

**STANDARDS FOR SCIENTIFIC DIVING CERTIFICATION
AND
OPERATION OF THE SAINT MARY'S COLLEGE
SCIENTIFIC DIVING PROGRAM**



The American Academy of Underwater Sciences

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FOREWORD

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

This document represents the minimal safety standards for scientific diving at the present day. As diving science progresses so shall this manual, and it is the responsibility of every member of the Academy and Organizational member to see that it always reflects state of the art, safe diving practice.

Revision History of the Saint Mary's Dive Safety Manual

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March 22, 1999 Added Sec 7.6.1 NITROX DIVING GUIDELINES
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Revised Appendix 11

April 5, 2001 Updated Section 6.0 to reflect AAUS changes in medical requirements
Updated Appendix 2 to reflect new medical requirements

March 2009 Manual revised to be consistent with AAUS Standards as of 11/2006
Revised Paragraph 1.20.1 clarifying Saint Mary's College auspices
Revised Paragraph 1.20.3 modifying the chain of reporting of the Diving Safety Officer
Revised Paragraph 1.20.4 modifying composition of Dive Control Board
Revised Paragraph 1.20.5.2 replaced "Vice President" with "Provost" and the term "selected" by "appointed"
Updated Appendix 4 – List of Recommended Physicians
Updated Appendix 7A – Dive Emergency Management Procedures
Added Sections 8.00 through 13.00
Eliminated Appendix 4 and adjusted remaining Appendix Numbers
Added Appendices 9, 12, 13, 14, 15
Implemented miscellaneous formatting and spelling corrections

Feb 2013 Manual revised to be consistent with AAUS Standards as of 02/18/13
Revised Section 6.10.6 Requirements for Diving Medical Examination
Revised Appendices 1, 2, 2b, and 3 (Medical Exam, Med. Release, Med. History)
Appendix 12 revised to expand statements on general requirements for all dive activities.

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SECTION 1.0 GENERAL POLICY

1.10 The Scientific Diving Standards

1.10.1 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 shall be consistent with the furtherance of research and safety.

This document 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 manual is based upon and consistent with the standards developed and written by the AAUS by compiling the policies set forth in the diving manuals of several universities, private, and governmental scientific diving programs. These programs share a common heritage with the scientific diving program at the Scripps Institution of Oceanography (SIO). Adherence to the SIO standards has proven both feasible and effective in protecting the health and safety of scientific divers since 1954.

In 1982, OSHA exempted scientific diving from commercial diving regulations (29 CFR Part 1910, Subpart T) under certain conditions that are outlined below. The final guidelines for the exemption became effective in 1985 (Federal Register, Vol. 50, No.6, p.1046). OSHA recognizes the AAUS as the scientific diving standard setting organization.

1.10.2 Scientific Diving Definition

Scientific diving is defined by 29 CFR 1910.402 as diving performed solely as a necessary part of a scientific, research, or educational activity by employees whose sole purpose for diving is to perform scientific research tasks. For the purposes of this manual, the definition of scientific diving shall be broadened to include diving performed solely as a necessary part of a scientific, research, or educational activity by faculty, staff, students, and approved volunteers, of Saint Mary's College.

1.10.3 Scientific Diving Exemption

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

1.10.3.1 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.

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

1.10.3.3 The tasks of a scientific diver are those of an observer and data gatherer. Construction and trouble-shooting tasks traditionally associated with commercial diving are not included within scientific diving.

1.10.3.4 Scientific divers, based on the nature of their activities, must use scientific expertise in studying the underwater environment and therefore, are scientists or scientists-in-training.

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

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

1.10.3.5.2 Diving control (safety) board, with the majority of its members being active scientific divers, shall at a minimum have the authority to: approve and monitor diving projects, review and revise the diving safety manual, assure compliance with the manual, certify the depths to which a diver has been trained, take disciplinary action for unsafe practices, and assure adherence to the buddy system (a diver is accompanied by and is in continuous contact with another diver in the water) for scuba diving.

1.10.4 Review of Standards

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

1.20 Operational Control

1.20.1 Saint Mary's College Auspices Defined

For the purposes of these standards the auspices of Saint Mary's College (the College) includes any scientific diving operation to which the College 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 College, where such employees are acting within the scope of their employment, and the operations of other persons, including students who are enrolled in the College and are engaged in scientific diving for the College or are engaged in training activities leading to certification as scientific divers, or are engaged in scientific diving as members of an organization recognized by the College.

It is the responsibility of Saint Mary's College 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 Saint Mary's College Diving Control Board (DCB).

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

1.20.2 Saint Mary's College's Scientific Diving Standards and Safety Manual

Saint Mary's College has developed and maintains a scientific diving safety manual that provides for the development and implementation of policies and procedures that will enable the College to meet

requirements of local environments and conditions as well as to comply with the AAUS scientific diving standards. The College's scientific diving standards include, but are not limited to:

The AAUS Standards that have been used as a set of minimal guidelines for the development of the College's scientific diving safety manual.

Emergency evacuation and medical treatment procedures

The criteria for diver training and certification

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

Safety procedures for the diving operation

Responsibilities of the dive team members.

Equipment use and maintenance procedures

Emergency procedures

1.20.3 The 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.

1.20.3.1 Qualifications

Shall be appointed by the College's Provost and Vice President for Academic Affairs (Provost) or designee, with the advice and counsel of the Diving Control Board

Shall be trained as a scientific diver

Shall be a full member as defined by the AAUS

Shall be an active underwater instructor from an internationally recognized certifying agency

1.20.3.2 Duties and Responsibilities

The Diving Safety Officer (DSO) shall is responsible, through the DCB, to the Provost or designee, for the conduct of the College's scientific diving program. The routine operational authority for this program, including the conduct of training and certification, approval of dive plans, maintenance of diving records, and ensuring compliance with this manual and all relevant regulations of the membership organization, rests with the Diving Safety Officer.

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

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

The DSO shall suspend diving operations that he/she considers to be unsafe or unwise.

1.20.4 The Diving Control Board

The Diving Control Board (DCB) shall consist of a majority of active scientific divers, preferably certified as AAUS Scientific Divers. Voting members shall include the Diving Safety Officer, the College's Provost, or designee, and at least three additional members, the majority of whom should be faculty or staff members of the Saint Mary's College community. The Director of the Health and Wellness Center is an ex officio member of the board. The Provost or his/her designee appoints a Chair upon consultation with the Diving Control Board.

1.20.4.1 Duties and Responsibilities of the Diving Control Board (DCB)

The DCB has autonomous and absolute authority over the operation of the College's scientific diving program. The DCB shall:

Approve and monitor diving projects

Review and revise the diving safety manual

Ensure compliance with the diving safety manual

Certify the depths to which a diver has been trained

Take disciplinary action for unsafe practices

Ensure adherence to the buddy system for scuba diving

Act as the official representative of the College 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 certifications

Recommend changes in policy and amendments to the AAUS and the College's scientific diving manual as the need arises

Establishes and/or approves training programs through which the applicants for certification can satisfy the requirements of the College's diving safety manual

Suspend diving programs which it considers to be unsafe or unwise
Establish criteria for equipment selection and use

Recommend new equipment or techniques

Establishes and/or approves facilities for the inspection and maintenance of diving and associated equipment

Ensure that the air station(s) utilized by the College meet air quality standards as described in Sec. 3.60 of this manual

Periodically review the Diving Safety Officer's performance and program

Sit as a board of investigation to inquire into the nature and cause of diving accidents or violations of the College's diving manual

1.20.5 Instructional Personnel

1.20.5.1 Qualifications: All personnel involved in diving instruction under the auspices of the College shall be qualified for the type of instruction being given.

1.20.5.2 Selection: Instructional personnel will be appointed by the Provost, or designee, who will solicit the advice of the DCB in conducting screening of applicants for instructional positions.

1.20.6 Lead Diver

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

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

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

Planning dives in accordance with section 2.20

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

Briefing the dive team members on:

Dive objectives

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

Modifications to diving or emergency procedures necessitated by the specific dive operation

Suspending diving operations if in his or her opinion conditions are not safe

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

1.20.7 Reciprocity and the Visiting Scientific Diver

When the College and one or more AAUS Organizational Members engage jointly in diving activities, or engage jointly in the use of diving resources, one of the participating Diving Control Boards will be designated to govern the joint dive project.

A Scientific Diver from another Organizational Member shall apply for permission to dive under the auspices of Saint Mary's College by submitting to the College's Diving Safety Officer a document containing all the information described in Appendix 6A (Letter of Reciprocity) signed by the Diving Safety Officer or Chairperson of the home Diving Control Board.

A visiting scientific diver may be asked to demonstrate his/her knowledge and skills for the planned diving. An example of items to be demonstrated is presented in Appendix 6B (checkout dive).

If the College denies a visiting Scientific Diver permission to dive, the College's Diving Control Board shall notify the visiting Scientific Diver and his/her Diving Control Board with an explanation of all reasons for the denial.

1.20.8 Waiver of Requirements

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

1.30 Consequences of Violation of Regulations by Scientific Divers

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

1.40 Consequences of Violation of Regulations by Saint Mary's College

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

1.50 Record Maintenance

The Diving Safety Officer or designee shall maintain permanent records for each individual scientific diver certified. The file shall include evidence of certification level, log sheets, results of current physical examination, waiver, reports of disciplinary actions by the College's Diving Control Board, and other pertinent information deemed necessary.

