

UNIVERSITY OF MASSACHUSETTS
BOSTON
SCIENTIFIC DIVING SAFETY MANUAL
2023



Based on

The American Academy
of Underwater Sciences

STANDARDS FOR SCIENTIFIC DIVING

(AAUS.ORG - 2019)



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 must this standard, and it is the responsibility of every member of the Academy to see that it always reflects state of the art, safe diving practice.

American Academy of Underwater Sciences

ACKNOWLEDGEMENTS

The Academy thanks the numerous dedicated individual and organizational members for their contributions and editorial comments in the production of these standards.

Revision History

The current revision of the AAUS Standards was approved by AAUS BOD December 2018

AAUS Revision History Available at www.aaus.org/About/DivingStandards

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Section 1.00 GENERAL POLICY

1.10 Scientific Diving Standards

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 that will allow a working reciprocity between organizational members. Fulfillment of the purposes must be consistent with the furtherance of research and safety.

This standard sets minimal standards for the establishment of the American Academy of Underwater Sciences (AAUS) recognized scientific diving programs, the organization for the conduct of these programs, 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 standard was developed and written by 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 (29CFR1910, Subpart T) under certain conditions that are outlined below. The final guidelines for the exemption became effective in 1985 (Federal Register, Vol. 50, No.6, p.1046). AAUS is recognized by OSHA as the scientific diving standard setting organization.

Additional standards that extend this document may be adopted by each organizational member, according to local procedure.

Scientific Diving Definition

Scientific diving is defined (29CFR1910.402) as: “Diving performed solely as a necessary part of a scientific, research, or educational activity by employees whose sole purpose for diving is to perform scientific research tasks. Scientific diving does not include performing any tasks usually associated with commercial diving such as: Placing or removing heavy objects underwater; inspection of pipelines and similar objects; construction; demolition; cutting or welding; or the use of explosives.”

Scientific Diving Exemption

The two elements that a diving program must contain as defined by OSHA in 29 CFR 1910 Subpart T 1910.401(a)(2)(iv) are:

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

adherence to the buddy system (a diver is accompanied by and is in continuous contact with another diver in the water) for SCUBA diving.

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

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

Review of Standards

As part of each organizational member's annual report, any recommendations for modifications of these standards must be submitted to the AAUS for consideration.

1.20 Operational Control

University of Massachusetts Boston Auspices Defined

For the purposes of these standards, the auspices of the University of Massachusetts Boston (UMB) include any scientific diving operation in which the University of Massachusetts Boston 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 the University of Massachusetts Boston 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 with the University of Massachusetts Boston or are diving as members of an organization recognized by the AAUS and the University of Massachusetts Boston.

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

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

University of Massachusetts Boston's Scientific Diving Standards and Safety Manual

The University of Massachusetts Boston developed and maintains this scientific diving safety manual that provides for the development and implementation of policies and procedures that will enable the University of Massachusetts Boston to meet requirements of local environments and conditions as well as to comply with the AAUS scientific diving standards. The University of Massachusetts Boston's scientific diving manual includes, but not be limited to:

1. AAUS standards may be used as a set of minimal guidelines for the development of an organizational member's scientific diving safety manual. Volume 1, Sections 1.00 through 5.00 and the Appendices are required for all manuals. Volume 2, Sections 6.00 through 12.00 are required only when the University of Massachusetts Boston conducts that diving activity. The University of Massachusetts Boston specific sections are placed in Volume 2 (Section 6.00 Nitrox diving).
2. Emergency evacuation and medical treatment procedures.
3. Criteria for diver training and certification.
4. Standards written or adopted by reference for each diving mode utilized which include the following:
 - a. Safety procedures for the diving operation.
 - b. Responsibilities of the dive team members.
 - c. Equipment use and maintenance procedures.
 - d. Emergency procedures.

Diving Safety Officer

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

Qualifications:

1. Must be an active scuba instructor from an internationally recognized certifying agency.
2. Must be appointed by the responsible administrative officer or designee, with the advice and counsel of the DCB.
3. Must qualify as a Full Voting Member of AAUS as defined by AAUS Bylaws:
 - (a) Holds a diving certification from a recognized national certifying agency or equivalent, and
 - (b) Has engaged in sustained or successive scientific diving activities during the past two years, or
 - (c) Has completed a course in scientific diving that meets the requirements as specified by the most current edition of the AAUS Standards for Scientific Diving.”
4. Must attend an AAUS DSO Orientation within one year of accepting a position at an AAUS OM, unless he/she has served as a DSO for another current AAUS OM within the last year.

Duties and Responsibilities

5. Answers, through the DCB, to the appropriate administrative officer or designee, for the conduct of the scientific diving program of the University of Massachusetts Boston.
6. If delegated by the DCB, the routine operational authority for this program rests with the DSO. This oversight includes, but is not limited to: training, diver authorizations, approval of dive plans, maintenance of diving records, and

ensuring compliance with this Manual.

