, documentation procedures, etc.);

Open water checkout dives, to appropriate depths, to demonstrate the application of theoretical and practical skills learned.

7.20.3 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.

7.30 NITROX TRAINING GUIDELINES

Training in these guidelines should be in addition to training for Diver-In-Training authorization (Section 4.00). It may be included as part of training to satisfy the Scientific Diver training requirements (Section 5.30).

7.30.1 Classroom Instruction

Topics should include, but are not limited to: review of previous training; physical gas laws pertaining to nitrox; partial pressure calculations and limits; equivalent air depth (EAD) concept and calculations; oxygen physiology and oxygen toxicity; calculation of oxygen exposure and maximum safe operating depth (MOD); determination of decompression schedules (both by EAD method using approved air dive tables, and using approved nitrox dive tables); dive planning and emergency procedures; mixing procedures and calculations; gas analysis; personnel requirements; equipment marking and maintenance requirements; dive station requirements.

DCB may choose to limit standard nitrox diver training to procedures applicable to diving, and subsequently reserve training such as nitrox production methods, oxygen cleaning, and dive station topics to divers requiring specialized authorization in these areas.

7.30.2 Practical Training

The practical training portion will consist of a review of skills as stated for scuba (Section 4.00), with additional training as follows:

- 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.

7.30.3 Written Examination (based on classroom instruction and practical training)

Before authorization, the trainee should successfully pass a written examination demonstrating knowledge of at least the following:

- Function, care, use, and maintenance of equipment cleaned for nitrox use.

Physical and physiological considerations of nitrox diving (ex.: O₂ and CO₂ toxicity).

Diving regulations and procedures as related to nitrox diving, either scuba or surface-supplied (depending on intended mode).

Given the proper information, calculation of:

Equivalent air depth (EAD) for a given fO₂ and actual depth;

pO₂ exposure for a given fO₂ and depth;

Optimal nitrox mixture for a given pO₂ exposure limit and planned depth;

Maximum operational depth (MOD) for a given mix and pO₂ exposure limit;

For nitrox production purposes, percentages/psi of oxygen present in a given mixture, and psi of each gas required to produce a fO₂ by partial pressure mixing.

Dive table and dive computer selection and usage;

Nitrox production methods and considerations.

Oxygen analysis.

Nitrox operational guidelines (Section 7.40), dive planning, and dive station components.

7.30.4 Open water Dives

A minimum of two supervised open water dives using nitrox is required for authorization. The mode used in the dives should correspond to the intended application (i.e., scuba or surface-supplied). If the MOD for the mix being used can be exceeded at the training location, direct, in-water supervision is required.

7.30.5 Surface-Supplied Training

All training as applied to surface-supplied diving (practical, classroom, and open water) will follow the UA's surface-supplied diving standards.

7.40 SCIENTIFIC NITROX DIVING REGULATIONS

7.40.1 Dive Personnel Requirements

Nitrox Diver In Training - A Diver In Training, who has completed the requirements of Section 4.00 and the training and authorization sections of these guidelines, may be authorized by the DSO to use nitrox under the direct supervision a Scientific Diver who also holds nitrox authorization. Dive depths should be restricted to those specified in the diver's authorization.

Scientific Diver - A Scientific Diver who has completed the requirements of Section 5.00 and the training and authorization sections of these guidelines, may be authorized by the DSO to use nitrox. Depth authorization to use nitrox should be the same as those specified in the diver's authorization, as described in Section. 5.40.

Lead Diver - On any dive during which nitrox will be used by any team member, the Lead Diver should be authorized to use nitrox, and hold appropriate authorizations required for the dive, as specified in AAUS Standards. Lead Diver authorization for nitrox dives by the DSO and/or DCB should occur as part of the dive plan approval process.

In addition to responsibilities listed in Section 1.20, the Lead Diver should:

As part of the dive planning process, verify that all divers using nitrox on a dive are properly qualified and authorized;

As part of the pre-dive procedures, confirm with each diver the nitrox mixture the diver is using, and establish dive team maximum depth and time limits, according to the shortest time limit or shallowest depth limit among the team members.

The Lead Diver should also reduce the maximum allowable pO₂ exposure limit for the dive team if on-site conditions so indicate (see Sec. 7.42.).

7.40.2 Dive Parameters

7.40.2.1 Oxygen Exposure Limits

The inspired oxygen partial pressure experienced at depth should not exceed 1.6 ATA. All dives performed using nitrox breathing mixtures should comply with the current *NOAA Diving Manual* "Oxygen Partial Pressure Limits for 'Normal' Exposures"

The maximum allowable exposure limit should be reduced in cases where cold or strenuous dive conditions, or extended exposure times are expected. The DCB should consider this in the review of any dive plan application, which proposes to use nitrox. The Lead Diver should also review on-site conditions and reduce the allowable pO₂ exposure limits if conditions indicate.

If using the equivalent air depth (EAD) method the maximum depth of a dive should be based on the oxygen partial pressure for the specific nitrox breathing mix to be used.

7.40.2.2 Bottom Time Limits

Maximum bottom time should be based on the depth of the dive and the nitrox mixture being used.

Bottom time for a single dive should not exceed the NOAA maximum allowable “Single Exposure Limit” for a given oxygen partial pressure, as listed in the current NOAA Diving Manual.

7.40.2.3 Dive Tables and Gases

A set of DCB approved nitrox dive tables should be available at the dive site.

When using the equivalent air depth (EAD) method, dives should be conducted using air dive tables approved by the DCB.

If nitrox is used to increase the safety margin of air-based dive tables, the MOD and oxygen exposure and time limits for the nitrox mixture being dived should not be exceeded

Breathing mixtures used while performing in-water decompression, or for bail-out purposes, should contain the same or greater oxygen content as that being used during the dive, within the confines of depth limitations and oxygen partial pressure limits set forth in Section 7.40 Dive Parameters.

7.40.2.4 Nitrox Dive Computers

Dive computers may be used to compute decompression status during nitrox dives. Manufacturers’ guidelines and operations instructions should be followed.

Use of Nitrox dive computers should comply with dive computer guidelines included in the AAUS Standards.

Nitrox dive computer users should demonstrate a clear understanding of the display, operations, and manipulation of the unit being used for nitrox diving prior to using the computer, to the satisfaction of the DSO or designee.

If nitrox is used to increase the safety margin of an air-based dive computer, the MOD and oxygen exposure and time limits for the nitrox mixture being dived shall not be exceeded.

Dive computers capable of pO₂ limit and fO₂ adjustment should be checked by the diver prior to the start each dive to assure compatibility with the mix being used.

7.40.2.5 Repetitive Diving

Repetitive dives using nitrox mixtures should be performed in compliance with procedures required of the specific dive tables used.

Residual nitrogen time should be based on the EAD for the specific nitrox mixture to be used on the repetitive dive, and not that of the previous dive.

The total cumulative exposure (bottom time) to a partial pressure of oxygen in a given 24 hour period should not exceed the current *NOAA Diving Manual 24-hour Oxygen Partial Pressure Limits for “Normal” Exposures*.