1.50.1 Availability of Records:

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

The College shall retain records and documents required by this standard for the following period:

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

Manual for diving safety - current document only

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

Pressure-related injury assessment - 5 years

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

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SECTION 2.0 DIVING REGULATIONS FOR SCUBA (Open Circuit, Compressed Air)

2.10 Introduction

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

2.20 Pre-Dive Procedures

2.20.1 Dive Plans

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

Diver's qualifications and the type of certificate or certification held by each diver

Emergency plan (Appendix 7A) with the following information:

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

Nearest operational recompression chamber

Nearest accessible hospital

Available means of transport

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

2.20.2 Pre-Dive Safety Checks

2.20.2.1 Diver's Responsibility:

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

It is the diver's responsibility and duty to refuse to dive if, in their judgment, conditions are unfavorable, or if they would be violating the precepts of their training, the St. Mary's College Diving Safety Manual, or the supervising Organizational Member's Dive Safety Manual..

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

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

2.20.2.2 Equipment Evaluations

Each diver shall insure that their equipment is in proper working order and that the equipment is suitable for the type of diving operation.

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

2.20.2.3 Site Evaluation

The environmental conditions at the site will be evaluated.

2.30 Diving Procedures

2.30.1 Solo Diving Prohibition

All diving activities shall assure adherence to the buddy system. The buddy system is based upon the ability to provide mutual assistance, especially in the case of an emergency.

2.30.2 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.

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 manual.

2.30.3 Termination of the Dive

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.

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

2.30.4 Emergencies and Deviations from Regulations

Any diver may deviate from the requirements of this manual to the extent necessary to prevent or minimize a situation 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.

2.40 Post-Dive Procedures

2.40.1 Post-Dive Safety Checks

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

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

2.50 Emergency Procedures

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

2.60 Flying After Diving or Ascending to Altitude

2.60.1 Flying After Diving -- Intervals

Following a single No-Decompression Dive, divers should have a minimum pre-flight surface interval of 12 hours.

Following Multiple Dives per Day or Multiple Days of Diving, divers should have a minimum preflight surface interval of 18 hours.

Following Dives Requiring Decompression Stops, divers should have a minimum preflight surface interval of 24 hours.

Before ascending to Altitude above (1000 feet) by Land Transport, divers should follow the appropriate guideline for preflight surface intervals unless the decompression procedure used has accounted for the increase in elevation.

2.70 Recordkeeping Requirements

2.70.1 Personal Diving Log

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

Name of diver, partner, and Lead Diver

Date, time, and location

Diving modes, breathing gas, and gas composition used

General nature of diving activities

Approximate surface and underwater conditions

Maximum depths, bottom time and surface interval time

Diving tables or computers used

Detailed report of any near or actual incidents

2.70.2 Required Incident Reporting

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

The College shall record and report occupational injuries and illnesses in accordance with requirements of the appropriate Labor Code section.

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

Complete AAUS Incident Report Form (Appendix 7B).

Written descriptive report to 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

Description of symptoms, including depth and time of onset

Description and results of treatment

Disposition of case

Recommendations to avoid repetition of incident

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

SECTION 3.0 DIVING EQUIPMENT

3.10 General Policy

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

3.20 Equipment

3.20.1 Regulators

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

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

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

3.20.2 Breathing Masks and Helmets

Breathing masks and helmets shall have:

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

An exhaust valve

A minimum ventilation rate capable of maintaining the diver at the depth to which they are diving

3.20.3 Scuba Cylinders

Scuba cylinders shall 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 inspection at intervals not to exceed twelve months.

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

3.20.4 Backpacks

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

3.20.5 Gauges

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

3.20.6 Flotation Devices

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

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

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

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

3.20.7 Timing Devices, Depth and Pressure Gauges

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

3.20.8 Determination of Decompression Status: Dive Tables, Dive Computers

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

Dive computers may be utilized in place of diving tables, and must be approved by the Diving Control Board.

See Appendix 8 for AAUS recommendations on the use of dive computers.

3.30 Auxiliary Equipment

3.30.1 Hand held Underwater Power Tools.

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

3.40 Support Equipment

3.40.1 First aid supplies.

A first aid kit and emergency oxygen shall be available.

3.40.2 Diver's Flag

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

3.40.3 Compressor Systems - College Controlled

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

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

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

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

3.50 Equipment Maintenance

3.50.1 Recordkeeping

For all equipment owned or controlled by the College, or personally owned by individual scientific divers, each equipment modification, repair, test, calibration, or maintenance service shall be logged, including the date and nature of work performed, serial number of the item, and the name of the person performing the work for the following equipment:

- Regulators
- Submersible pressure gauges
- Depth gauges
- Scuba cylinders
- Cylinder valves
- Diving helmets
- Submersible breathing masks
- Compressors
- Gas control panels
- Air storage cylinders
- Air filtration systems
- Analytical instruments
- Buoyancy control devices
- Dry suits

3.50.2 Compressor Operation and Air Test Records

3.50.2.1 Gas Analysis and Air testing

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

3.50.2.2 Compressor Logs

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

3.60 Air Quality Standards

3.60.1 Breathing Air Quality Standards

3.60.1.1 Air Standards for Normal Conditions

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

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

3.60.1.2 Air Standard for Cold Conditions

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

SECTION 4.0 ENTRY-LEVEL TRAINING REQUIREMENTS

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

4.10 Evaluation

4.10.1 Medical Examination

The applicant for Scientific Diver training shall be certified by a licensed physician to be medically qualified for diving before proceeding with the training as designated in Sec. 4.20 (see Sec. 6.00 and Appendices 1 through 4).

4.10.2 Swimming Evaluation

The applicant for training shall successfully perform the following tests, or their equivalent, in the presence of the Diving Safety Officer, or an examiner approved by the Diving Safety Officer prior to participation in any scientific diving or scientific diver training. Paragraphs 4.10.2.2 and 4.10.2.4 must be completed before any open water training takes place.

4.10.2.1 Swim underwater without swim aids for a distance of 25 yards without surfacing.

4.10.2.2 Swim 200 yards on the surface without stopping, without swim aids or stationary support.

4.10.2.3 Swim 400 yards in less than 12 minutes without swim aids.

4.10.2.4 Tread water for 10 minutes, or 2 minutes without the use of hands, without swim aids.

4.10.2.5 Transport another person of equal size a distance of 25 yards in the water without the use of swim aids.

4.20 Scuba Training

4.20.1 Practical Training

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

4.20.1.1 Enter water with full equipment.

4.20.1.2 Clear face mask.

4.20.1.3 Demonstrate ability to alternate between snorkel and scuba while kicking.

4.20.1.4 Demonstrate understanding of underwater signs and signals.

4.20.1.5 Demonstrate ability to remove and replace equipment while submerged.

4.20.1.6 Rescue and transport, as a diver, a passive simulated victim of an accident.

4.20.1.7 Demonstrate air sharing, including both buddy breathing and the use of alternate air source, as both donor and recipient, with and without a face mask.

4.20.1.8 Demonstrate simulated in-water mouth-to-mouth resuscitation.

4.20.1.9 Demonstrate watermanship ability that is acceptable to the instructor.

4.20.2 Written Examination

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

4.20.2.1 Function, care, use, and maintenance of diving equipment

4.20.2.2 Physics and physiology of diving

4.20.2.3 Diving regulations and precautions

4.20.2.4 Near-shore currents and waves

4.20.2.5 Proper response to dangerous marine animals

4.20.2.6 Emergency procedures, including buoyant ascent and ascent by air sharing

4.20.2.7 Currently accepted decompression procedures

4.20.2.8 The proper use of dive tables and solution to dive planning problems

4.20.2.9 Underwater communications

4.20.2.10 Aspects of freshwater and altitude diving

4.20.2.11 Hazards of breath-hold diving and ascents

4.20.2.12 Planning and supervision of diving operations

4.20.2.13 General Diving hazards

4.20.2.14 Cause, symptoms, treatment, and prevention of the following: near drowning, air embolism, carbon dioxide excess, squeezes, oxygen poisoning, nitrogen narcosis, exhaustion and panic, respiratory fatigue, motion sickness, decompression sickness, hypothermia, and hypoxia/anoxia.

4.20.3 Open Water Evaluation

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

4.20.3.1 Surface dive to a depth of 10 feet in open water without scuba.

4.20.3.2 Demonstrate proficiency in air sharing, as both donor and receiver.

4.20.3.3 Enter and leave open water or surf, or leave and board a diving vessel, while wearing scuba gear.

4.20.3.4 Kick on the surface 400 yards while wearing scuba gear, but not breathing from the scuba unit.

4.20.3.5 Demonstrate judgment adequate for safe diving.

4.20.3.6 Demonstrate, where appropriate, the ability to maneuver efficiently in the environment, at and below the surface.