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

Diving Control Board

- The Diving Control Board (DCB) must consist of a majority of active scientific divers. Voting members must include the Diving Safety Officer, the responsible administrative officer, or designee, and should include other representatives of the diving program such as qualified divers and members selected by procedures established by each organizational member. A chairperson and a secretary may be chosen from the membership of the board according to local procedure.
- Has autonomous and absolute authority over the scientific diving program's operation.
- The DCB must:
 - Establish additional standards, protocols, and operational procedures beyond the AAUS minimums to address University of Massachusetts Boston specific needs and concerns.
 - Approve and monitor diving projects.
 - Review and revise the diving safety manual.
 - Ensure compliance with the diving safety manual.
 - Approve the depth to which a diver has been authorized to dive.
 - Take disciplinary action for unsafe practices.
 - Ensure adherence to the buddy system for scientific diving.
 - Act as the official representative of the University of Massachusetts Boston in matters concerning the scientific diving program.
 - Act as a board of appeal to consider diver-related problems.
 - Recommend the issue, reissue, or the revocation of diving authorizations.
 - Recommend changes in policy and amendments to AAUS and the University of Massachusetts Boston's diving safety manual as the need arises.
 - Establish and/or approve training protocols or standards through which the applicants for authorization can satisfy the requirements of the University of Massachusetts Boston's diving safety manual.
 - Suspend diving operations considered to be unsafe or unwise.
 - Establish criteria for equipment selection and use.
 - Recommend new equipment or techniques.
 - Establish and/or approve facilities for the inspection and maintenance of diving and associated equipment.
 - Ensure that the University of Massachusetts Boston's air station(s) meet air quality standards as described in Section 3.60.
 - Periodically review the DSO's performance and program.
 - Investigate diving incidents within the University of Massachusetts Boston's diving program or violations of the University of Massachusetts Boston's diving safety manual.
- The DCB may delegate operational oversight for portions of the program to the DSO;

however, the DCB may not abdicate responsibility for the safe conduct of the diving program.

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Instructional Personnel

All personnel involved in diving instruction under the auspices of the University of Massachusetts Boston must be qualified for the type of instruction being given.

Selection

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

Lead Diver

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

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

Reciprocity and Visiting Scientific Diver

Two or more AAUS Organizational Members engaged jointly in diving activities, or engaged jointly in the use of diving resources, must designate one of the participating Diving Control Boards to govern the joint dive project. However, responsibility for individual divers ultimately resides with the home OM.

A Scientific Diver from one Organizational Member must 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, signed by the Diving Safety Officer or Chairperson of the home Diving Control Board.

A visiting Scientific Diver may be asked to demonstrate their knowledge and skills for the planned dive.

If a host Organizational Member denies a visiting Scientific Diver permission to dive, the host Diving Control Board must notify the visiting Scientific Diver and their Diving Control Board with an explanation of all reasons for the denial.

Waiver of Requirements

The organizational Diving Control Board may grant a waiver for specific requirements of training, examinations, depth certification, and minimum activity to maintain certification. AAUS medical standards may not be waived.

1.30 Consequence of Violation of Regulations by Scientific Divers

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

1.40 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 the organizational member's recognition by AAUS.

1.50 Record Maintenance

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

Availability of Records:

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

Records and documents required by this standard must be retained by the University of Massachusetts Boston for the following period:

1. Diving safety manual – Current document only.
2. Equipment inspection, testing, and maintenance records – Minimum current entry or tag.
3. Records of Dive – minimum of 1 year, except 5 years where there has been an incident of pressure-related injury.
4. Medical approval to dive – Minimum of 1 year past the expiration of the current document except 5 years where there has been an incident of pressure-related injury.
5. Diver training records – Minimum of 1 year beyond the life of the diver's program participation.
6. Diver authorization(s) – Minimum of 1 year beyond the life of the diver's program participation.
7. Pressure-related injury assessment - 5 years.
8. Reports of disciplinary actions by the DCB – Minimum of 1 year beyond the life of the diver's program participation.

Section 2.00 DIVING REGULATIONS FOR SCUBA

(OPEN CIRCUIT, COMPRESSED AIR)

2.10 Introduction

No person must engage in scientific diving operations under the auspices of the University of Massachusetts Boston's scientific diving program unless they hold a current certification issued pursuant to the provisions of this standard.

2.20 Pre-Dive Procedures

Dive Plans

Before conducting any diving operations under the auspices of the University of Massachusetts Boston, a dive plan for the proposed project or dive must be formulated and submitted for approval by the DCB or designee. Dives should be planned within no-decompression limits and around the competency of the least experienced diver. The dive plan (project or individual) should include the following:

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

Diver Responsibility and Refusal to Dive

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

No dive team member will be required to be exposed to hyperbaric conditions against his/her will.

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

Pre-dive Safety Checks

- Prior to commencing the dive, the team must assure that every team member is healthy, fit, and trained for the type of dive that is being attempted.
- Scientific divers must conduct a functional check of their diving equipment in the presence of the dive buddy or tender. They must ensure the equipment is functioning properly and suitable for the type of diving operation being conducted.
- Each diver must have the capability of achieving and maintaining positive buoyancy at the surface.
- Environmental conditions at the site will be evaluated prior to entering the water.

Pre-dive Briefings

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

- Dive Buddy assignments and tasks
- Dive objectives.
- Maximum depth(s) and bottom time
- Turn around pressure and required surfacing pressure
- Entry, exit, descent and ascent procedures
- Perceived environmental and operational hazards and mitigations
- Emergency and diver recall procedures

2.30 Diving Procedures

Solo Diving Prohibition

All diving activities must assure adherence to the buddy system for scuba diving. This buddy system is based upon mutual assistance, especially in the case of an emergency.

Decompression Management

- On any given dive, both divers in the buddy pair must follow the most conservative dive profile
- A safety stop performed during the ascent phase of the dive should be conducted on any dive that exceeds 30 feet (9.14m).

Termination of the Dive

Any dive must be terminated while there is still sufficient cylinder pressure to permit the diver to safely reach the surface, including decompression time, or to safely reach an additional air source at the decompression station.

It is the responsibility of the diver to terminate the dive, without fear of penalty, whenever they feel it is unsafe to continue the dive, unless it compromises the safety of another diver already in the water.