When repetitive dives expose divers to different oxygen partial pressures from dive to dive, divers should account for accumulated oxygen exposure from previous dives when determining acceptable exposures for repetitive dives. Both acute (CNS) and chronic (pulmonary) oxygen toxicity concerns should be addressed.

7.40.2.6 Oxygen Parameters

Authorized Mixtures - Mixtures meeting the criteria outlined in Section 7.40 may be used for nitrox diving operations, upon approval of the DCB.

Purity - Oxygen used for mixing nitrox-breathing gas should meet the purity levels for “Medical Grade” (U.S.P.) or “Aviator Grade” standards.

In addition to the AAUS Air Purity Guidelines (Section 3.60), the following standard should be met for breathing air that is either:

- a. Placed in contact with oxygen concentrations greater than 40%.
- b. Used in nitrox production by the partial pressure mixing method with gas mixtures containing greater than 40% oxygen as the enriching agent.

Air Purity:	CGA Grade E (Section 3.60)
Condensed Hydrocarbons	5mg/m ³
Hydrocarbon Contaminants	No greater than 0.1 mg/m ³

7.40.2.7 Gas Mixing and Analysis for UA

Personnel Requirements

- a. Individuals responsible for producing and/or analyzing nitrox mixtures should be knowledgeable and experienced in all aspects of the technique.
- b. Only those individuals approved by the DSO and/or DCB should be responsible for mixing and/or analyzing nitrox mixtures.

Production Methods - It is the responsibility of the DCB to approve the specific nitrox production method used.

Analysis Verification by User

- a. It is the responsibility of each diver to analyze prior to the dive the oxygen content of his/her scuba cylinder and acknowledge in writing the following information for each cylinder: fO₂, MOD, cylinder pressure, date of analysis, and user's name.
- b. Individual dive log reporting forms should report fO₂ of nitrox used, if different than 21%.

7.50 NITROX DIVING EQUIPMENT

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

- Labeled SCUBA Cylinders
- Oxygen Analyzers

7.50.1 Oxygen Cleaning and Maintenance Requirements

7.50.1.1 Requirement for Oxygen Service

All equipment, which during the dive or cylinder filling process is exposed to concentrations greater than 40% oxygen at pressures above 150 psi, should be cleaned and maintained for oxygen service.

Equipment used with oxygen or mixtures containing over 40% by volume oxygen shall be designed and maintained for oxygen service. Oxygen systems over 125 psig shall have slow-opening shut-off valves. This should include the following equipment: scuba cylinders, cylinder valves, scuba and other regulators, cylinder pressure gauges, hoses, diver support equipment, compressors, and fill station components and plumbing.

7.50.1.2 Scuba Cylinder Identification Marking

Scuba cylinders to be used with nitrox mixtures should have the following identification documentation affixed to the cylinder.

Cylinders should be marked "NITROX", or "EANx", or "Enriched Air".

Nitrox identification color-coding should include a 4-inch wide green band around the cylinder, starting immediately below the shoulder curvature. If the cylinder is not yellow, the green band should be bordered above and below by a 1-inch yellow band.

The alternate marking of a yellow cylinder by painting the cylinder crown green and printing the word "NITROX" parallel to the length of the cylinder in green print is acceptable.

Other markings, which identify the cylinder as containing gas mixes other than Air, may be used as the approval of the DCB.

A contents label should be affixed, to include the current fO_2 , date of analysis, and MOD.

The cylinder should be labeled to indicate whether the cylinder is prepared for oxygen or nitrox mixtures containing greater than 40% oxygen.

7.50.1.3 Regulators - Regulators to be used with nitrox mixtures containing greater than 40% oxygen should be cleaned and maintained for oxygen service, and marked in an identifying manner.

7.50.1.4 Other Support Equipment

An oxygen analyzer is required which is capable of determining the oxygen content in the scuba cylinder. Two analyzers are recommended to reduce the likelihood of errors due to a faulty analyzer. The analyzer should be capable of reading a scale of 0 to 100% oxygen, within 1% accuracy.

All diver and support equipment should be suitable for the fO_2 being used.

7.50.1.5 Compressor system

Compressor/filtration system must produce oil-free air.

An oil-lubricated compressor placed in service for a nitrox system should be checked for oil and hydrocarbon contamination at least quarterly.

7.50.1.6 Fill Station Components - All components of a nitrox fill station that will contact nitrox mixtures containing greater than 40% oxygen should be cleaned and maintained for oxygen service. This includes cylinders, whips, gauges, valves, and connecting lines.

SECTION 8.00

AQUARIUM DIVING OPERATIONS

8.10 GENERAL POLICY

Section 8.00 applies to scientific aquarium divers only.

8.10.1 Definition - A scientific aquarium diver is a scientific diver who is diving solely within an 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.

8.10.2 It is recognized that within scientific aquarium diving there are environments and equipment that fall outside the scope of those addressed in this standard. In those circumstances it is the responsibility of the UA's Dive Control Board to establish the requirements and protocol under which diving will be safely conducted.

Note: All of the standards set forth in other sections of this standard shall apply, except as otherwise provided in this section.

8.20 THE BUDDY SYSTEM IN SCIENTIFIC AQUARIUM DIVING

8.20.1 All scuba diving activities in the confined environment of an aquarium shall be conducted in accordance with the buddy system, whereby both divers, or a diver and a tender as provided below, are always in visual contact with one another, can always communicate with one another, and can always render prompt and effective assistance either in response to an emergency or to prevent an emergency.

8.20.2 A diver and tender comprise a buddy team in the confined environment of an aquarium only when the maximum depth does not exceed 30 feet, and there are no overhead obstructions or entanglement hazards for the diver, and the tender is equipped, ready and able to conduct or direct a prompt and effective in-water retrieval of the diver at all times during the dive.

8.30 DIVING EQUIPMENT

8.30.1 In an aquarium of a known maximum obtainable depth:

8.30.1.1 A depth indicator is not required, except that a repetitive diver shall use the same computer used on any prior dive.

8.30.1.2 Only one buddy must be equipped with a timing device.

8.30.1.3 The maximum obtainable depth of the aquarium shall be used as the diving depth.

8.40 SCIENTIFIC AQUARIUM DIVER CERTIFICATION

8.40.1 A Scientific Aquarium Diver is a certification enabling the qualified diver to participate in scientific diving in accordance with Section 8.00 as provided below.

8.40.2 All of the standards set forth in sections 4.0 and 5.0 of this standard shall apply, except that Section 5.30 of this standard is modified to read as follows:

8.40.3 Practical training shall include at least 12 supervised aquarium dives for a cumulative bottom time of 6 hours. No more than 3 of these dives shall be made in 1 day.

8.50 SCIENTIFIC AQUARIUM DIVING USING OTHER DIVING TECHNOLOGY

8.50.1 Surface Supplied Scientific Aquarium Diving

8.50.1.1 Definition: For purposes of scientific aquarium diving, surface supplied diving is described as a mode of diving using open circuit, surface supplied compressed gas which is provided to the diver at the dive location and may or may not include voice communication with the surface tender.

a) Divers using the surface supplied mode shall be equipped with a diver-carried independent reserve breathing gas supply.