4.20.3.7 Complete a simulated emergency swimming ascent.

4.20.3.8 Demonstrate clearing of mask and regulator (two ways) while submerged.

4.20.3.9 Demonstrate ability to achieve and maintain neutral buoyancy while submerged.

4.20.3.10 Demonstrate techniques of self-rescue and buddy rescue

4.20.3.11 Navigate underwater

4.20.3.12 Plan and execute a dive.

4.20.3.13 Complete 5 open water dives for a minimum total time of 3 hours, of which 1-1/2 hours cumulative bottom time must be on scuba. No more than 3 training dives shall be made in any one day.

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SECTION 5.0 SCIENTIFIC DIVER CERTIFICATION

5.10 Certification Types

5.10.1 Scientific Diver Certification.

This is a permit to dive, usable only while it is current and for the purpose intended.

5.10.2 Temporary Diver Permit.

This permit constitutes a waiver of the requirements of Sec. 5.00 and is issued only following a demonstration of the required proficiency in diving. It is valid only for a limited time, as determined by the Diving Safety Officer. This permit is not to be construed as a mechanism to circumvent existing standards set forth in this manual.

Requirements of Sec. 5.31 through 5.33 may be waived by the Diving Safety Officer if the person in question has demonstrated proficiency in diving and can contribute measurably to a planned dive. A statement of the temporary diver's qualifications shall be submitted to the Diving Safety Officer as a part of the dive plan. Temporary permits shall be restricted to the planned diving operation and shall comply with all other policies, regulations, and standards of this manual, including medical requirements.

5.20 General Policy

The AAUS requires that no person shall engage in scientific diving unless that person is authorized by an organizational member pursuant to the provisions of this manual. Only a person diving under the auspices of the organizational member that subscribes to the practices of AAUS is eligible for a scientific diver certification. The following are considered minimal standards for a scientific diver certification.

5.30 Requirements for Scientific Diver Certification

Submission of documents and participation in aptitude examinations does not automatically result in certification. The applicant must convince the Diving Safety Officer and members of the DCB that they are sufficiently skilled and proficient to be certified. This skill will be acknowledged by the signature of the Diving Safety Officer. Any applicant who does not possess the necessary judgment, under diving conditions, for the safety of the diver and their partner, may be denied the College's scientific diving privileges. Minimum documentation and examinations required are as follows:

5.30.1 Prerequisites and Documentation

5.30.1.1 Application for Certification. Only a person diving under the auspices of Saint Mary's College is eligible for a scientific diver certification. Application for certification shall be made to the Diving Safety Officer on the form prescribed by Saint Mary's College.

5.30.1.2 Medical Approval. Each applicant for diver certification shall submit a statement from a licensed physician, based on an approved medical examination, attesting to the applicant's fitness for diving (see Sec. 6.00 and Appendices 1-4).

5.30.1.3 Scientific Diver-in-Training Permit or its equivalent. This permit signifies that a diver has completed and been certified as at least an open water diver through an internationally recognized certifying agency, scientific diving program, or its equivalent (Section 4.00) and has the knowledge skills and experience equivalent to that gained by successful completion of training as specified in Section 4.00.

5.30.1.4 Emergency Care Training

The trainee must provide proof of training in the following:

- Cardiopulmonary Resuscitation (CPR) (must be current)
- Emergency Oxygen Administration (must be current)
- First Aid for Diving Accidents

5.30.2 Theoretical and Practical Training

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

Required Topics (include, but not limited to):

Emergency Care

- Diving Emergency Care Training
- Cardiopulmonary Resuscitation (CPR)
- Standard or Basic First Aid
- Recognition of DCS and AGE
- Accident Management
- Field Neurological Exam
- Oxygen Administration
- Dive Rescue

Dive Theory

- Dive Physics
- Dive Physiology
- Dive Environments
- Decompression Theory and its Application

AAUS Scientific Diving Regulations and History

- Scientific Dive Planning
- Coordination with other Agencies
- Appropriate Governmental Regulations

Scientific Method

Data Gathering Techniques (Only Items specific to area of study are required)

- Transect Sampling (Quadrating)
- Transecting
- Mapping
- Coring
- Photography

- Tagging
- Collecting
- Animal Handling
- Archaeology
- Common Biota
 - Organism Identification
 - Behavior
 - Ecology
- Site Selection, Location, and Re-location
- Specialized Equipment for data gathering

- HazMat Training
- HP Cylinders
- Chemical Hygiene, Laboratory Safety (Use of Chemicals)

Suggested Topics (include, but not limited to):

- Specific Dive Modes (methods of gas delivery)
 - Open Circuit
 - Hookah
 - Surface Supplied Diving

- Small Boat Operation

- Rebreathers
 - Closed
 - Semi-closed

- Specialized Breathing Gas
 - Nitrox
 - Mixed Gas

- Specialized Environments and Conditions
 - Blue Water Diving,
 - Ice and Polar Diving (Cold Water Diving)
 - Zero Visibility Diving
 - Polluted Water Diving,
 - Saturation Diving
 - Decompression Diving
 - Overhead Environments
 - Aquarium Diving
 - Night Diving
 - Kelp Diving
 - Strong Current Diving (Live-boating)
 - Potential Entanglement

- Specialized Diving Equipment
 - Full face mask
 - Dry Suit
 - Communications

Practical training must include a checkout dive, with evaluation of the skills listed in Section 4.20 (Open Water Evaluation), with the DSO or qualified delegate followed by at least 11 ocean or open water dives in a variety of dive sites and diving conditions, for a cumulative bottom time of 6 hours. Dives following the checkout dive must be supervised by a certified Scientific Diver with experience in the type of diving planned, with the knowledge and permission of the DSO.

5.30.3 Examinations

Written examination for the certificate level

General exam required for scientific diver certification

Examination covering the suggested topics at the DSO's discretion

Examination of equipment

Personal diving equipment

Task specific equipment

5.40 Depth Certifications

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

5.40.1 Depth Certification Levels

Certification to 30 Foot Depth

Initial permit level, approved upon the successful completion of training listed in Section 4.00 and 5.30.

Certification to 60 Foot Depth

A diver holding a 30 foot certificate may be certified to a depth of 60 feet after successfully completing, under supervision, 12 logged training dives to depths between 31 and 60 feet, for a minimum total time of 4 hours.

Certification to 100 Foot Depth

A diver holding a 60 foot certificate may be certified to a depth of 100 feet after successfully completing, 4 dives to depths between 61 and 100 feet. The diver shall also demonstrate proficiency in the use of the appropriate Dive Tables.

Certification to 130 Foot Depth

A diver holding a 100 foot certificate may be certified to a depth of 130 feet after successfully completing, 4 dives to depths between 100 and 130 feet. The diver shall also demonstrate proficiency in the use of the appropriate Dive Tables.

Certification to 150 Foot Depth

A diver holding a 130 foot certificate may be certified to a depth of 150 feet after successfully completing, 4 dives to depths between 130 and 150 feet. The diver must also demonstrate knowledge of the special problems of deep diving, and of special safety requirements.

Certification to 190 Foot Depth

A diver holding a 150 foot certificate may be certified to a depth of 190 feet after successfully completing, 4 dives to depths between 150 and 190 feet. The diver must also demonstrate knowledge of the special problems of deep diving, and of special safety requirements.

DIVING ON AIR IS NOT PERMITTED BEYOND A DEPTH OF 190 FEET.

5.50 Continuation of Certification

5.50.1 Minimum Activity to Maintain Certification

During any 12 month period, each certified scientific diver must log a minimum of 12 dives. At least one dive must be logged near the maximum depth of the diver's certification during each 6 month period. Divers certified to 150 feet or deeper may satisfy these requirements with dives to 130 feet or over. Failure to meet these requirements may be cause for revocation or restriction of certification.

5.50.2 Requalification of Depth Certificate

Once the initial certification requirements of Sec. 5.31 - 5.34 are met, divers whose depth certification has lapsed due to lack of activity may be re-qualified by procedures adopted by the College's DCB.

5.50.3 Medical Examination

All certified scientific divers shall pass a medical examination at the intervals specified in Section 6.12. After each major illness or injury, as described in Sec. 6.12, a certified scientific diver shall receive clearance to return to diving from a physician before resuming diving activities.

5.50.4 Emergency Care Training.

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

- Adult CPR (must be current).
- Emergency Oxygen Administration (must be current)
- First Aid for Diving Accidents (must be current)

5.60 Revocation of Certification

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

5.70 Recertification

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

SECTION 6.0 MEDICAL STANDARDS

6.10 Medical Requirements

6.10.1 General

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

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

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

6.10.2 Frequency of Medical Evaluations

A Medical evaluation shall be completed:

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

Thereafter, at five year intervals up to age 40 and every three years after the age of 40, and every two years after the age of 60.