Emergencies and Deviations from Regulations

Any diver may deviate from the requirements of this standard to the extent necessary to prevent or minimize a situation that is likely to cause death, serious physical harm, or major

environmental damage. A written report of such actions must be submitted to the Diving Control Board explaining the circumstances and justifications.

Refusal to Dive

The decision to dive is that of the diver. A diver may refuse to dive, without fear of penalty, whenever they feel it is unsafe for them to make the dive.

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 their judgment, conditions are unsafe or unfavorable, or if they would be violating the precepts of their training or the regulations in this standard.

2.40 Post-Dive Procedures

Post-Dive Safety Checks

After the completion of a dive, each diver must report any physical problems, symptoms of decompression sickness, or equipment malfunctions to the Lead Diver, DSO, and/or DCB.

2.50 Emergency Procedures

The University of Massachusetts Boston will develop emergency procedures which follow the standards of care of the community and must include procedures for emergency care, recompression, evacuation, and incident reporting for each dive location (Appendix 7).

2.60 Flying After Diving or Ascending to Altitude (Over 1000 feet)

- 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 Record Keeping Requirements

Personal Diving Log

Each certified scientific diver must log every dive made under the auspices of the University of Massachusetts Boston's program and is encouraged to log all other dives. Log sheets must 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 must be in a form specified and must include at least the following:

1. Name of diver, buddy, and Lead Diver.
2. Date, time, and location.
3. Diving modes used.

4. General nature of diving activities.
5. Maximum depths, bottom time, and surface interval time.
6. Approximate surface and underwater conditions.
7. Diving tables or computers used.
8. Detailed report of any near or actual incidents.

Required Incident Reporting

All diving incidents requiring recompression treatment, or resulting in moderate or serious injury, or death must be reported to the UMB DCB and AAUS in a timely manner. UMB must record and report occupational injuries and illnesses in accordance with requirements of the appropriate Labor Code section. The UMB's regular procedures for incident reporting, including those required by the AAUS, must be followed. UMB must investigate and document any incident of pressure-related injury and prepare a report that is to be forwarded to AAUS during the annual reporting cycle.

If pressure-related injuries are suspected, or if symptoms are evident, the following additional information must be recorded and retained by the OM, with the record of the dive, for a period of 5 years:

- Written descriptive report shall include:
 - Name, address, phone numbers of the principal parties involved.
 - Summary of experience of divers involved.
 - Location, description of dive site, and description of conditions that led up to incident.
 - The circumstances of the incident and the extent of any injuries or illnesses.
 - Description of symptoms, including depth and time of onset.
 - Description and results of treatment.
 - Disposition of case.
 - Recommendations to avoid repetition of incident.

Section 3.00 DIVING EQUIPMENT

3.10 General Policy

All equipment must meet standards as determined by the Diving Safety Officer and the Diving Control Board. All equipment must be regularly examined by the person using them and serviced according to manufacturer recommendations. Equipment that is subjected to extreme usage under adverse conditions should require more frequent testing and maintenance.

3.20 Equipment

The University of Massachusetts Boston's Diving Control Board must establish the minimum equipment configuration for all dives. Only those makes and models specifically approved by the Diving Safety Officer and the Diving Control Board must be used.

Regulators and Gauges

- Scuba regulators and gauges must be inspected and tested prior to each use and serviced, at a minimum, according to manufacturer's recommendations
- Standard open circuit (OC) regulator configuration is:
 - A first stage
 - Primary 2nd stage
 - Back up 2nd stage
 - Submersible Pressure Gauge (SPG)
 - Inflator hose for a Buoyancy Compensator Device
- A Full Face Mask may be used in place of the primary 2nd stage according to manufacturer's recommendations

Equipment for Determination of Decompression Status

- Each member of the buddy team must have an underwater timing device and depth indicator, or dive computer
- If dive tables are being used a set must be available at the dive location
- If a dive computer is used the diver must use the same computer used on repetitive dives.
- In an aquarium or other manmade structure of a known maximum obtainable depth:
 - A depth indicator is not required, except when a diver's decompression status must be taken into consideration on repetitive dives.
 - Only one buddy must be equipped with a timing device.
 - The maximum obtainable depth of the aquarium must be used as the diving depth.

Scuba Cylinders

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

Buoyancy Compensation Devices (BCD)

- Each diver must have the capability of achieving and maintaining neutral buoyancy underwater and positive buoyancy at the surface.

- BCDs, dry suits, or other variable volume buoyancy compensation devices must be equipped with an exhaust valve.
- These devices must be functionally inspected and tested at intervals not to exceed 12 months.
- BCDs, dry suits, or other variable volume buoyancy compensation devices must not be used as a lifting device in lieu of lift bags.

3.30 Auxiliary Equipment

Hand held underwater power tools

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

3.40 Support Equipment

First aid supplies

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

Diver's Flag

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

Compressor Systems - Organizational Member Controlled

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

1. Low-pressure compressors used to supply air to the diver if equipped with a volume tank must have a check valve on the inlet side, a relief valve, and a drain valve.
2. Compressed air systems over 500 psig must have slow-opening shut-off valves.
3. All air compressor intakes must be located away from areas containing exhaust or other contaminants.

3.50 Equipment Maintenance

Record Keeping

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

- Regulators
- Gauges (SPG, Depth Gauges, Timers, and Dive Computers)
- BCDs
- Dry suits
- Scuba cylinders and valves
- Full Face Masks
- Compressors, air filtration systems, gas control panels, and storage banks

- Surface supplied equipment
- Rebreather systems
- Additional equipment categories as determined by the DCB

Compressor Operation and Air Test Records

Gas analyses and air tests must be performed on each University of Massachusetts Boston’s controlled breathing air compressor at regular intervals of no more than 100 hours of operation or 6 months, whichever occurs first. The results of these tests must be entered in a formal log and be maintained.