Scientific aquarium divers using conventional scuba masks, full-face masks, or non-lockdown type helmets are exempt from this standard provided:

1. There are no overhead obstructions or entanglements.
2. The diver is proficient in performing a Controlled Emergency Swimming Ascent from at least as deep as the maximum depth of the aquarium.
3. The diver is proficient in performing out of air emergency drills, including ascent and mask/helmet removal.
4. Each surface supplied diver shall be hose-tended by a separate dive team member while in the water. Scientific aquarium divers are exempt from this standard, provided the tender is monitoring only one air source, there is mutual assistance between divers and there are no overhead obstructions or entanglements.

b) Divers using the surface supplied mode shall maintain communication with the surface tender. The surface supplied breathing gas supply (volume and intermediate pressure) shall be sufficient to support all surface supplied divers in the water for the duration of the planned dive.

c) During surface supplied diving operations when only one diver is in the water, there must be a standby diver in attendance at the dive location. Scientific aquarium divers are exempt from this standard, provided the tender is equipped, ready and able to conduct a prompt and effective in-water retrieval of the diver at all times during the dive.”

- d) Surface supplied equipment must be configured to allow retrieval of the diver by the surface tender without risk of interrupting air supply to the diver.
- e) All surface supplied applications used for scientific aquarium diving shall have a non-return valve at the attachment point between helmet or mask hose, which shall close readily and positively.

SECTION 9.00

REBREATHERS

This section defines specific considerations regarding the following issues for the use of rebreathers:

- Training and/or experience verification requirements for authorization
- Equipment requirements
- Operational requirements and additional safety protocols to be used

For rebreather dives that also involve staged decompression and/or mixed gas diving, all requirements for each of the relevant diving modes shall be met. Diving Control Board reserves the authority to review each application of all specialized diving modes, and include any further requirements deemed necessary beyond those listed here on a case-by-case basis.

No diver shall conduct planned operations using rebreathers without prior review and approval of the DCB.

In all cases, trainers shall be qualified for the type of instruction to be provided. Training shall be conducted by agencies or instructors approved by DSO and DCB.

9.10 DEFINITIONS AND GENERAL INFORMATION

9.10.1 Rebreathers are defined as any device that recycles some or all of the exhaled gas in the breathing loop and returns it to the diver. Rebreathers maintain levels of oxygen and carbon dioxide that support life by metered injection of oxygen and chemical removal of carbon dioxide. These characteristics fundamentally distinguish rebreathers from open-circuit life support systems, in that the breathing gas composition is dynamic rather than fixed.

9.10.1.1 Advantages of rebreathers may include increased gas utilization efficiencies that are often independent of depth, extended no-decompression bottom times and greater decompression efficiency, and reduction or elimination of exhaust bubbles that may disturb aquatic life or sensitive environments.

9.10.1.2 Disadvantages of rebreathers include high cost and, in some cases, a high degree of system complexity and reliance on instrumentation for gas composition control and monitoring, which may fail. The diver is more likely to experience hazardous levels of hypoxia, hyperoxia, or hypercapnia, due to user error or equipment malfunction, conditions which may lead to underwater blackout and drowning. Inadvertent flooding of the breathing loop and wetting of the carbon dioxide absorbent may expose the diver to ingestion of an alkaline slurry ("caustic cocktail").

9.10.1.3 An increased level of discipline and attention to rebreather system status by the diver is required for safe operation, with a greater need for self-reliance. Rebreather system design and operation varies significantly between make and model. For these reasons when evaluating any dive plan incorporating

rebreathers, risk-management emphasis should be placed on the individual qualifications of the diver on the specific rebreather make and model to be used, in addition to specific equipment requirements and associated operational protocols.

9.10.2 Oxygen Rebreathers. Oxygen rebreathers recycle breathing gas, consisting of pure oxygen, replenishing the oxygen metabolized by the diver. Oxygen rebreathers are generally the least complicated design, but are normally limited to a maximum operation depth of 20 fsw due to the risk of unsafe hyperoxic exposure.

9.10.3 Semi-Closed Circuit Rebreathers. Semi-closed circuit rebreathers (SCR) recycle the majority of exhaled breathing gas, venting a portion into the water and replenishing it with a constant or variable amount of a single oxygen-enriched gas mixture. Gas addition and venting is balanced against diver metabolism to maintain safe oxygen levels by means which differ between SCR models, but the mechanism usually provides a semi-constant fraction of oxygen (FO_2) in the breathing loop at all depths, similar to open-circuit SCUBA.

9.10.4 Closed-Circuit Mixed Gas Rebreathers. Closed-circuit mixed gas rebreathers (CCR) recycle all of the exhaled gas and replace metabolized oxygen via an electronically controlled valve, governed by electronic oxygen sensors. Manual oxygen addition is available as a diver override, in case of electronic system failure. A separate inert gas source (diluent), usually containing primarily air, heliox, or trimix, is used to maintain oxygen levels at safe levels when diving below 20 fsw. CCR systems operate to maintain a constant oxygen partial pressure (PPO_2) during the dive, regardless of depth.

9.20 PREREQUISITES

Specific training requirements for use of each rebreather model shall be defined by DCB on a case-by-case basis. Training shall include factory-recommended requirements, but may exceed this to prepare for the type of mission intended (e.g., staged decompression or heliox/trimix CCR diving).

9.20.1 Training Prerequisites

9.20.1.1 Active scientific diver status, with depth qualification sufficient for the type, make, and model of rebreather, and planned application.

9.20.1.2 Completion of a minimum of 50 open-water dives on SCUBA.

9.20.1.3 For SCR or CCR, a minimum 100-fsw-depth qualification is generally recommended, to ensure the diver is sufficiently conversant with the complications of deeper diving. If the sole expected application for use of rebreathers is shallower than this, a lesser depth qualification may be allowed with the approval of the DCB.

9.20.1.4 Nitrox training. Training in use of nitrox mixtures containing 25% to 40% oxygen is required. Training in use of mixtures containing 40% to 100%

oxygen may be required, as needed for the planned application and rebreather system. Training may be provided as part of rebreather training.

9.20.2 Training

Successful completion of the following training program qualifies the diver for rebreather diving using the system on which the diver was trained, in depths of 130 fsw and shallower, for dives that do not require decompression stops, using nitrogen/oxygen breathing media.

9.20.2.1 Satisfactory completion of a rebreather training program authorized or recommended by the manufacturer of the rebreather to be used, or other training approved by the DCB. Successful completion of training does not in itself authorize the diver to use rebreathers. The diver must demonstrate to the DCB or its designee that the diver possesses the proper attitude, judgment, and discipline to safely conduct rebreather diving in the context of planned operations.

9.20.2.2 Classroom training shall include:

A review of those topics of diving physics and physiology, decompression management, and dive planning included in prior scientific diver, nitrox, staged decompression and/or mixed gas training, as they pertain to the safe operation of the selected rebreather system and planned diving application.