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

6.10.3 Information Provided Examining Physician

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

6.10.4 Content of Medical Evaluations

Medical examinations conducted initially and at the intervals specified in section 6.10.2 shall consist of the following:

6.10.4.1 Applicant agreement for release of medical information to the Diving Safety Officer and the DCB (See Appendices 2 and 2b)

6.10.4.2 Medical History (See Appendix 3)

6.10.4.3 Diving Physical Examination (Section 6.10.6 and Appendix 2)

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

Abnormalities of the tympanic membrane, such as perforation, presence of a monomeric membrane, or inability to auto inflate the middle ears

Vertigo including Meniere's Disease
Stapedectomy or middle ear reconstructive surgery
Recent ocular surgery
Psychiatric disorders including claustrophobia, suicidal ideation, psychosis, anxiety states, untreated depression
Substance abuse, including alcohol
Episodic loss of consciousness
History of seizure
History of stroke or a fixed neurological deficit
Recurring neurologic disorders, including transient ischemic attacks
History of intracranial aneurysm, other vascular malformation or intracranial hemorrhage
History of neurological decompression illness with residual deficit
Head injury with sequelae
Hematologic disorders including coagulopathies
Evidence of coronary artery disease or high risk for coronary artery disease
Atrial septal defects
Significant valvular heart disease - isolated mitral valve prolapse is not disqualifying
Significant cardiac rhythm or conduction abnormalities
Implanted cardiac pacemakers and cardiac defibrillators (ICD)
Inadequate exercise tolerance
Severe hypertension
History of spontaneous or traumatic pneumothorax
Asthma
Chronic pulmonary disease, including radiographic evidence of pulmonary blebs, bullae or cysts
Diabetes mellitus
Pregnancy

6.10.6 Laboratory Requirements for Diving Medical Examination:

6.10.6.1 Initial Examination under the age of 40:

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

6.10.6.2 Periodic Re-Examination under age 40 (every 5 years):

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

6.10.6.3 Initial Exam over age 40:

Medical History
Complete Physical Exam, emphasis on neurological and otological components
Detailed assessment of coronary artery disease using Multiple-Risk-Factor Assessment¹
(age, lipid profile, blood pressure, diabetic screening, smoker)
Resting EKG
Chest X-Ray

Urinalysis

Any further tests deemed necessary by the physician

(Exercise stress testing may be indicated based on risk factor analysis.)

6.10.6.4 Periodic re-examination over age 40 (every three years); over age 60 (every two years):

Medical History

Complete Medical Exam, emphasis on neurological and otological components

Detailed assessment of coronary artery disease using Multiple-Risk-Factor Assessment¹
(age, lipid profile, blood pressure, diabetic screening, smoker)

Resting EKG

Urinalysis

Any further tests deemed necessary by the physician

(Exercise stress testing may be indicated based on risk factor analysis.)

See Appendix 2 for References on exercise stress testing and risk factor analysis.

6.10.7 Physician's Written Report.

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

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

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SECTION 7.0 NITROX DIVING GUIDELINES

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

7.10 Prerequisites

7.10.1 Eligibility

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

7.10.2 Application and Documentation

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

7.20 Requirements for Authorization to Use Nitrox

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

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

7.20.1 Training

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

7.20.2 Examinations

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

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

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

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

7.20.3 Maintaining Qualification

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

7.30 Nitrox Training Guidelines

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

7.30.1 Classroom Instruction

Topics should include, but are not limited to:

- Review of previous training
- Physical gas laws pertaining to nitrox
- Partial pressure calculations and limits
- Equivalent air depth (EAD) concept and calculations
- Oxygen physiology and oxygen toxicity
- Calculation of oxygen exposure and maximum safe operating depth (MOD)
- Determination of decompression schedules (both by EAD method using approved air dive tables, and using approved nitrox dive tables)
- Dive planning and emergency procedures
- Mixing procedures and calculations
- Gas analysis
- Personnel requirements
- Equipment marking and maintenance requirements
- Dive station requirements

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

7.30.2 Practical Training

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

7.32.1 Oxygen analysis of nitrox mixtures.

7.32.2 Determination of MOD, oxygen partial pressure exposure, and oxygen toxicity time limits, for various nitrox mixtures at various depths.

7.32.3 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.

7.32.4 Nitrox dive computer use may be included, as approved by the DCB.

7.30.3 Written Examination

Written Examination is to be based on classroom instruction and practical training. Before authorization, the trainee should successfully pass a written examination demonstrating knowledge of at least the following:

- Function, care, use, and maintenance of equipment cleaned for nitrox use
- Physical and physiological considerations of nitrox diving (ex.: O₂ and CO₂ toxicity)
- Diving regulations and procedures as related to nitrox diving, either scuba or surface-supplied (depending on intended mode)

Given the proper information, calculation of:

- Equivalent air depth (EAD) for a given fO₂ and actual depth
- pO₂ exposure for a given fO₂ and depth
- Optimal nitrox mixture for a given pO₂ exposure limit and planned depth
- Maximum operational depth (MOD) for a given mix and pO₂ exposure limit

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

- Dive table and dive computer selection and usage
- Nitrox production methods and considerations
- Oxygen analysis
- Nitrox operational guidelines and regulations (Section 7.40), dive planning, and dive station components

7.30.4 Open Water Dives

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

7.30.5 Surface-Supplied Training

All training as applied to surface-supplied diving (practical, classroom, and openwater) will follow the member organization's surface-supplied diving standards, including additions listed in Section 11.60:

7.40 Scientific Nitrox Diving Regulations

7.40.1 Dive Personnel Requirements

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

7.40.1.2 Scientific Diver - A Scientific Diver who has completed the requirements of Section 5.00 and the training and authorization sections of these guidelines, may be authorized by the DSO to use

nitrox. Depth authorization to use nitrox should be the same as those specified in the diver's authorization, as described in Section. 5.40.

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

In addition to responsibilities listed in Section 1.20.6, the Lead Diver should:

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

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

Reduce the maximum allowable pO_2 exposure limit for the dive team if on-site conditions so indicate (see Sec. 7.40.2.)

7.40.2 Dive Parameters

7.40.2.1 Oxygen Exposure Limits

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

The maximum allowable exposure limit should be reduced in cases where cold or strenuous dive conditions, or extended exposure times are expected. The DCB should consider this in the review of any dive plan application, which proposes to use nitrox. The Lead Diver should also review on-site conditions and reduce the allowable pO_2 exposure limits if conditions indicate.

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

7.40.2.2 Bottom Time Limits

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

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

7.40.2.3 Dive Tables and Gases

A set of DCB approved nitrox dive tables should be available at the dive site. When using the equivalent air depth (EAD) method, dives should be conducted using air dive tables approved by the DCB.

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

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

7.40.3 Nitrox Dive Computers

7.43.1 General

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

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

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

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

Prior to the start of each dive, the diver should check the adjustments of dive computers that are capable of pO_2 limit and fO_2 adjustments to assure compatibility with the mix being used.

7.43.2 Repetitive Diving

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

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

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

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

7.40.4 Oxygen Parameters

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

Purity - Oxygen used for mixing nitrox-breathing gas should meet the purity levels for “Medical Grade” (U.S.P.) or “Aviator Grade” standards. In addition to the AAUS Air Purity Guidelines (Section 3.60), the following standard should be met for breathing air that is either:

Placed in contact with oxygen concentrations greater than 40%

Used in nitrox production by the partial pressure mixing method with gas mixtures containing greater than 40% oxygen as the enriching agent.

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

7.40.5 Gas Mixing and Analysis for Organizational Members

7.40.5.1 Personnel Requirements

Individuals responsible for producing and/or analyzing nitrox mixtures should be knowledgeable and experienced in all aspects of the technique.

Only those individuals approved by the DSO and/or DCB should be responsible for mixing and/or analyzing nitrox mixtures.

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

7.40.5.3 Analysis Verification by User

It is the responsibility of each diver to analyze, prior to the dive, the oxygen content of his/her scuba cylinder and acknowledge in writing the following information for each cylinder: fO₂, MOD, cylinder pressure, date of analysis, and user’s name.

Individual dive log reporting forms should report fO₂ of nitrox used, if different than 21%.

7.50 Nitrox Diving Equipment

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

- Labeled SCUBA Cylinders
- Oxygen Analyzers
- Oxygen Cleaning and Maintenance Requirements

7.50.1 Requirement for Oxygen Service

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

Equipment used with oxygen or mixtures containing over 40% by volume oxygen shall be designed and maintained for oxygen service.

Oxygen systems over 125 psig shall have slow-opening shut-off valves. This should include the following equipment: scuba cylinders, cylinder valves, scuba and other regulators, cylinder pressure gauges, hoses, diver support equipment, compressors, and fill station components and plumbing.

7.50.2 Scuba Cylinder Identification Marking

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

Cylinders should be marked “NITROX”, or “EANx”, or “Enriched Air”

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

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

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

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

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

7.50.3 Regulators

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

7.50.4 Other Support Equipment

An oxygen analyzer is required which is capable of determining the oxygen content in the scuba cylinder.

Two analyzers are recommended to reduce the likelihood of errors due to a faulty analyzer.

The analyzer should be capable of reading a scale of 0 to 100% oxygen, within 1% accuracy.

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

7.50.5 Compressor system

Compressor/filtration system must produce oil-free air.

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

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

SECTION 8.0 AQUARIUM DIVING OPERATIONS

8.10 General Policy

Section 8.00 applies to scientific aquarium divers only.

At present, Saint Mary's College (SMC) has no requirement for aquarium diving, and no SMC Scientific Diver or Scientific Diver-In-Training is authorized to engage in scientific aquarium diving except under the auspices of an AAUS organizational member with both experience in, and standards promulgated for aquarium diving. Such diving shall be performed under the AAUS standards and requirements of organizational reciprocity.

Definition - A scientific aquarium diver is a scientific diver who is diving solely within an aquarium. An aquarium is a shallow, confined body of water, which is operated by or under the control of an institution and is used for the purposes of specimen exhibit, education, husbandry, or research.