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

3.60 Air Quality Standards

Breathing air for scuba must 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.

Remote Operations

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

Section 4.00 SCIENTIFIC DIVER CERTIFICATION AND AUTHORIZATIONS

This section describes the training and performance standards for AAUS Scientific Divers and represent the minimum required level of knowledge and skills presented in a generalized format. Individual diving programs are encouraged to expand upon and augment these requirements, develop or utilize appropriate educational materials, and optimize instructional programs to suit and reflect their specific needs.

4.10 Prerequisites

Administrative

The candidate must complete all administrative and legal documentation required by the University of Massachusetts Boston.

Entry Level Diver Certification

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

1. "Minimum Course Content for Open Water Diver Certification"- World Recreational Scuba Training Council (WRSTC), www.wrstc.com.
2. "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.

Medical Examination

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

Swimming/Watermanship Evaluation

The candidate must demonstrate the following in the presence of the DSO or designee. All tests are to be performed without swim aids. However, where exposure protection is needed, the candidate must be appropriately weighted to provide for neutral buoyancy.

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

4.20 Training

The candidate must successfully complete prerequisites, theoretical aspects, practical training, and examinations for a minimum cumulative time of 100 hours and a minimum of 12 open water dives. Theoretical aspects must include principles and activities appropriate to the intended area of scientific study. Formats for meeting the 100-hour training requirement include University of Massachusetts Boston developed formalized training course, or a combination of formalized and on the job training.

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

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

Theoretical Training / Knowledge Development	
Required Topics:	Suggested Topics:
Diving Emergency Care Training <ul style="list-style-type: none"> • Cardiopulmonary Resuscitation (CPR) • AED • Standard or Basic First Aid • Recognition of DCS and AGE • Accident Management • Field Neurological Exam • Oxygen Administration 	Specific Dive Modes (methods of gas delivery) <ul style="list-style-type: none"> • Open Circuit • Hookah • Surface Supplied diving • Rebreathers (closed and/or semi-closed)
Dive Rescue <ul style="list-style-type: none"> • To include procedures relevant to University of Massachusetts Boston specific protocols. (See water skills below) 	Specialized Breathing Gas <ul style="list-style-type: none"> • Nitrox • Mixed Gas
Scientific Method	Small Boat Operation
Data Gathering Techniques	Specialized Environments and Conditions <ul style="list-style-type: none"> • Blue Water Diving

<p>(Only items specific to area of study required)</p> <ul style="list-style-type: none"> • Transects and Quadrats • Mapping • Coring • Photography • Tagging • Collecting • Animal Handling • Archaeology • Common Biota • Organism Identification • Behavior • Ecology • Site Selection, Location, and Re-location • Specialized Data Gathering Equipment 	<ul style="list-style-type: none"> • Altitude • 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 • Potential Entanglement/Entrapment • Live boating
Required Topics:	Suggested Topics:
Navigation	<p>HazMat Training</p> <ul style="list-style-type: none"> • Chemical Hygiene, Laboratory Safety (Use of Chemicals)
<p>HazMat Training</p> <ul style="list-style-type: none"> • HP Cylinders 	
<p>Decompression Management Tools</p> <ul style="list-style-type: none"> • Dive Tables • Dive Computers • PC Based Software 	<p>Specialized Diving Equipment</p> <ul style="list-style-type: none"> • Full face mask • Dry Suit • Communications • Dive Propulsion Vehicle (DPV) • SMBs/Lift Bags • Line Reels
<p>AAUS Scientific Diving Regulations and History</p> <ul style="list-style-type: none"> • Scientific Dive Planning • Coordination with other Agencies • Appropriate Governmental Regulations 	
Hazards of breath-hold diving and ascents	
Dive Physics (Beyond entry level scuba)	
Dive Physiology (Beyond entry level scuba)	<p>Other Topics and Techniques as Determined by the DCB</p>

Dive Environments	
Decompression Theory and its Application	

Practical Training / Skill Development	
Confined Water	<p>At the completion of training, the trainee must satisfy the DSO or DCB-approved designee of their ability to perform the following, as a minimum, in a pool or in sheltered water:</p> <ul style="list-style-type: none"> • Enter water fully equipped for diving • Clear fully flooded face mask • Demonstrate air sharing and ascent using an alternate air source, as both donor and recipient, with and without a face mask • Demonstrate buddy breathing as both donor and recipient, with and without a face mask • Demonstrate understanding of underwater signs and signals • Demonstrate ability to remove and replace equipment while submerged • Demonstrate acceptable watermanship skills for anticipated scientific diving conditions
Open Water Skills	<p>The trainee must satisfy the DSO, or DCB-approved designee, of their ability to perform at least the following in open water:</p> <ul style="list-style-type: none"> • Surface dive to a depth of 10 feet (3 meters) without scuba* • Enter and exit water while wearing scuba gear* ^^ • Kick on the surface 400 yards (366 meters) while wearing scuba gear, but not breathing from the scuba unit* • Demonstrate proficiency in air sharing ascent as both donor and receiver* • Demonstrate the ability to maneuver efficiently in the environment, at and below the surface* ^^ • Complete a simulated emergency swimming ascent* • Demonstrate clearing of mask and regulator while submerged* • Underwater communications^^ • Demonstrate ability to achieve and maintain neutral buoyancy while submerged* • Demonstrate techniques of self-rescue and buddy rescue* • Navigate underwater ^ • Plan and execute a dive^ • Demonstrate judgment adequate for safe scientific diving* ^^