In particular, causes, signs and symptoms, first aid, treatment and prevention of the following must be covered:

- Hyperoxia (CNS and Pulmonary Oxygen Toxicity);
- Middle Ear Oxygen Absorption Syndrome (oxygen ear);
- Hyperoxia-induced myopia;
- Hypoxia;
- Hypercapnia;
- Inert gas narcosis;
- Decompression sickness;

Rebreather-specific information required for the safe and effective operation of the system to be used, including:

- System design and operation, including:
 - Counterlung(s);
 - CO₂ scrubber;
 - CO₂ absorbent material types, activity characteristics, storage, handling and disposal;
 - Oxygen control system design, automatic and manual;
 - Diluent control system, automatic and manual (if any);
 - Pre-dive set-up and testing;
 - Post-dive break-down and maintenance;

- Oxygen exposure management;
- Decompression management and applicable decompression tracking methods;
- Dive operations planning;
- Problem recognition and management, including system failures leading to hypoxia, hyperoxia, hypercapnia, flooded loop, and caustic cocktail;
- Emergency protocols and bailout procedures.

9.20.3 Practical Training (with model of rebreather to be used)

9.20.3.1 A minimum number of hours of underwater time.

Type	Pool/Confined Water	O/W Training	O/W Supervised
Oxygen Rebreather	1 dive, 90 min	4 dives, 120 min.*	2 dives, 60 min
Semi-Closed Circuit	1 dive, 90-120 min	4 dives, 120 min.**	4 dives, 120 min
Closed-Circuit	1 dive, 90-120 min	8 dives, 380 min.***	4 dives, 240 min

* Dives should not exceed 20 fsw.
 ** First two dives should not exceed 60 fsw. Subsequent dives should be at progressively greater depths, with at least one dive in the 80 to 100 fsw range.
 *** Total underwater time (pool and open water) of approximately 500 minutes. First two open water dives should not exceed 60 fsw. Subsequent dives should be at progressively greater depths, with at least 2 dives at or near the divers depth rating.

9.20.3.2 Amount of required in-water time should increase proportionally to the complexity of rebreather system used.

9.20.3.3 Training shall be in accordance with the manufacturer's recommendations.

9.20.4 Practical Evaluations

Upon completion of practical training, the diver must demonstrate to the DCB or its designee proficiency in pre-dive, dive, and post-dive operational procedures for the particular model of rebreather to be used. If applicable skills shall include, at a minimum:

- Oxygen control system calibration and operation checks;
- Carbon dioxide absorbent canister packing and/or loading;
- Supply gas cylinder analysis and pressure check;
- Test of one-way valves;
- System assembly and breathing loop leak testing;
- Pre-dive breathing to test system operation;
- In-water leak checks;
- Buoyancy control during descent, bottom operations, and ascent;
- System monitoring and control during descent, bottom operations, and ascent;
- Proper interpretation and operation of system instrumentation (PO₂ displays, dive computers, gas supply pressure gauges, alarms, etc, as applicable);

- Unit removal and replacement on the surface;
- Bailout and emergency procedures for self and buddy, including:
 - System malfunction recognition and solution
 - Manual system control, if applicable
 - Flooded breathing loop recovery (if possible)
 - Absorbent canister failure
 - Alternate bailout options
- Symptom recognition and emergency procedures for hyperoxia, hypoxia, and hypercapnia;
- Proper system maintenance, including:
 - Full breathing loop disassembly and cleaning (mouthpiece, check-valves, hoses, counterlung, absorbent canister, etc.);
 - Oxygen sensor replacement (for SCR and CCR);
 - Other tasks required by specific rebreather models.

9.20.5 Written Evaluation

A written evaluation approved by the DCB with a pre-determined passing score, covering concepts of both classroom and practical training, is required.

9.20.6 Supervised Rebreather Dives

Upon successful completion of open water training dives, the diver is authorized to conduct a series of supervised rebreather dives, during which the diver gains additional experience and proficiency.

9.20.6.1 Supervisor for these dives should be the DSO or designee, and should be an active scientific diver experienced in diving with the make/model of rebreather being used.

9.20.6.2 Dives at this level may be targeted to activities associated with the planned science diving application. See the following table for number and cumulative water time for different rebreather types.

Type	Pool/Confined Water	O/W Training	O/W Supervised
Oxygen Rebreather	1 dive, 90 min	4 dives, 120 min.*	2 dives, 60 min
Semi-Closed Circuit	1 dive, 90-120 min	4 dives, 120 min.**	4 dives, 120 min
Closed-Circuit	1 dive, 90-120 min	8 dives, 380 min.***	4 dives, 240 min

* Dives should not exceed 20 fsw.
 ** First two dives should not exceed 60 fsw. Subsequent dives should be at progressively greater depths, with at least one dive in the 80 to 100 fsw range.
 *** Total underwater time (pool and open water) of approximately 500 minutes. First two open water dives should not exceed 60 fsw. Subsequent dives should be at progressively greater depths, with at least 2 dives at or near the divers depth rating.

9.20.6.3 Maximum ratio of divers per designated dive supervisor is 4:1. The supervisor may dive as part of the planned operations.

9.20.7 Extended Range, Required Decompression and Helium-Based Inert Gas

Rebreather dives involving operational depths in excess of 130 fsw, requiring staged decompression, or using diluents containing inert gases other than nitrogen are subject to additional training requirements, as determined by DCB on a case-by-case basis. Prior experience with required decompression and mixed gas diving using open-circuit SCUBA is desirable, but is not sufficient for transfer to dives using rebreathers without additional training.

9.20.7.1 As a prerequisite for training in staged decompression using rebreathers, the diver shall have logged a minimum of 25 hours of underwater time on the rebreather system to be used, with at least 10 rebreather dives in the 100 fsw to 130 fsw range.

9.20.7.2 As a prerequisite for training for use of rebreathers with gas mixtures containing inert gas other than nitrogen, the diver shall have logged a minimum of 50 hours of underwater time on the rebreather system to be used and shall have completed training in stage decompression methods using rebreathers. The diver shall have completed at least 12 dives requiring staged decompression on the rebreather model to be used, with at least 4 dives near 130 fsw.

9.20.7.3 Training shall be in accordance with standards for required-decompression and mixed gas diving, as applicable to rebreather systems, starting at the 130 fsw level.

9.20.8 Maintenance of Proficiency

9.20.8.1 To maintain authorization to dive with rebreathers, an authorized diver shall make at least one dive using a rebreather every 8 weeks. For divers authorized for the conduct of extended range, stage decompression or mixed-gas diving, at least one dive per month should be made to a depth near 130 fsw, practicing decompression protocols.

9.20.8.2 For a diver in arrears, the DCB shall approve a program of remedial knowledge and skill tune-up training and a course of dives required to return the diver to full authorization. The extent of this program should be directly related to the complexity of the planned rebreather diving operations.

9.30 EQUIPMENT REQUIREMENTS

9.30.1 General Requirements

9.30.1.1 Only those models of rebreathers specifically approved by DCB shall be used.

9.30.1.2 Rebreathers should be manufactured according to acceptable Quality Control/Quality Assurance protocols, as evidenced by compliance with the essential elements of ISO 9004. Manufacturers should be able to provide to the DCB supporting documentation to this effect.

9.30.1.3 Unit performance specifications should be within acceptable levels as defined by standards of a recognized authority (CE, US Navy, Royal Navy, NOAA, etc...).

9.30.1.4 Prior to approval, the manufacturer should supply the DCB with supporting documentation detailing the methods of specification determination by a recognized third-party testing agency, including unmanned and manned testing. Test data should be from a recognized, independent test facility.