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

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

8.20 The Buddy System in Scientific Aquarium Diving

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

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

8.30 Diving Equipment

Section 3.20 is modified to read as follows:

In an aquarium of a known maximum obtainable depth:

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

Only one buddy must be equipped with a timing device.

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

8.40 Scientific Aquarium Diver Certification

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

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

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

8.50 Scientific Aquarium Diving Using Other Diving Technology

8.50.1 Surface Supplied Scientific Aquarium Diving

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

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

8.50.2 Exemption from Standard

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

There are no overhead obstructions or entanglements.

The diver is proficient in performing a Controlled Emergency Swimming Ascent from at least as deep as the maximum depth of the aquarium.

The diver is proficient in performing out of air emergency drills, including ascent and mask/helmet removal.

Each surface supplied diver shall be hose-tended by a separate dive team member while in the water. Scientific aquarium divers are exempt from this standard, provided the tender is monitoring only one air source, there is mutual assistance between divers and there are no overhead obstructions or entanglements.

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

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

Surface supplied equipment must be configured to allow retrieval of the diver by the surface tender without risk of interrupting air supply to the diver.

All surface supplied applications used for scientific aquarium diving shall have a non-return valve at the attachment point between helmet or mask hose, which shall close readily and positively.

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SECTION 9.0 STAGED DECOMPRESSION DIVING

Decompression diving shall be defined as any diving during which the diver cannot perform a direct return to the surface without performing a mandatory decompression stop to allow the release of inert gas from the diver's body. The following procedures shall be observed when conducting dives requiring planned decompression stops:

9.10 Minimum Experience and Training Requirements

9.10.1 Prerequisites and Minimum Training:

9.10.1.1 Scientific Diver qualification according to Section 5.00.

9.10.1.2 Minimum of 100 logged dives.

9.10.1.3 Demonstration of the ability to safely plan and conduct dives deeper than 100 feet.

9.10.1.4 Nitrox certification/authorization according to AAUS Section 7.00 recommended.

9.10.1.5 Training shall be appropriate for the conditions in which dive operations are to be conducted.

Minimum Training shall include the following:

9.10.1.6 A minimum of 6 hours of classroom training to ensure theoretical knowledge to include: physics and physiology of decompression, decompression planning and procedures, gas management, equipment configurations, decompression method, emergency procedures.

It is recommended that at least one training session be conducted in a pool or sheltered water setting to cover equipment handling and familiarization, swimming and buoyancy control, to estimate gas consumption rates, and to practice emergency procedures.

9.10.1.7 At least 6 open-water training dives simulating/requiring decompression shall be conducted, emphasizing planning and execution of required decompression dives, including practice of emergency procedures.

9.10.1.8 Progression to greater depths shall be by 4-dive increments at the depth intervals specified in Section 5.40

9.10.1.9 No training dives requiring decompression shall be conducted until the diver has demonstrated acceptable skills under simulated conditions.

9.10.1.10 The following are the minimum skills the diver must demonstrate proficiently during dives simulating and requiring decompression:

- Buoyancy control
- Proper ascent rate
- Proper depth control
- Equipment manipulation
- Stage/decompression bottle use as pertinent to planned diving operation
- Buddy skills
- Gas management

Time management
Task loading
Emergency skills

Divers shall demonstrate to the satisfaction of the DSO or the DSO's designee proficiency in planning and executing required decompression dives appropriate to the conditions in which diving operations are to be conducted.

Upon completion of training, the diver shall be authorized to conduct required decompression dives with DSO approval.

9.20 Minimum Equipment Requirements

9.20.1 Equipment Configuration

Valve and regulator systems for primary (bottom) gas supplies shall be configured in a redundant manner that allows continuous breathing gas delivery in the event of failure of any one component of the regulator/valve system.

Cylinders volume and configuration must be adequate for planned diving operations.

One of the second stages on the primary gas supply shall be configured with a hose of adequate length to facilitate effective emergency gas sharing in the intended environment.

9.20.2 Minimum Equipment

Minimum dive equipment shall include:

Diver location devices adequate for the planned diving operations and environment

Compass

Slates for Communication Purposes

A snorkel is optional at the DCB's discretion, as determined by the conditions and environment.

9.20.3 Equipment Redundancy

Redundancy in the following components is desirable or required at the discretion of the DCB or DSO:

Decompression Schedules
Dive Timing Devices
Depth gauges
Buoyancy Control Devices
Cutting devices
Lift bags and line reels

9.30 Minimum Operational Requirements

Approval of dive plan applications to conduct required decompression dives shall be on a case-by-case basis.

9.30.1 The maximum pO₂ to be used for planning required decompression dives is 1.6. It is recommended that a pO₂ of less than 1.6 be used during bottom exposure.

9.30.2 Divers' gas supplies shall be adequate to meet planned operational requirements and foreseeable emergency situations.

9.30.3 Decompression dives may be planned using dive tables, dive computers, and/or PC software approved by the DSO/DCB.

9.30.4 Breathing gases used while performing in-water decompression shall contain the same or greater oxygen content as that used during the bottom phase of the dive.

9.30.5 Prior to each dive the dive team shall review emergency procedures appropriate for the planned dive.

9.30.6 If breathing gas mixtures other than air are used for required decompression, their use shall be in accordance with those regulations set forth in the appropriate sections of this standard.

9.30.7 The maximum depth for required decompression using air as the bottom gas shall be 190 feet.

9.30.8 Use of additional nitrox and/or high-oxygen fraction decompression mixtures as travel and decompression gases to decrease decompression obligations is encouraged.

9.30.9 Use of alternate inert gas mixtures to limit narcosis is encouraged for depths greater than 150 feet.

9.30.10 If a period of more than 6 months has elapsed since the last mixed gas dive, a series of progressive workup dives to return the diver(s) to proficiency status prior to the start of project diving operations are recommended.

9.30.11 Mission specific workup dives are recommended.

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SECTION 10.0 MIXED GAS DIVING

No SMC Scientific Diver or Scientific Diver-In-Training is authorized to engage in mixed gas diving except under the auspices of an AAUS organizational member with both experience in mixed gas diving and standards promulgated for such diving, and with the approval of the SMC DCB and the authorization of the DSO. Such diving shall be performed under the AAUS standards and requirements of organizational reciprocity. Authorization to participate in projects requiring mixed gas diving techniques will be made on a case-by-case basis, subject to stringent review of the qualifications of the organization and dive team.

Mixed gas diving is defined as dives done while breathing gas mixes containing proportions greater than 1% by volume of an inert gas other than nitrogen.

10.10 Minimum Experience and Training Requirements

10.10.1 Prerequisites:

10.10.1.1 Nitrox certification and authorization (Section 7.00)

10.10.1.2 If the intended use entails required decompression stops, divers will be previously certified and authorized in decompression diving (Section 9.00).

10.10.1.3 Divers shall demonstrate to the DCB's satisfaction skills, knowledge, and attitude appropriate for training in the safe use of mixed gases.

10.10.2 Classroom training including:

Review of topics and issues previously outlined in nitrox and required decompression diving training as pertinent to the planned operations

The use of helium or other inert gases, and the use of multiple decompression gases

Equipment configurations

Mixed gas decompression planning

Gas management planning

Thermal considerations

END determination

Mission planning and logistics

Emergency procedures

Mixed gas production methods

Methods of gas handling and cylinder filling

Oxygen exposure management

Gas analysis

Mixed gas physics and physiology

10.10.3 Practical Training:

10.10.3.1 Confined water session(s) in which divers demonstrate proficiency in required skills and techniques for proposed diving operations.

10.10.3.2 A minimum of 6 open water training dives.

10.10.3.3 At least one initial dive shall be in 130 feet or less to practice equipment handling and emergency procedures.

10.10.3.4 Subsequent dives will gradually increase in depth, with a majority of the training dives being conducted between 130 feet and the planned operational depth.

10.10.3.5 Planned operational depth for initial training dives shall not exceed 260 feet.

10.10.3.6 Diving operations beyond 260 feet requires additional training dives.

10.20 Equipment and Gas Quality Requirements

Equipment requirements shall be developed and approved by the DCB, and met by divers, prior to engaging in mixed-gas diving. Equipment shall meet other pertinent requirements set forth elsewhere in this standard.

The quality of inert gases used to produce breathing mixtures shall be of an acceptable grade for human consumption.

10.30 Minimum Operational requirements

Approval of dive plan applications to conduct mixed gas dives shall be on a case-by-case basis. All applicable operational requirements for nitrox and decompression diving shall be met.

10.30.1 Oxygen Considerations

The maximum pO_2 to be used for planning required decompression dives is 1.6. It is recommended that a pO_2 of less than 1.6 be used during bottom exposure.

Maximum planned Oxygen Toxicity Units (OTU) will be considered based on mission duration.

Divers decompressing on high-oxygen concentration mixtures shall closely monitor one another for signs of acute oxygen toxicity.

If a period of more than 6 months has elapsed since the last mixed gas dive, a series of progressive workup dives to return the diver(s) to proficiency status prior to the start of project diving operations are recommended.