	<p>Rescue Skills:</p> <ul style="list-style-type: none"> • Rescue from depth and transport 25 yards (23 meters), as a diver, a passive simulated victim of an accident: surface diver, establish buoyancy, stabilize victim • Demonstrate simulated in-water mouth-to-mouth resuscitation • Removal of victim from water to shore or boat • Stressed and panicked diver scenarios • Recommendations For Rescue Of A Submerged Unresponsive Compressed-Gas Diver – Appendix 9
	<p>Successfully complete a minimum of one checkout dive and at least eleven additional open water dives in a variety of dive sites, for a cumulative surface to surface time of 6 hours. Dives following the checkout dive(s) may be supervised by an active Scientific Diver holding the necessary depth authorization experienced in the type of diving planned, and with the knowledge and permission of the DSO</p>
	<p>The eleven dives (minimum) following the initial checkout dive may be conducted over a variety of depth ranges as specified by the University of Massachusetts Boston DCB. Depth progression must proceed to deeper after acceptable skills and judgement have been demonstrated, and are not to exceed 100 feet (30 m) during the initial 12 dive cycle</p>
	<p>* Checkout dive element ^^ Evaluated on all dives ^ Evaluated at some point during the training cycle</p>

Examinations	
Equipment	<p>The trainee will be subject to examination/review of:</p> <ul style="list-style-type: none"> • Personal diving equipment • Task specific equipment • Function and manipulation of decompression computer to be employed by the diver (if applicable)
Written Exams	<p>The trainee must pass a written examination reviewed and approved by the UNIVERSITY OF MASSACHUSETTS BOSTON DCB that demonstrates knowledge of at least the following:</p> <ul style="list-style-type: none"> • Function, care, use, and maintenance of diving equipment • Advanced physics and physiology of diving • Diving regulations • Applicable diving environments

	<ul style="list-style-type: none"> • Emergency procedures for UNIVERSITY OF MASSACHUSETTS BOSTON - specific dive mode(s) and environments, including buoyant ascent and ascent by air sharing • Currently accepted decompression theory and procedures • Proper use of dive tables • Hazards of breath-hold diving and ascents • Planning and supervision of diving operations • Navigation • Diving hazards & mitigations • Cause, symptoms, treatment, and prevention of the following: near drowning, air embolism, hypercapnia, squeezes, oxygen toxicity, nitrogen narcosis, exhaustion and panic, respiratory fatigue, motion sickness, decompression sickness, hypothermia, and hypoxia/anoxia • Applicable theoretical training and knowledge development from the Required and Suggested Topics (above)
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4.30 Diver Certification and Authorizations

Only a person diving under the auspices of University of Massachusetts Boston (that subscribes to the practices of the AAUS) is eligible for a scientific diver certification.

Diver-In-Training (DIT) Authorization

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

Scientific Diver Certification

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

Temporary Diver Authorization

Only a diver not under the auspices of University of Massachusetts Boston may be granted a Temporary Diver Authorization. The individual in question must demonstrate proficiency in diving and can contribute measurably to a planned dive. A Temporary Diver Authorization constitutes a waiver of selected requirements of Section 4.0 and is valid only for a limited time, as approved by the DCB. A Temporary Diver Authorization must be restricted to the planned diving operation and must comply with all other policies, regulations, and standards of this Manual, including medical requirements. This authorization is not to be utilized as a repeated mechanism to circumvent existing standards set forth in this Manual.

4.40 Depth Authorizations

Depth Ratings and Progression to Next Depth Level

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

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

In the event a diver within the University of Massachusetts Boston's program does not hold an authorization at the desired next level, the DCB may authorize a required progression or procedure for a diver to attain a deeper authorization. If local conditions do not conform to traditional AAUS depth progressions, the DCB may devise a reasonable accommodation. However, the total number of dives to obtain a given depth authorization must follow the cumulative number of dives listed below.

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

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

e) **Authorization to 150 Foot Depth** - A diver holding a 130-foot authorization may be authorized to a depth of 150 feet after successfully completing and logging 6 supervised dives to depths between 130 and 150 feet under supervision of a dive buddy authorized by the DCB. The diver must also demonstrate knowledge of the special problems of deep diving and of special safety requirements. Cumulative minimum supervised dives: 42.

f) **Authorization to 190 Foot Depth** - A diver holding a 150-foot authorization may be authorized to a depth of 190 feet after successfully completing and logging 6 dives to depths between 150 and 190 feet under supervision of a dive buddy authorized by the DCB. The diver must also demonstrate knowledge of the special problems of deep diving and of special safety requirements. Cumulative minimum supervised dives: 48.

Diving on air is not permitted beyond a depth of 190 feet. Diving Deeper than 190 ft is not permitted by University of Massachusetts Boston.

4.50 Maintaining Active Status

Minimum Activity to Maintain Authorizations

During any 12-month period, each scientific diver must log a minimum of 12 scientific, scientific training, or proficiency dives. At least one dive must be logged near the maximum depth, as defined by the DCB, of the diver's authorization during each 6-month period. Divers authorized to 150 feet or deeper may satisfy these requirements with dives to 130 feet or deeper. Failure to meet these requirements will result in revocation or restriction of authorization by the DSO under procedures established by the DCB.

Requalification of Authorization

Once the initial requirements of Section 4.00 are met, divers whose depth authorization has lapsed due to lack of activity may be requalified by procedures adopted by the DCB.