9.30.1.5 The following documentation for each rebreather model to be used should be available as a set of manufacturer's specifications. These should include:

- Operational depth range;
- Operational temperature range;
- Breathing gas mixtures that may be used;
- Maximum exercise level that can be supported as a function of breathing gas and depth;
- Breathing gas supply durations as a function of exercise level and depth;
- CO₂ absorbent durations, as a function of depth, exercise level, breathing gas, and water temperature;
- Method, range and precision of inspired PPO₂ control, as a function of depth, exercise level, breathing gas, and temperature;
- Accuracy and precision of all readouts and sensors;
- Battery duration as a function of depth and temperature;

9.30.1.6 A complete instruction manual is required, fully describing the operation of all rebreather components and subsystems as well as maintenance procedures.

9.30.1.7 A maintenance log is required. The unit maintenance shall be up-to-date based upon manufacturer's recommendations.

9.30.2 Minimum Equipment

9.30.2.1 A surface/dive valve in the mouthpiece assembly, allowing sealing of the breathing loop from the external environment when not in use.

9.30.2.2 An automatic gas addition valve, so that manual volumetric compensation during descent is unnecessary.

9.30.2.3 The diver shall carry alternate life support capability (open-circuit bail-out or redundant rebreather) sufficient to allow the solution of minor problems and allow reliable access to a pre-planned alternate life support system.

9.30.3 Oxygen Rebreathers

Oxygen rebreathers shall be equipped with manual and automatic gas addition valves.

9.30.4 Semi-Closed Circuit Rebreathers.

SCR's shall be equipped with at least one manufacturer-approved oxygen sensor sufficient to warn the diver of impending hypoxia. Sensor redundancy is desirable, but not required.

9.30.5 Closed Circuit Mixed-gas Rebreathers.

9.30.5.1 Dependent upon the model, a minimum of two independent displays of oxygen sensor readings shall be available to the diver.

9.30.5.2 Two independent power supplies in the rebreather design are desirable. If only one is present, a secondary system to monitor oxygen levels without power from the primary battery must be incorporated.

9.30.5.3 Redundancies in onboard electronics, power supplies, and life support systems are highly desirable.

9.40 OPERATIONAL REQUIREMENTS

9.40.1 General Requirements

9.40.1.1 All dives involving rebreathers must comply with applicable operational requirements for open-circuit SCUBA dives to equivalent depths.

9.40.1.2 No rebreather system should be used in situations beyond the manufacturer's stated design limits (dive depth, duration, water temperature, etc).

9.40.1.3 Modifications to rebreather systems shall be in compliance with manufacturer's recommendations.

9.40.1.4 Rebreather maintenance is to be in compliance with manufacturer's recommendations including sanitizing, replacement of consumables (sensors, CO₂ absorbent, gas, batteries, etc) and periodic maintenance.

9.40.1.5 Dive Plan. In addition to standard dive plan components stipulated in Section 2.0, all dive plans that include the use of rebreathers must include, at minimum, the following details:

- Information about the specific rebreather model to be used;
- Make, model, and type of rebreather system;
- Type of CO₂ absorbent material;
- Composition and volume(s) of supply gases;
- Complete description of alternate bailout procedures to be employed, including manual rebreather operation and open-circuit procedures;

- Other specific details as requested by DCB.

9.40.2 Buddy Qualifications

9.40.2.1 A diver whose buddy is diving with a rebreather shall be trained in basic rebreather operation, hazard identification, and assist/rescue procedures for a rebreather diver.

9.40.2.2 If the buddy of a rebreather diver is using open-circuit scuba, the rebreather diver must be equipped with a means to provide the open-circuit scuba diver with a sufficient supply of open-circuit breathing gas to allow both divers to return safely to the surface.

9.40.3 Oxygen Exposures

9.40.3.1 Planned oxygen partial pressure in the breathing gas shall not exceed 1.4 atmospheres at depths greater than 30 feet.

9.40.3.2 Planned oxygen partial pressure set point for CCR shall not exceed 1.4 ata. Set point at depth should be reduced to manage oxygen toxicity according to the NOAA Oxygen Exposure Limits.

9.40.3.3 Oxygen exposures should not exceed the NOAA oxygen single and daily exposure limits. Both CNS and pulmonary (whole-body) oxygen exposure indices should be tracked for each diver.

9.40.4 Decompression Management

9.40.4.1 DCB shall review and approve the method of decompression management selected for a given diving application and project.

9.40.4.2 Decompression management can be safely achieved by a variety of methods, depending on the type and model of rebreather to be used. Following is a general list of methods for different rebreather types:

- Oxygen rebreathers: Not applicable.
- SCR (presumed constant FO₂):
 - Use of any method approved for open-circuit scuba diving breathing air, above the maximum operational depth of the supply gas.
 - Use of open-circuit nitrox dive tables based upon expected inspired FO₂. In this case, contingency air dive tables may be necessary for active-addition SCR's in the event that exertion level is higher than expected.
 - Equivalent air depth correction to open-circuit air dive tables, based upon expected inspired FO₂ for planned exertion level, gas

supply rate, and gas composition. In this case, contingency air dive tables may be necessary for active-addition SCR's in the event that exertion level is higher than expected.

9.40.4.3 CCR (constant PPO₂):

- Integrated constant PPO₂ dive computer;
- Non-integrated constant PPO₂ dive computer;
- Constant PPO₂ dive tables;
- Open-circuit (constant FO₂) nitrox dive computer, set to inspired FO₂ predicted using PPO₂ set point at the maximum planned dive depth;
- Equivalent air depth (EAD) correction to standard open-circuit air dive tables, based on the inspired FO₂ predicted using the PPO₂ set point at the maximum planned dive depth;
- Air dive computer, or air dive tables used above the maximum operating depth (MOD) of air for the PPO₂ setpoint selected.

9.40.5 Maintenance Logs, CO₂ Scrubber Logs, Battery Logs, and Pre-And Post-Dive Checklists

Logs and checklists will be developed for the rebreather used, and will be used before and after every dive. Diver shall indicate by initialing that checklists have been completed before and after each dive. Such documents shall be filed and maintained as permanent project records. No rebreather shall be dived which has failed any portion of the pre-dive check, or is found to not be operating in accordance with manufacturer's specifications. Pre-dive checks shall include:

- Gas supply cylinders full;
- Composition of all supply and bail-out gases analyzed and documented;
- Oxygen sensors calibrated;
- Carbon dioxide canister properly packed;
- Remaining duration of canister life verified;
- Breathing loop assembled;
- Positive and negative pressure leak checks;
- Automatic volume addition system working;
- Automatic oxygen addition systems working;
- Pre-breathe system for 3 minutes (5 minutes in cold water) to ensure proper oxygen addition and carbon dioxide removal (be alert for signs of hypoxia or hypercapnia);
- Other procedures specific to the model of rebreather used;
- Documentation of ALL components assembled;
- Complete pre-dive system check performed;
- Final operational verification immediately before to entering the water;
- PO₂ in the rebreather is not hypoxic;
- Oxygen addition system is functioning;
- Volumetric addition is functioning;

- Bail-out life support is functioning.