SECTION 11.0 OTHER DIVING TECHNOLOGY

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

No SMC Scientific Diver or Scientific Diver-In-Training is authorized to engage in these dive modes except under the auspices of and cooperation with an AAUS organizational member with experience in the specific dive mode, and regulations specifically promulgated for such diving, and with the approval of the SMC DCB and the authorization of the DSO. Such diving shall be performed under the AAUS standards and requirements. Authorization to participate in projects requiring any of these diving techniques will be made on a case-by-case basis, subject to stringent review of the qualifications of the organization and dive team.

11.10 Blue Water Diving

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

11.20 Ice and Polar Diving

Divers planning to dive under ice or in polar conditions should use the following: "Guidelines for Conduct of Research Diving", National Science Foundation, Division of Polar Programs, 1990.

11.30 Overhead Environments

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

11.40 Saturation Diving

If using open circuit compressed air scuba in saturation diving operations, divers shall comply with the saturation diving guidelines of the organizational member.

11.50 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.

11.60 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.

SECTION 12.0 REBREATHERS

No SMC Scientific Diver or Scientific Diver-In-Training is authorized to engage in rebreather use except under the auspices of and cooperation with an AAUS organizational member with experience in rebreather diving, and regulations specifically promulgated for such diving, and with the approval of the SMC DCB and the authorization of the DSO. Such diving shall be performed under the AAUS standards and requirements of organizational reciprocity. Authorization to participate in projects requiring rebreather technology and techniques will be made on a case-by-case basis, subject to stringent review of the qualifications of the organization and dive team.

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

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

Application of this standard is in addition to pertinent requirements of all other sections of the AAUS Standards for Scientific Diving.

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

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

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

12.10 Definitions and General Information

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

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

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

An increased level of discipline and attention to rebreather system status by the diver is required for safe operation, with a greater need for self-reliance. Rebreather system design and operation varies significantly between make and model. For these reasons when evaluating any dive plan incorporating rebreathers, risk-management emphasis should be placed on the individual qualifications of the diver on the specific rebreather make and model to be used, in addition to specific equipment requirements and associated operational protocols.

12.10.1 Oxygen Rebreathers

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

12.10.2 Semi-Closed Circuit Rebreathers.

Semi-closed circuit rebreathers (SCR) recycle the majority of exhaled breathing gas, venting a portion into the water and replenishing it with a constant or variable amount of a single oxygen-enriched gas mixture. Gas addition and venting is balanced against diver metabolism to maintain safe oxygen levels by means which differ between SCR models, but the mechanism usually provides a semi-constant fraction of oxygen (FO₂) in the breathing loop at all depths, similar to open-circuit SCUBA.

12.10.3 Closed-Circuit Mixed Gas Rebreathers.

Closed-circuit mixed gas rebreathers (CCR) recycle all of the exhaled gas and replace metabolized oxygen via an electronically controlled valve, governed by electronic oxygen sensors. Manual oxygen addition is available as a diver override, in case of electronic system failure. A separate inert gas source (diluent), usually containing primarily air, heliox, or trimix, is used to maintain oxygen levels at safe levels when diving below 20fsw. CCR systems operate to maintain a constant oxygen partial pressure (PPO₂) during the dive, regardless of depth.

12.20 Prerequisites and Training Requirements

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

12.20.1 Training Prerequisites

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

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

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

12.20.1.4 Nitrox training. Training in use of nitrox mixtures containing 25% to 40% oxygen is required. Training in use of mixtures containing 40% to 100% oxygen may be required, as needed for

the planned application and rebreather system. Training may be provided as part of rebreather training.

12.20.2 Training Overview

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

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

12.20.3 Classroom Training

12.20.3.1 Classroom training shall include:

A review of those topics of diving physics and physiology, decompression management, and dive planning included in prior scientific diver, nitrox, staged decompression and/or mixed gas training, as they pertain to the safe operation of the selected rebreather system and planned diving application. In particular, causes, signs and symptoms, first aid, treatment and prevention of the following must be covered:

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

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

- System design and operation, including:
 - Counterlung(s)
 - CO₂ scrubber
 - CO₂ absorbent material types, activity characteristics, storage, handling and disposal
 - Oxygen control system design, automatic and manual
 - Diluent control system, automatic and manual (if any)
 - Pre-dive set-up and testing
 - Post-dive break-down and maintenance
 - Oxygen exposure management
 - Decompression management and applicable decompression tracking methods
 - Dive operations planning
 - Problem recognition and management, including system failures leading to hypoxia, hyperoxia, hypercapnia, flooded loop, and caustic cocktail
 - Emergency protocols and bailout procedures

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

Minimum Number of Hours of Underwater Time

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

* Dives should not exceed 20 fsw.
 ** First two dives should not exceed 60 fsw. Subsequent dives should be at progressively greater depths, with at least one dive in the 80 to 100 fsw range.
 *** Total underwater time (pool and open water) of approximately 500 minutes. First two open water dives should not exceed 60 fsw. Subsequent dives should be at progressively greater depths, with at least 2 dives in the 100 to 130 fsw range.

Amount of required in-water time should increase proportionally to the complexity of rebreather system used. Training shall be in accordance with the manufacturer's recommendations.

12.20.4 Practical Evaluations

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

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

Bailout and emergency procedures for self and buddy, including:

- System malfunction recognition and solution
- Manual system control
- Flooded breathing loop recovery (if possible)
- Absorbent canister failure
- Alternate bailout options
- Symptom recognition and emergency procedures for hyperoxia, hypoxia, and hypercapnia

Proper system maintenance, including:

- Full breathing loop disassembly and cleaning (mouthpiece, check-valves, hoses, counterlung, absorbent canister, etc)
- Oxygen sensor replacement (for SCR and CCR)

Other tasks required by specific rebreather models

12.20.5 Written Evaluation

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

12.20.6 Supervised Rebreather Dives

Upon successful completion of open water training dives, the diver is authorized to conduct a series of supervised rebreather dives, during which the diver gains additional experience and proficiency. Supervisor for these dives should be the DSO or designee, and should be an active scientific diver experienced in diving with the make/model of rebreather being used. Dives at this level may be targeted to activities associated with the planned science diving application. See the following table for number and cumulative water time for different rebreather types.

Type	Pool/Confined Water	O/W Training	O/W Supervised
Oxygen Rebreather	1 dive, 90 min	4 dives, 120 min.*	2 dives, 60 min
Semi-Closed Circuit	1 dive, 90-120 min	4 dives, 120 min.**	4 dives, 120 min
Closed-Circuit	1 dive, 90-120 min	8 dives, 380 min.***	4 dives, 240 min
<p>* Dives should not exceed 20 fsw. ** First two dives should not exceed 60 fsw. Subsequent dives should be at progressively greater depths, with at least one dive in the 80 to 100 fsw range. *** Total underwater time (pool and open water) of approximately 500 minutes. First two open water dives should not exceed 60 fsw. Subsequent dives should be at progressively greater depths, with at least 2 dives in the 100 to 130 fsw range.</p>			

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

Extended Range, Required Decompression and Helium-Based Inert Gas

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

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

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

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

12.20.7 Maintenance of Proficiency

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

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

12.30 Equipment Requirements

12.30.1 General Requirements

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

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

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

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

12.30.2 Documentation

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

- Operational depth range
- Operational temperature range
- Breathing gas mixtures that may be used
- Maximum exercise level which can be supported as a function of breathing gas and depth
- Breathing gas supply durations as a function of exercise level and depth
- CO₂ absorbent durations, as a function of depth, exercise level, breathing gas, and water temperature
- Method, range and precision of inspired PPO₂ control, as a function of depth, exercise level, breathing gas, and temperature
- Likely failure modes and backup or redundant systems designed to protect the diver if such failures occur
- Accuracy and precision of all readouts and sensors
- Battery duration as a function of depth and temperature
- Mean time between failures of each subsystem and method of determination

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

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

12.30.3 Minimum Equipment

12.30.3.1 General

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

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

Manual gas addition valves, so that manual volumetric compensation during descent and manual oxygen addition at all times during the dive are possible

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

12.30.3.2 Oxygen Rebreathers

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

12.30.3.3 Semi-Closed Circuit Rebreathers.

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

12.30.3.4 Closed Circuit Mixed-gas Rebreathers.

CCR shall incorporate a minimum of three independent oxygen sensors.

A minimum of two independent displays of oxygen sensor readings shall be available to the diver.

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

CCR shall be equipped with manual diluent and oxygen addition valves, to enable the diver to maintain safe oxygen levels in the event of failure of the primary power supply or automatic gas addition systems.

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

12.40 Operational Requirements

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

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

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

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

12.40.1 Dive Plan

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

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

12.40.2 Buddy Qualifications.

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

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

12.40.3 Oxygen Exposures

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

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

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

12.40.4 Decompression Management

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

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

12.40.4.1 Oxygen rebreathers: Not applicable.

12.40.4.2 SCR (presumed constant FO₂):

Use of any method approved for open-circuit scuba diving breathing air, above the maximum operational depth of the supply gas.

Use of open-circuit nitrox dive tables based upon expected inspired FO₂. In this case, contingency air dive tables may be necessary for active-addition SCR's in the event that exertion level is higher than expected.