Medical Examination

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

Emergency Care Training

The scientific diver must hold current training in the following:

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

4.60 Revocation of Authorization

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

Section 5.00 MEDICAL STANDARDS

5.10 Medical Requirements

General

1. The University of Massachusetts Boston must 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.
2. All medical evaluations required by this standard must be performed by, or under the direction of, a licensed physician of the applicant-diver's choice, preferably one trained in diving/undersea medicine.
3. The diver should be free of any chronic disabling disease and any conditions contained in the list of conditions for which restrictions from diving are generally recommended. (Appendix 1)

5.20 Frequency of Medical Evaluations

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

5.30 Information Provided Examining Physician

The University of Massachusetts Boston must provide a copy of the medical evaluation requirements of this standard to the examining physician. (Appendices 1, 2, and 3).

5.40 Content of Medical Evaluations

Medical examinations conducted initially and at the intervals specified in Section 5.20 must consist of the following:

1. Diving physical examination (Appendix 2). Modifications or omissions of required tests are

not permitted

2. Applicant agreement for release of medical information to the Diving Safety Officer and the DCB ([Appendix 2b](#))
3. Medical history ([Appendix 3](#))

5.50 Physician's Written Report

- A Medical Evaluation of Fitness For Scuba Diving Report ([Appendix 2](#)) signed by the examining physician stating the individual's fitness to dive, including any recommended restrictions or limitations will be submitted to the University of Massachusetts Boston for the diver's record after the examination is completed.
- The Medical Evaluation of Fitness For Scuba Diving Report will be reviewed by the DCB or designee and the diver's record and authorizations will be updated accordingly.
- A copy of any physician's written reports will be made available to the individual.
- It is the diver's responsibility to provide to the University of Massachusetts Boston a written statement from the examining medical authority listing any restrictions, limitations, or clearances to dive resulting from medical examinations obtained by the individual outside of their normal diving medical examination cycle. These statements will be reviewed by the DCB or designee and the diver's record and authorizations will be updated accordingly.

VOLUME 2 - Section 6.00 NITROX DIVING

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

6.10 Requirements for Nitrox Authorization

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

Prerequisites

Only a certified Scientific Diver or DIT diving under the auspices of University of Massachusetts Boston is eligible for authorization to use nitrox.

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

Training

In lieu of writing/promulgating AAUS specific training standards for Nitrox divers, AAUS references the standards for Nitrox diver training as defined by the WRSTC and/or ISO. AAUS programs who wish to train Nitrox divers 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 Nitrox diver training standards.

References:

"Minimum Course Content for Enriched Air Nitrox Certification" - World Recreational Scuba Training Council (WRSTC), www.wrstc.com.

"Recreational diving services- Requirements for training programs on enriches air nitrox (EAN) diving". ISO 11107:2009 - International Organization for Standardization (ISO), www.iso.org

Practical Evaluation

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

Written Evaluation

- Function, care, use, and maintenance of equipment cleaned for nitrox use.
- Physical and physiological considerations of nitrox diving (eg.: O₂ and CO₂ toxicity)
- Diving regulations, procedures/operations, and dive planning as related to nitrox diving
- Equipment marking and maintenance requirements
- Dive table and/or dive computer usage
- Calculation of: MOD, pO₂, and other aspects of Nitrox diving as required by the DCB

6.20 Minimum Activity to Maintain Authorization

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

6.30 Operational Requirements

Oxygen Exposure Limits

- The inspired oxygen partial pressure experienced at depth should not exceed 1.6 ATA.
- The maximum allowable exposure limit should be reduced in cases where cold or strenuous dive conditions, or extended exposure times are expected.

Calculation of Decompression Status

- A set of DCB approved nitrox dive tables should be available at the dive site.
- Dive computers may be used to compute decompression status during nitrox dives. Manufacturers' guidelines and operation instructions should be followed.
- Dive computers capable of pO₂ limit and fO₂ adjustment should be checked by the diver prior to the start each dive to ensure conformity with the mix being used.

Gas Mixture Requirements

- Only nitrox mixtures and mixing methods approved by the DCB may be used.
- University of Massachusetts Boston personnel mixing nitrox must be qualified and approved by the DCB for the method(s) used.
- Oxygen used for mixing nitrox should meet the purity levels for "Medical Grade" (U.S.P.) or "Aviator Grade" standards.
- In addition to the AAUS Air Purity Guidelines outlined in [Section 3.60](#), any air that may come in contact with oxygen concentrations greater than 40% (i.e.. during mixing), must also have a hydrocarbon contaminant no greater than .01 mg/m³.
- For remote site operations using compressors not controlled by the University of Massachusetts where this is not verifiable, the DCB must develop a protocol to mitigate risk to the diver.

Analysis Verification by User

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

6.40 Nitrox Diving Equipment

Required Equipment

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

- Labeled SCUBA Cylinders in Accordance with Industry Standards
- Oxygen Analyzers
- Oxygen compatible equipment as applicable

Requirement for Oxygen Service

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

Compressor system

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

APPENDICES

UMB 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 Massachusetts Boston (UMB). Their answers on the UMB Diving Medical History Form (to be provided by applicant) 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 below or contact one of the physicians with expertise in diving medicine whose names and phone numbers can be found through 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 Massachusetts Boston's standards. Thank you for your assistance.

Ted Maney
UMB Diving Safety Officer
edward.maney@umb.edu
617-957-3947{c}

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 auto inflate 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.
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<http://content.onlinejacc.org/cgi/content/short/34/4/1348>
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- NOAA Diving Manual, NOAA. Superintendent of Documents. Washington, DC: U.S. Government Printing Office, Washington, D.C.
- U.S. NAVY Diving Manual. Superintendent of Documents, Washington, DC: U.S. Government Printing Office, Washington, D.C.