9.40.6 Alternate Life Support System

The diver shall have reliable access to an alternate life support system designed to safely return the diver to the surface at normal ascent rates, including any required decompression in the event of primary rebreather failure. The complexity and extent of such systems are directly related to the depth/time profiles of the mission. Examples of such systems include, but are not limited to:

9.40.6.1 Open-circuit bailout cylinders or sets of cylinders, either carried or pre-positioned;

9.40.6.2 Redundant rebreather;

9.40.6.3 Pre-positioned life support equipment with topside support.

9.40.7 CO₂ Absorbent Material

9.40.7.1 CO₂ absorption canister shall be filled in accordance with the manufacturer's specifications.

9.40.7.2 CO₂ absorbent material shall be used in accordance with the manufacturer's specifications for expected duration.

9.40.7.3 If CO₂ absorbent canister is not exhausted and storage between dives is planned, the canister should be removed from the unit and stored sealed and protected from ambient air, to ensure the absorbent retains its activity for subsequent dives.

9.40.7.4 Long-term storage of carbon dioxide absorbents shall be in a cool, dry location in a sealed container. Field storage must be adequate to maintain viability of material until use.

9.40.8 Consumables (e.g., batteries, oxygen sensors, etc.)

Other consumables (e.g., batteries, oxygen sensors, etc.) shall be maintained, tested, and replaced in accordance with the manufacturer's specifications.

9.40.9 Unit Disinfections

The entire breathing loop, including mouthpiece, hoses, counterlungs, and CO₂ canister, should be disinfected periodically according to manufacturer's specifications. The loop must be disinfected between each use of the same rebreather by different divers.

9.50 OXYGEN REBREATHERS

9.51 Oxygen rebreathers shall not be used at depths greater than 20 feet.

9.52 Breathing loop and diver's lungs must be adequately flushed with pure oxygen prior to entering the water on each dive. Once done, the diver must breathe continuously and solely from the intact loop, or re-flushing is required.

9.53 Breathing loop shall be flushed with fresh oxygen prior to ascending to avoid hypoxia due to inert gas in the loop.

9.60 SEMI-CLOSED CIRCUIT REBREATHERS

9.61 The composition of the injection gas supply of a semi-closed rebreather shall be chosen such that the partial pressure of oxygen in the breathing loop will not drop below 0.2 ata, even at maximum exertion at the surface.

9.62 The gas addition rate of active addition SCR (e.g., Draeger Dolphin and similar units) shall be checked before every dive, to ensure it is balanced against expected workload and supply gas FO₂.

9.63 The intermediate pressure of supply gas delivery in active-addition SCR shall be checked periodically, in compliance with manufacturer's recommendations.

9.63.1 Maximum operating depth shall be based upon the FO₂ in the active supply cylinder.

9.63.2 Prior to ascent to the surface the diver shall flush the breathing loop with fresh gas or switch to an open-circuit system to avoid hypoxia. The flush should be at a depth of approximately 30 fsw during ascent on dives deeper than 30 fsw, and at bottom depth on dives 30 fsw and shallower.

9.70 CLOSED-CIRCUIT REBREATHERS

9.70.1 The FO₂ of each diluent gas supply used shall be chosen so that, if breathed directly while in the depth range for which its use is intended, it will produce an inspired PPO₂ greater than 0.20 ata but no greater than 1.4 ata.

9.70.2 Maximum operating depth shall be based on the FO₂ of the diluent in use during each phase of the dive, so as not to exceed a PO₂ limit of 1.4 ata.

9.70.3 Divers shall monitor both primary and secondary oxygen display systems at regular intervals throughout the dive, to verify that readings are within limits, that redundant displays are providing similar values, and whether readings are dynamic or static (as an indicator of sensor failure).

9.70.4 The PPO₂ set point shall not be lower than 0.4 ata or higher than 1.4 ata.

SECTION 10.00

OTHER DIVING TECHNOLOGY

Certain types of diving, some of which are listed below, require equipment or procedures that require training. Supplementary guidelines for these technologies are in development by the AAUS. Organizational member's using these, must have guidelines established by their Diving Control Board. Divers shall comply with all scuba diving procedures in this standard unless specified.

10.10 BLUE WATER DIVING

Blue water diving is defined as diving in open water where the bottom is generally greater than 200 feet deep. It requires special training and the use of multiple-tethered diving techniques. Specific guidelines that should be followed are outlined in "Blue Water Diving Guidelines" (California Sea Grant Publ. No. T-CSGCP-014).

10.20 ICE AND POLAR DIVING

Divers planning to dive under ice or in polar conditions should use the following: "Guidelines for Conduct of Research Diving", National Science Foundation, Division of Polar Programs, 1990. See http://www.sfos.uaf.edu/dive/NSF-OPP_diving_standards.pdf

10.30 OVERHEAD ENVIRONMENTS

Where an enclosed or confined space is not large enough for two divers, a diver shall be stationed at the underwater point of entry and an orientation line shall be used.

10.40 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.

10.50 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.

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 University of Alaska. 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 undersigned Diving Safety Officer if you have any questions or concerns about diving medicine or the University of Alaska standards. Thank you for your assistance.

_____	_____
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.
- Bove, A.A. 2011. The cardiovascular system and diving risk. *Undersea and Hyperbaric Medicine* 38(4): 261-269.
- 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 2a
AAUS MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT

Name of Applicant (Print or Type)
 (Month/Day/Year)

Date of Medical Evaluation

To The Examining 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. 6.00). 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 Assessment¹
 (age, lipid profile, blood pressure, diabetic screening, smoking)

Note: Exercise stress testing may be indicated based on Multiple-Risk-Factor Assessment²

PHYSICIAN'S STATEMENT:

_____ 01 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.

I have evaluated the abovementioned individual according to the American Academy of Underwater Sciences medical standards and required tests for scientific diving (Sec. 6.00 and Appendix 1) and, in my opinion, find no medical conditions that may be disqualifying for participation in scuba diving. 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.

 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

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 _____ Diving Safety Officer and Diving Control Board or their designee at (place) _____ on (date)

Signature of Applicant _____

Date _____

REFERENCES

¹ 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 _____ Sex ____ Age ____ Wt. ____ Ht. ____

Sponsor _____ Date ____/____/____
 (Dept./Project/Program/School, etc.) (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 shall 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 shall 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	

	Yes	No	Please indicate whether or not the following apply to you	Comments
18			Wear glasses or contact lenses	
19			Bleeding disorders	
20			Alcoholism	
21			Any problems related to diving	
22			Nervous tension or emotional problems	
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	

	Yes	No	Please indicate whether or not the following apply to you	Comments
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	
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	

	Yes	No	Please indicate whether or not the following apply to you	Comments
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? Vaccination dates?	

Please explain any "yes" answers to the above questions.

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

List of local Medical Doctors that have training and expertise in diving or undersea medicine. Level I graduates of the Undersea Hyperbaric and Medical Society (UHMS) Fitness to Dive courses (approximately 250 physicians) are listed at <http://membership.uhms.org/?page=DividingMedical> (UHMS website, go to Resources, go to Library, go to Diving Medical Examiners)

1. Name: _____
Address: _____
Telephone: _____

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.