Equivalent air depth correction to open-circuit air dive tables, based upon expected inspired FO₂ for planned exertion level, gas supply rate, and gas composition. In this case, contingency air dive tables may be necessary for active-addition SCR's in the event that exertion level is higher than expected.

12.40.4.3 CCR (constant PPO₂):

Integrated constant PPO₂ dive computer

Non-integrated constant PPO₂ dive computer

Constant PPO₂ dive tables

Open-circuit (constant FO₂) nitrox dive computer, set to inspired FO₂ predicted using PPO₂ set point at the maximum planned dive depth

Equivalent air depth (EAD) correction to standard open-circuit air dive tables, based on the inspired FO₂ predicted using the PPO₂ set point at the maximum planned dive depth

Air dive computer, or air dive tables used above the maximum operating depth (MOD) of air for the PPO₂ setpoint selected

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

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

Pre-dive checks shall include:

Gas supply cylinders full

Composition of all supply and bail-out gases analyzed and documented

Oxygen sensors calibrated

Carbon dioxide canister properly packed

Remaining duration of canister life verified

Breathing loop assembled

Positive and negative pressure leak checks

Automatic volume addition system working

Automatic oxygen addition systems working

Pre-breathe system for 3 minutes (5 minutes in cold water) to ensure proper oxygen addition and carbon dioxide removal (be alert for signs of hypoxia or hypercapnia)

Other procedures specific to the model of rebreather used

Documentation of ALL components assembled
Complete pre-dive system check performed
Final operational verification immediately before entering the water:
PO2 in the rebreather is not hypoxic
Oxygen addition system is functioning;
Volumetric addition is functioning
Bail-out life support is functioning

12.40.6 Alternate Life Support System

The diver shall have reliable access to an alternate life support system designed to safely return the diver to the surface at normal ascent rates, including any required decompression in the event of primary rebreather failure. The complexity and extent of such systems are directly related to the depth/time profiles of the mission.

Examples of such systems include, but are not limited to:

- Open-circuit bailout cylinders or sets of cylinders, either carried or pre-positioned
- Redundant rebreather
- Pre-positioned life support equipment with topside support

12.40.7 CO2 Absorbent Material

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

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

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

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

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

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

12.40.9 Unit Disinfections

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

12.50 Oxygen Rebreathers

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

Breathing loop and diver's lungs must be adequately flushed with pure oxygen prior to entering the water on each dive.

Once done, the diver must breathe continuously and solely from the intact loop, or re-flushing is required.

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

12.60 Semi-Closed Circuit Rebreathers

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

The gas addition rate of active addition SCR (e.g., Draeger Dolphin and similar units) shall be checked before every dive, to ensure it is balanced against expected workload and supply gas FO_2 .

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

Maximum operating depth shall be based upon the FO_2 in the active supply cylinder.

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

12.70 Closed-Circuit Rebreathers

The FO_2 of each diluent gas supply used shall be chosen so that, if breathed directly while in the depth range for which its use is intended, it will produce an inspired PPO_2 greater than 0.20 atm but no greater than 1.4 atm.

Maximum operating depth shall be based on the FO_2 of the diluent in use during each phase of the dive, so as not to exceed a PO_2 limit of 1.4 atm.

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

The PPO_2 set point shall not be lower than 0.4 atm or higher than 1.4 atm.

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SECTION 13.0 SCIENTIFIC CAVE AND CAVERN DIVING STANDARD

No SMC Scientific Diver or Scientific Diver-In-Training is authorized to engage in Cave Diving except under the auspices of and in cooperation with an AAUS organizational member with experience in cave diving, and regulations specifically promulgated for such diving, and with the approval of the SMC DCB and the authorization of the DSO. Any such cooperative diving shall be performed under the AAUS standards and requirements of organizational reciprocity. Authorization to participate in projects requiring cave diving techniques will be made on a case-by-case basis, subject to stringent review of the qualifications of the organization and dive team.

This standard helps to ensure all scientific diving in overhead environments is conducted in a manner which will maximize the protection of scientific divers from accidental injury and/or illness and provide the basis allowing the working reciprocity between AAUS organizational members.

If a conflict exists between this standard and other standards in this manual, the information set forth in this standard only takes precedence when the scientific diving being conducted takes place wholly or partly within an underwater cave or cavern environment.

A dive team shall be considered to be cave or cavern diving if at any time during the dive they find themselves in a position where they cannot complete a direct, unobstructed ascent to the surface because of rock formations.

The member organization requires that no person shall engage in scientific cave or cavern diving unless that person holds a recognized certificate/authorization issued pursuant to the provisions of this manual.

The diver must demonstrate to the DCB or its designee that the diver possesses the proper attitude, judgment, and discipline to safely conduct cave and cavern diving in the context of planned operations.

Operational requirements for cave and cavern diving have been established through accident analysis of previous cave diving accidents.

13.10 Definitions

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

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

Cave – A dive shall be considered a cave dive if any one or more of the environmental limits specified in the definition of cavern are exceeded or otherwise not followed. Linear penetrations limits shall not exceed the limits of each diver's training.

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

Cavern - An entrance and first chamber to a cave where:

1. Sunlight from the entrance is visible to all dive team members at all times during the dive.
2. Members of the dive team do not pass through any restrictions that don't allow the divers to swim side by side during the dive, nor are there any restrictions between the divers and the most expeditious exit to the surface.
3. Maximum depth achieved shall not exceed the depth ratings of dive team.

Cavern Dive - A dive which takes place partially or wholly underground, in which the following environmental parameters are met.

1. Natural sunlight is continuously visible from the entrance
2. Environmental conditions will be evaluated by the DSO or designee and appropriate limits incorporated into the dive plan.

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

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

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

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

Knife/Line Cutter - Small, sharp blade capable of easily cutting a guideline and that is accessible to the diver.

Lava Tube - Type of cave or cavern formed by the surface hardening of a stream of flowing molten rock, which may later become flooded due to static sea level changes.

Line Marker - Any one of several types of markers attached to a guideline, which provides additional navigational information to the dive team, most commonly the direction out to the nearest surface.

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

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

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

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

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

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

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

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

Scientific Cave or Cavern Diver-In-Training - Authorized to dive in the cave or cavern environment under the direct supervision of qualified instructional personnel for training purposes only.

Scientific Cavern Diver - Authorization to dive in an overhead environment as defined in cavern.

Scientific Cave Diver - Authorization to dive in an overhead environment as defined in cave.

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

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

Solution Cave - Cave formed in carbonate or carbonate-cemented bedrock, formed by the dissolution of the rock by groundwater.

Spring - Cave with water flowing with a generally continuous outflow.

Sump - An area in a dry cave that can no longer be negotiated without the use of diving equipment.

Well - A vertical or nearly vertical shaft, usually manmade, through which a diver can access a dive site.

13.20 Cave and Cavern Environment Hazards

Current/Flow - Underwater caves have currents that vary in strength and direction. Of particular note is a condition known as siphoning. Siphoning caves have flow or current directed into the cave. This can cause poor visibility as a result of mud and silt being drawn into the cave entrance.

Silt - The presences of silt, sand, mud, clay, etc. on the cave floor can cause visibility to be reduced to nothing in a very short time.

Restrictions - Any passage through which two divers cannot easily pass side by side while sharing air make air sharing difficult.

Cave-ins - Cave-ins are a normal part of cave evolution; however experiencing a cave-in during diving operations is extremely unlikely.

13.30 Minimum Experience and Training Requirements

13.30.1 Cavern Diver

Prerequisites

The applicant for training shall have met the requirements in Section 5.00 of the AAUS Standards for Scientific Diving Certification and Operation of Scientific Diving Programs, fourth edition (2003), and hold as a minimum a scientific diver permit.

13.30.2 Cavern Training

The applicant is to participate in the following areas of training, or their equivalent:

Classroom Lecture and Critique - The applicant shall participate in classroom discussion or equivalent type activities covering these topics: Policy for cavern diving, cavern environment and environmental hazards, accident analysis, psychological considerations, equipment, body control, communications, cavern diving techniques, navigation and guidelines, dive planning, cave geology, cave hydrology, cave biology, and emergency procedures.

Land Drills - The applicant shall participate in drills above water using the guideline and reel. Drills are to emphasize proper use of the reel, techniques and considerations for laying a guideline, guideline following, buddy communication, and emergency procedures.

Cavern Dives - A minimum of four (4) cavern dives, preferably to be conducted in a minimum of two (2) different caverns. Skills the applicant should demonstrate include:

- Safety drill (S-drill),
- Gear matching,
- Bubble check prior to entering the cavern on each dive,
- Proper buoyancy compensator use,
- Proper trim and body positioning,
- Hovering and buoyancy with hand tasks
- Specialized propulsion techniques (modified flutter kick, modified frog kick, pull and glide, ceiling walk or shuffle)
- Proper guideline and reel use,
- Ability to follow the guideline with no visibility
- Sharing air while following a guideline, and sharing air while following the guideline with no visibility
- Light and hand signal use,
- Ability to comfortably work in a cavern without assistance

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

13.30.3 Cave Diver

Prerequisites:

The applicant for training shall hold as a minimum a cavern diver permit.