RECOMMENDED PHYSICIANS WITH EXPERTISE IN DIVING MEDICINE

Divers Alert Network (DAN) <http://www.diversalertnetwork.org> - can provide assistance
Non-Emergency Questions: 800-446-2671 or 919-684-2948, M-F, 8:30am-5:00pm (EST)
Undersea Hyperbaric and Medical Society (UHMS)
<https://www.uhms.org/education/credentialing/diving-medical-examiners.html>



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 Massachusetts Boston. Their answers on the Diving Medical History Form (provided by applicant) 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 below or contact one of the physicians with expertise in diving medicine whose names and phone numbers can be found through 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 Massachusetts Boston's standards. Thank you for your assistance.

Diving Safety Officer

Date

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.

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5. Psychiatric disorders including claustrophobia, suicidal ideation, psychosis, anxiety states, untreated depression. [20 - 23]
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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]
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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]
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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

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www.umb.edu

RECOMMENDED PHYSICIANS WITH EXPERTISE IN DIVING MEDICINE

Divers Alert Network (DAN) <http://www.diversalertnetwork.org> - can provide assistance

Non-Emergency Questions: 800-446-2671 or 919-684-2948, M-F, 8:30am-5:00pm (EST)



APPENDIX 2

MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT

(To Be Completed By Examining Physician)

Name of Applicant

Date of Exam

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). Your evaluation and opinion on the applicant's medical fitness is requested on this form. Scuba diving is an activity that puts unusual stress on the individual in several ways. The applicants answers provided on their Diving Medical History Form may indicate potential health or safety risks as noted.

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.

THE FOLLOWING TESTS ARE REQUIRED DURING ALL INITIAL AND PERIODIC RE-EXAMS:

- 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

Note: Re-Examination occurs:

1. Every 5 years under age 40
2. Every 3 years over age 40
3. Every 2 years over age 60
- 4.

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



2. Gibbons RJ, et al. ACC/AHA Guidelines for Exercise Testing. A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee on Exercise Testing). *Journal of the American College of Cardiology*. 30:260-311, 1997.
<http://www.acc.org/clinical/guidelines/exercise/exercise.pdf>



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.

PHYSICIAN'S REMARKS

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.

_____ MD or DO

Signature

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

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 University of Massachusetts Boston's Diving Safety Officer and Diving Control Board or their designee at The University of Massachusetts Boston, 100 Morrissey Blvd, Boston, MA 02125

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: _____

Date: _____

Birthdate: _____

Sex: _____

Wt: _____

Ht: _____

Sponsor _____

(Dept./Project/Program/School, etc.)

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.

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

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



Please indicate whether or not the following apply to you

Yes No Comments

		Yes	No	Comments
1	Convulsions, seizures, or epilepsy			
2	Fainting spells or dizziness			
3	Been addicted to drugs			
4	Diabetes			
5	Motion sickness or sea/air sickness			
6	Claustrophobia			
7	Mental disorder or nervous breakdown			
8	Are you pregnant?			
9	Do you suffer from menstrual problems?			
10	Anxiety spells or hyperventilation			
11	Frequent sour stomachs, nervous stomachs or vomiting spells			
12	Had a major operation			
13	Presently being treated by a physician			
14	Taking any medication regularly (even non-prescription)			
15	Been rejected or restricted from sports			
16	Headaches (frequent and severe)			
17	Wear dental plates			
18	Wear glasses or contact lenses			
19	Bleeding disorders			
20	Alcoholism			
21	Any problems related to diving			



	Please indicate whether or not the following apply to you	Yes	No	Comments
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	Ringling in your ears			
32	Frequent dizzy spells			
33	Hearing problems			
34	Trouble equalizing pressure in your ears			
35	Asthma			
36	Wheezing attacks			
37	Cough (chronic or recurrent)			
38	Frequently raise sputum			
39	Pleurisy			
40	Collapsed lung (pneumothorax)			
41	Lung cysts			
42	Pneumonia			



43	Tuberculosis			
44	Shortness of breath			
45	Lung problem or abnormality			
46	Spit blood			
47	Breathing difficulty after eating particular foods, after exposure to particular pollens or animals			
48	Are you subject to bronchitis			
49	Subcutaneous emphysema (air under the skin)			
50	Air embolism after diving			
51	Decompression sickness			
52	Rheumatic fever			
53	Scarlet fever			
54	Heart murmur			
55	Large heart			
56	High blood pressure			
57	Angina (heart pains or pressure in the chest)			
58	Heart attack			
59	Low blood pressure			
60	Recurrent or persistent swelling of the legs			
61	Pounding, rapid heartbeat or palpitations			
62	Easily fatigued or short of breath			
63	Abnormal EKG			
64	Joint problems, dislocations or arthritis			



65	Back trouble or back injuries			
66	Ruptured or slipped disk			
67	Limiting physical handicaps			
68	Muscle cramps			
69	Varicose veins			
70	Amputations			
71	Head injury causing unconsciousness			
72	Paralysis			
73	Have you ever had an adverse reaction to medication?			
74	Do you smoke?			
75	Is there a family history of high cholesterol?			
	Is there a family history of heart disease or stroke?			
76	Is there a family history of diabetes?			
77	Is there a family history of asthma?			
78	Date of last tetanus shot?			
79	Recent Vaccination dates?			
80	Have you ever had any other medical problems not listed? If so, please list or describe below;			
81	Have you ever had COVID?			