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

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

Buddy Diver - Second member of the dive team.

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

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

Burst Pressure - Pressure at which a pressure containment device would fail structurally.

Certified Diver - A diver who holds a recognized valid certification from an organizational member or internationally recognized certifying agency.

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

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

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 - An individual in the water who uses apparatus, including snorkel, which supplies breathing gas at ambient pressure.

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.

Diver-Carried 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.

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 (Section 1.24).

Diving Safety Officer (DSO) - Individual responsible for the safe conduct of the scientific diving program of the membership organization (Section 1.20).

EAD - Equivalent Air Depth (see below).

Emergency Ascent - An ascent made under emergency conditions where the diver exceeds the normal ascent rate.

Enriched Air (EAN_x) - 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 7.00).

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.

fN₂ - Fraction of nitrogen in a gas mixture, expressed as either a decimal or percentage, by volume.

fO₂ - Fraction of oxygen in a gas mixture, expressed as either a decimal or percentage, by volume.

FFW – Feet of freshwater, or equivalent static head.

FSW - Feet of seawater, or equivalent static head.

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 decompression chamber.

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

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

Maximum Working Pressure - Maximum pressure to which a pressure vessel may be exposed under standard operating conditions.

Organizational Member - 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 Standards for Scientific Diving Certification and Operation of Scientific Diving Programs.

Mixed Gas - MG

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.

MSW - Meters of seawater or equivalent static head.

Nitrox - Any gas mixture comprised predominately of nitrogen and oxygen, most frequently containing between 21% and 40% oxygen. Also be referred to as Enriched Air Nitrox, abbreviated EAN.

NOAA Diving Manual: Refers to the *NOAA Diving Manual, Diving for Science and Technology*, 2001 edition. National Oceanic and Atmospheric Administration, Office of Undersea Research, US Department of Commerce.

No-Decompression limits - Depth-time limits of the “no-decompression limits and repetitive dive group designations table for no-decompression air dives” of the U.S. Navy Diving Manual or equivalent limits.

Normal Ascent - An ascent made with an adequate air supply at a rate of 60 feet per minute or less.

Oxygen Clean - All combustible contaminants have been removed.

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 Unit - OTU

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.

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.

pN_2 - Inspired partial pressure of nitrogen, usually expressed in units of atmospheres absolute.

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

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

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

Recompression Chamber - see decompression chamber.

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.

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.

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.

Working Pressure - Normal pressure at which the system is designed to operate.

APPENDIX 6
AAUS REQUEST FOR DIVING RECIPROCITY FORM
VERIFICATION OF DIVER TRAINING AND EXPERIENCE

UNIVERSITY OF ALASKA SCIENTIFIC DIVING PROGRAM
 SCHOOL OF FISHERIES & OCEAN SCIENCES
 UNIVERSITY OF ALASKA FAIRBANKS
 FAIRBANKS, ALASKA 99775-7220
<http://www.sfos.uaf.edu/dive/>

Date:

To:

From:

Subject: Scientific Diving Reciprocity

This letter certifies that _____ has been issued a _____ depth certification under the current *University of Alaska Scientific Diving Safety Manual* regulations and is a currently certified UA Scientific Diver. The UA Scientific Diving Program is a current Organizational Member of the American Academy of Underwater Sciences and adheres to the *AAUS Standards for Scientific Diving Certification and Operation of Scientific Diving Programs*. The following is a brief summary of this diver's file regarding diving status at UA. Unless otherwise specified under "Specialties", this diver is authorized to perform no-decompression, open water, compressed air scuba dives to the depth certification indicated above.

Regulator/equipment maintenance expiration date: _____.
 Diving medical expiration date: _____.
 First aid expiration date and agency: _____.
 CPR expiration date and agency: _____.
 Oxygen administration expiration date and agency: _____.
 Number of dives completed within the previous 12 months: _____.
 Maximum depth in last 12 months: _____.
 Date of last dive: _____.
 Check-out dive: _____.
 Scientific diving written exam: _____.
 Depth Certification: _____ fws.
 Total number of career dives? : _____.

Any restrictions? (Y/N) : _____. If yes, explain:

Specialties:

_____ Dry suit	_____ Rescue	_____ Blue water
_____ Dive Computer	_____ Divemaster	_____ Altitude
_____ Nitrox	_____ Instructor	_____ Ice/Polar
_____ Mixed gas	_____ EMT	_____ Cave
_____ Closed circuit	_____ Dive Accident Management	_____ Night
_____ Saturation	_____ Chamber operator	Other: _____.
_____ Decompression	_____ Lifesaving	

Diver's name, address, email address, phone and fax number:

Diver's emergency contact information:

Please do not hesitate to contact me if I may be of further assistance: bhkonar@alaska.edu 907-474-5028

APPENDIX 7
DIVING EMERGENCY MANAGEMENT PROCEDURES

Introduction

A diving accident victim could be any person who has been breathing air underwater regardless of depth. It is essential that emergency procedures are pre-planned and that medical treatment is initiated as soon as possible. It is the responsibility of each AAUS organizational member to develop procedures for diving emergencies including evacuation and medical treatment for each dive location.

General Procedures

Depending on and according to the nature of the diving accident:

1. Make appropriate contact with victim or rescue as required.
2. Establish (A)irway, (B)reathing, (C)irculation as required.
3. Stabilize the victim
3. Administer 100% oxygen, if appropriate (in cases of Decompression Illness, or Near Drowning).
4. Call local Emergency Medical System (EMS) for transport to nearest medical treatment facility. Explain the circumstances of the dive incident to the evacuation teams, medics and physicians. Do not assume that they understand why 100% oxygen may be required for the diving accident victim or that recompression treatment may be necessary.
5. Call appropriate Diving Accident Coordinator for contact with diving physician and decompression chamber, etc.
6. Notify DSO or designee according to the Emergency Action Plan of the organizational member.
7. Complete and submit Incident Report Form (www.aaus.org) to the DCB of the organization and the AAUS (Section 2.70 Required Incident Reporting).

List of Emergency Contact Numbers Appropriate For Dive Locations in Alaska and the Pacific Northwest:

1. If emergency is Decompression Sickness or an Air Embolism, the dispatcher should contact the Divers Alert Network and 911. There is no longer a recompression chamber in Alaska.
2. The closest recompression chamber is:

Seattle

Virginia Mason Center for Hyperbaric Medicine
925 Seneca St
Seattle Washington 98101

206-583-6543

Air Ambulance:

Lifemed Alaska
LifeFlight

800-478-5433

800-478-9111

Emergency Rooms:

A. Anchorage

Providence Hospital Emergency	212-3111 (#2)
Alaska Regional Hospital	264-1222
Anchorage area	264-2388
Outside Anchorage area	1-(800)-478-9111

B. Dutch Harbor

Dan Magone (PRIVATE COMPANY- check for availability)	581-1400
Dan Magone (cell)	391-1400
V.J. Cross (Magone's lead diver) (home)	581-4925
Magone's Shop Forman (cell)	391-7993

2. The following general emergency numbers are listed for additional reference and information in case of a diving-related emergency or for consultation regarding a diving-related problem.