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

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

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

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

1. Name: _____

Address: _____

Telephone: _____

2. Name: _____

Address: _____

Telephone: _____

3. Name: _____

Address: _____

Telephone: _____

4. Name: _____

Address: _____

Telephone: _____

5. Name: _____



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 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 (EANx) - A name for a breathing mixture of air and oxygen when the percent of oxygen exceeds 21%. This term is considered synonymous with the term “nitrox” (Section 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 recompression 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.

pN₂ - Inspired partial pressure of nitrogen, usually expressed in units of atmospheres absolute.

pO₂ - 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 - A pressure vessel for human occupancy. Also called a hyperbaric chamber or decompression chamber.

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

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

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

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.



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Science Diving Program

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

Diver: _____

Date: _____

This letter serves to verify that the above listed person has met the training and pre-requisites as indicated below, and has completed all requirements necessary to be certified as a (Scientific Diver / Diver in Training) as established by the The University of Massachusetts Boston's Diving Safety Manual, and has demonstrated competency in the indicated areas. The University of Massachusetts Boston meets or exceeds all AAUS training requirements.

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

(Date)

_____ Original diving authorization

_____ Written scientific diving examination

_____ Last diving medical examination

Medical examination expiration date _____

_____ Most recent checkout dive

_____ Scuba regulator/equipment service/test

_____ CPR training (Agency) _____

CPR Exp. _____

_____ Oxygen administration (Agency) _____

O2 Exp. _____

_____ First aid for diving _____

F.A. Exp. _____

_____ Date of last dive _____ Depth

Number of dives completed within previous 12 months? _____

Depth Authorization _____ feet

Total number of career dives? _____

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

Please indicate any pertinent authorizations or training:

Emergency Information:

Name:

Relationship:

Telephone:

(work)

(home)

Address:

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

(Signature) Diving Safety Officer:

(Date)

(Print)



APPENDIX 7

DIVING EMERGENCY ACTION PLAN

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 The University of Massachusetts Boston's.
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 Location

Available Procedures

1. Emergency care
2. Recompression
3. Evacuation

Emergency Plan Content

1. Name, telephone number, and relationship of person to be contacted for each diver in the event of an emergency.
2. Nearest operational decompression chamber.
3. Nearest accessible hospital.
4. Available means of transport.

APPENDIX 8

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.

1. Dive Classification
2. Breathing Gas
3. Diving Mode
4. Decompression Planning and Calculation Method
5. Depth Ranges
6. Specialized Environments
7. 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 openwater or confined water dives. But openwater 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:

8. 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.
9. 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.

10. Nitrox: Dives where the bottom gas used for the dive is a combination of nitrogen and oxygen other than air.
11. 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:

12. 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.
13. 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.
14. 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.
15. 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:

16. Dive Tables
17. Dive Computer
18. 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:

19. Required Decompression: Any dive where the diver exceeds the no-decompression limit of the decompression planning method being employed.
20. Overhead Environments: Any dive where the diver does not have direct access to the surface due to a physical obstruction.
21. Blue Water Diving: Openwater diving where the bottom is generally greater than 200 feet deep and requiring the use of multiple-tethered diving techniques.
22. 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.
23. Saturation Diving: Excursion dives conducted as part of a saturation mission are to be logged by "classification", "mode", "gas", etc. The "surface" for these excursions is defined as leaving and surfacing within the Habitat. Time spent within the Habitat or chamber must not be logged by AAUS.
24. Aquarium: An aquarium is a mustow, 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:

25. Hyperbaric: Decompression Sickness, AGE, or other barotrauma requiring recompression therapy.
26. Barotrauma: Barotrauma requiring medical attention from a physician or medical facility, but not requiring recompression therapy.
27. Injury: Any non-barotrauma injury occurring during a dive that requires medical attention from a physician or medical facility.
28. Illness: Any illness requiring medical attention that can be attributed to diving.
29. 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.
30. Hyperoxic/Oxygen Toxicity: An incident that can be attributed to the diver being exposed to too high a partial pressure of oxygen.
31. Hypercapnea: An incident that can be attributed to the diver being exposed to an excess of carbon dioxide.
32. Fatality: Any death accruing during a dive or resulting from the diving exposure.
33. Other: An incident that does not fit one of the listed incident types

Incident Classification Rating Scale:

34. Minor: Injuries that the UNIVERSITY OF MASSACHUSETTS BOSTON considers being minor in nature. Examples of this classification of incident would include, but not be limited to:
 1. Mask squeeze that produced discoloration of the eyes.
 2. Lacerations requiring medical attention but not involving moderate or severe bleeding.

3. Other injuries that would not be expected to produce long term adverse effects on the diver's health or diving status.
35. Moderate: Injuries that the UNIVERSITY OF MASSACHUSETTS BOSTON considers being moderate in nature. Examples of this classification would include, but not be limited to:
1. DCS symptoms that resolved with the administration of oxygen, hyperbaric treatment given as a precaution
 2. DCS symptoms resolved with the first hyperbaric treatment
 3. Broken bones
 4. Torn ligaments or cartilage
 5. Concussion
 6. Ear barotrauma requiring surgical repair
1. Serious: Injuries that the UNIVERSITY OF MASSACHUSETTS BOSTON considers being serious in nature. Examples of this classification would include, but not be limited to:
1. Arterial Gas Embolism
 2. DCS symptoms requiring multiple hyperbaric treatment
 3. Near drowning
 4. Oxygen Toxicity
 5. Hypercapnea
 6. Spinal injuries
 7. Heart attack
 8. Fatality

Appendix 9 - Recommendations For Rescue Of A Submerged Unresponsive Compressed-Gas Diver

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