A. Diver's Alert Network (DAN)	1-(919)-684-8111
Duke University Medical Ctr.	(Emergency only)
Durham, North Carolina	

B. U.S. Coast Guard (USCG) Rescue Coordination Center

National Center	1-(800)-478-5555
	1-(888)-399-5555
Boating Safety	1-(800)-478-6381
Juneau	463-2000
Kodiak	487-5888

C. Alaska Rescue Coordination Center (AKRCC)

Anchorage area	551-7230
Outside Anchorage area	1-(800)-420-7230

3. The Alaska community emergency numbers are listed for additional reference and information in case of a diving-related emergency or for consultation regarding a diving-related problem.

A. Anchorage

Providence Hospital	562-2211
Providence Hospital Emergency	212-3111 (#2)
Air Ambulance: Providence	261-3070
Outside Anchorage	1-(800)-478-5433
American Hyperbaric Center, 2710 Wesleyan Dr., Anchorage, Ak	562-5420
American Hyperbaric Center, Wasilla	357-5400
Alaska Regional Hospital: Air Ambulance	
Anchorage area	264-2388
Outside Anchorage area	1-(800)-478-9111

B. Barrow

Fire	852-0307
Samual Simmonds Memorial Hospital	852-4611
Search and Rescue Coordination	852-2808
Police	852-6111

C.	Bethel	
	Emergency	911
	Fire	543-2131
	Police	543-3781
	Hospital (Yukon-Kuskokwim Delta Regional)	543-6300/6395
	Clinic	543-6442
	Search and Rescue	543-5078
D.	Cold Bay	
	Anna Livingston Clinic/EMS	532-2000
	State Troopers	532-2443
E.	Cordova	
	Fire/Police/Ambulance	424-6100/6117
	Medical Clinic	424-8200
	Cordova Community Medical Center	424-8000
	USCG (Summer only: May 1- Oct. 1: Helicopter)	424-7891/3382
F.	Dillingham	
	Fire	842-2288
	Police	842-5354
	Kanakanak Hospital	842-5201
	Dillingham Health Center	842-5981
G.	Dutch Harbor/Unalaska	
	Emergency Services	911
	Lliuliuk Health Clinic	581-1202/1203
	Police	581-1233
	State Troopers	581-1432
H.	Fairbanks	
	Emergency Service	907-458-3005
	Fire (UAF)	474-7721
	Alaska State Troopers	451-5100
	Fairbanks Memorial Hospital	452-8181
	Police	459-6500
I.	Haines	
	Fire	766-2115
	Police	766-2121
	Haines Health Center	766-2521
J.	Homer	
	Fire	235-3155
	Police	235-3150
	South Peninsula Hospital	235-8101
	Homer Public Health Center	235-8857

K.	Juneau	
	Fire	907-586-5322
	Police	911
	Bartlett Memorial Hospital	796-8900
	Emergency Room at Hospital	796-8427
	USCG	463-2000
L.	Kaktovik	
	Emergency	911
	Health Clinic	640-6413
	Fire	640-6212
	Police	640-6911
M.	Kenai	
	Fire	283-7666
	Police	283-7879/7980
	Central Peninsula Hospital	714-4404/7361
N.	Ketchikan	
	Fire	225-9616
	Police	225-6631
	Ketchikan General Hospital	228-7629
	USCG	228-0340
O.	Kodiak	
	Emergency Services	911
	Fire	486-8040
	Police	486-8000
	Providence Kodiak Island Medical Center	486-3281
	USGC Coordination Center/Air Station	487-5888
P.	Kotzebue	
	Emergency	911
	Fire	442-3204
	Police/Search & Rescue	422-3351
	Ambulance	422-3404
	Public Health Service Hospital/ Maniilag Medical Center	422-3221
Q.	Nome	
	Fire	443-8522
	Police	443-5262
	Ambulance	443-8523
	Hospital (Norton Sound Health Corp)	433-3306/3255
R.	Petersburg	
	Fire	722-3355
	Police	722-3838

	Petersburg Medical Center	722-4291
	Health Center	722-4611
S.	Prudhoe Bay/Deadhorse	
	Public Safety Office	659-2515
	Fire	659-5300
T.	Seldovia	
	Emergency Services	911
	Fire/Ambulance/Clinic	234-7812
	Police	234-7640
U.	Seward	
	Emergency Service	911
	Fire	224-3445
	Police	224-3338
	Providence-Seward Medical & Care Center	224-5205
V.	Skagway	
	Fire	983-2450
	Dahl Memorial Clinic	983-2255
	Police	983-2232
	Hospital	983-2255
W.	Sitka	
	Emergency Services	911
	Fire	747-3233
	Police	747-3245
	Sitka Community Hospital	747-3241
	USCG (Air Station) Operations Center	966-5447
X.	Soldotna	
	Fire/EMS	262-4792
	Police	262-4455
	Central Peninsula Hospital	714-4404/7361
Y.	Valdez	
	Fire/Police/Ambulance	835-4560
	Providence Hospital	835-2249
	Valdez Medical Clinic	835-4811
	USCG	834-5351
		835-7200
Z.	Wrangell	
	Emergency Services	911
	Fire/Ambulance	874-2000/3223
	Police	874-3304
	Wrangell General Hospital	874-7000
	Wrangell Public Health Center	874-3615

AA. Yakutat	
Fire/Police/Ambulance	911
Yakatat Community Health Center	784-3275

4. Communities Outside Alaska

A. Prince Rupert, B.C.	
Emergency Services	911
Fire	1-(250)-627-1248
Police	624-2136
Prince Rupert Regional Hospital	627-0700
	624-2171
B. Seattle	
Fire/Police/Ambulance	911
University of Washington Medical Center	1-(206)-598-4000/3300
Virginia Mason (Hyperbaric Medicine)	583-6543
Virginia Mason Medical Center	223-6600
	1-(888)-862-2737
Harborview Medical Center	1-(206)-744-3074
Valley Medical Center	1-(425)-228-3450
USCG	286-5400/533-9295
C. Vancouver, B.C.	
Fire/Police/Ambulance	911
Vancouver General Hospital	1-(604)-875-4111
Canadian Coast Guard (CCG) - Vancouver	1-(800)-567-5111
	1-(250)-413-8933
D. Victoria, B.C.	
Fire/Police/Ambulance	911
Victoria General Hospital	1-(250)-727-4212
Canadian Coast Guard (CCG) – Victoria	1-(800)-661-9202
	1-(250)-480-2600

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 into water, an underwater diving activity utilizing compressed gas, an ascent/return to the surface, and a surface interval of greater than 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 divers home organization. Only a diver who has actually logged a dive during the reporting period is counted under this category.

Incident(s) occurring during the collection cycle. Only incidents occurring 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.

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 other than air.
- Mixed Gas: Dives where the bottom gas used for the dive is a combination of oxygen, nitrogen, and helium (or other "exotic" 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 keep up with 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 the monitoring his/her own depth, time, and diving profile.
- Rebreathers: Dives where the breathing gas is repeatedly recycled in the 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, and 191->. Depths are in feet seawater. 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 requiring the use of multiple-tethered 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 shall 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 the OM 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 the OM 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 the OM 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.