13.30.4 Cave Training

The applicant is to participate in the following areas of training, or their equivalent:

Classroom Lecture and Critique - The applicant shall participate in classroom discussion or equivalent type activities covering these topics:

- Review of the topics listed in cavern diver training and differing techniques and procedures used in cave diving
- Additional equipment procedures used in cave diving
- Cave diving equipment configurations
- Procedures for conducting diving operations involving complex navigation and use of line markers
- Advanced gas management and a thorough review of dive tables
- Decompression tables and decompression theory

Land Drills - The applicant shall participate in drills above water included in cavern training. Drills are to emphasize proper use of the reel in lost diver procedures, as well as line placements and station location as required for surveying.

Cave Dives - A minimum of twelve (12) cave dives, to be conducted in a minimum of four (4) different cave sites with differing conditions are recommended.

Skills the applicant should demonstrate include:

- A review of skills listed in cavern training
- Special techniques in buoyancy control
- Referencing and back-up navigation
- Air sharing in a minor restriction using a single file method
- Special propulsion techniques in heavy outflow
- Anti-silting techniques
- Line jumping techniques and protocols
- Surveying and ability to critique their dives

Emergency procedures training shall include proficiency in:

- Lost line
- Lost diver
- Gas sharing
- Light failure
- Valve manipulation
- No/low visibility situations

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

13.40 Equipment Requirements

Equipment used for SCUBA in cave or cavern diving is based on the concept of redundancy. Redundant SCUBA equipment shall be carried whenever the planned penetration distances are such that an emergency swimming ascent is not theoretically possible.

13.40.1 Cavern Diving Equipment

The following equipment shall be required, in excess of that detailed for open water SCUBA diving in Section 3.00. Each member of the dive team shall have:

- At minimum, a single tank equipped with an “H” valve or an alternate air supply
- A BCD capable of being inflated from the tank
- Slate and pencil
- Two battery powered secondary lights of an approved type
- Knife or line cutter
- One primary reel of at least 350 feet for each team
- Snorkel - No snorkel shall be worn while inside underwater cave or cavern.

13.40.2 Cave Diving Equipment

The following equipment shall be required, in excess of that detailed for cavern diving: Each member of the dive team shall have:

- Cylinders with dual orifice isolation valve manifold or independent SCUBA systems each capable of maintaining enough gas for the diver during exit and ascent to the surface
- Two completely independent regulators, at least one of each having submersible tank pressure gauge, a five foot or longer second stage hose, and a low pressure inflator for the BCD
- A primary light with sufficient burn time for the planned dive
- Safety reel with at least 150 feet of line
- Appropriate submersible dive tables and/or dive computer (computers w/ backup tables).
- Line markers
- Snorkel - No snorkel shall be worn while inside underwater cave or cavern.

13.50 Operational Requirements and Safety Protocols

All members of the dive team must have met the all applicable sections of Volume One and applicable sections of Volume Two of the AAUS manual and be authorized for that type of diving by the DCB before conducting scientific cave dives.

13.50.1 Cavern Diver Procedures

Cavern diving shall not be conducted at depths greater than 100 feet.

Dive teams shall perform a safety drill prior to each cave or cavern penetration that includes equipment check, gas management, and dive objectives.

Each team within the cavern zone must utilize a continuous guideline appropriate for the environment leading to a point from which an uninterrupted ascent to the surface may be made.

Gas management must be appropriate for the planned dive with special considerations made for DPV's, siphon diving, rebreathers, etc.

The entire dive team is to immediately terminate the dive whenever any dive team member feels an unsafe condition is present.

13.50.2 Cave Diving Procedures

Dive teams shall perform a safety drill prior to each cave or cavern penetration that includes equipment check, gas management, and dive objectives.

Diver teams must run or follow a continuous guideline from the surface pool to maximum penetration.

Gas management must be appropriate for the planned dive with special considerations made for DPV's, siphon diving, rebreathers, etc.

Each diver must carry one primary and two back up lights.

Divers utilizing side mount diving or other dual independent diving systems must have the approval of the Diving Safety Officer or his/her designee.

The entire dive team is to immediately terminate the dive whenever any dive team member feels an unsafe condition is present.

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APPENDICES

Appendix 1 Diving Medical Exam 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 Saint Mary's College. Their answers on the Diving Medical History Form (attached) may indicate potential health or safety risks as noted. Your evaluation is requested on the attached scuba Diving Fitness Medical Evaluation Report. If you have questions about diving medicine, you may wish to consult one of the references on the attached list or contact one of the physicians with expertise in diving medicine whose names and phone numbers appear on an attached list. Please contact the undersigned Diving Safety Officer if you have any questions or concerns about diving medicine or the Saint Mary's College diving standards. Thank you for your assistance.

Diving Safety Officer

Date

Printed Name

Phone Number

Scuba and other modes of compressed-gas diving can be strenuous and hazardous. A special risk is present if the middle ear, sinuses or lung segments do not readily equalize air pressure changes. The most common cause of distress is eustachian insufficiency. Most fatalities involve deficiencies in prudence, judgment, emotional stability or physical fitness. Please consult the following list of conditions which usually restrict candidates from diving.

CONDITIONS WHICH MAY DISQUALIFY CANDIDATES FROM DIVING

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

1. Abnormalities of the tympanic membrane, such as perforation, presence of a monomeric membrane, or inability to autoinflate the middle ears [5, 7, 8, 9]
2. Vertigo including Meniere's Disease [13]
3. Stapedectomy or middle ear reconstructive surgery [11]
4. Recent ocular surgery [15, 18, 19]
5. Psychiatric disorders including claustrophobia, suicidal ideation, psychosis, anxiety states, untreated depression [20 - 23]
6. Substance abuse, including alcohol [24 - 25]
7. Episodic loss of consciousness. [1, 26, 27]
8. History of seizure [27, 28]
9. History of stroke or a fixed neurological deficit [29, 30]
10. Recurring neurologic disorders, including transient ischemic attacks [29, 30]
11. History of intracranial aneurysm, other vascular malformation or intracranial hemorrhage [31]
12. History of neurological decompression illness with residual deficit [29, 30]
13. Head injury with sequelae [26, 27]
14. Hematologic disorders including coagulopathies [41, 42]
15. Evidence of coronary artery disease or high risk for coronary artery disease¹ [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. Asthma² [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]

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 “Are Asthmatics Fit to Dive?” Elliott DH, ed. 1996 Undersea and Hyperbaric Medical Society, Kensington, MD.

SELECTED REFERENCES IN DIVING MEDICINE

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

- Elliott, D.H. ed. 1996. *Are Asthmatics Fit to Dive?* Kensington, MD: Undersea and Hyperbaric Medical Society.
- Bove, A.A. 2011. The cardiovascular system and diving risk. *Undersea and Hyperbaric Medicine* 38(4): 261-269.
- Thompson, P.D. 2011. The cardiovascular risks of diving. *Undersea and Hyperbaric Medicine* 38(4): 271-277.
- Douglas, P.S. 2011. Cardiovascular screening in asymptomatic adults: Lessons for the diving world. *Undersea and Hyperbaric Medicine* 38(4): 279-287.
- Mitchell, S.J., and A.A. Bove. 2011. Medical screening of recreational divers for cardiovascular disease: Consensus discussion at the Divers Alert Network Fatality Workshop. *Undersea and Hyperbaric Medicine* 38(4): 289-296.
- Grundy, S.M., Pasternak, R., Greenland, P., Smith, S., and Fuster, V. 1999. Assessment of Cardiovascular Risk by Use of Multiple-Risk-Factor Assessment Equations. AHA/ACC Scientific Statement. *Journal of the American College of Cardiology*, 34: 1348-1359. <http://content.onlinejacc.org/cgi/content/short/34/4/1348>
- Bove, A.A. and Davis, J. 2003. DIVING MEDICINE, Fourth Edition. Philadelphia: W.B. Saunders Company.
- Edmonds, C., Lowry, C., Pennefather, J. and Walker, R. 2002. DIVING AND SUBAQUATIC MEDICINE, Fourth Edition. London: Hodder Arnold Publishers.
- Bove, A.A. ed. 1998. MEDICAL EXAMINATION OF SPORT SCUBA DIVERS, San Antonio, TX: Medical Seminars, Inc.
- NOAA DIVING MANUAL, NOAA. Superintendent of Documents. Washington, DC: U.S. Government Printing Office.
- U.S. NAVY DIVING MANUAL. Superintendent of Documents, Washington, DC: U.S. Government Printing Office, Washington, D.C.

Attachments: Medical Evaluation of Fitness for Scuba Diving Report
 Diving Medical History Form
 Question Evaluations for Diving Medical History Form
 Recommended Physicians with Expertise in Diving/Undersea Medicine

Appendix 2: Medical Evaluation of Fitness for Scuba Diving

Name of Applicant (Print or Type)

Date of Medical Evaluation (Month/Day/Year)

To The Examining Physician: Scientific divers require periodic scuba diving medical examinations to assess their fitness to engage in diving with self-contained underwater breathing apparatus (scuba). Their answers on the Diving Medical History Form may indicate potential health or safety risks as noted. Scuba diving is an activity that puts unusual stress on the individual in several ways. Your evaluation is requested on this Medical Evaluation form. Your opinion on the applicant's medical fitness is requested. Scuba diving requires heavy exertion. The diver must be free of cardiovascular and respiratory disease (see references, following page). An absolute requirement is the ability of the lungs, middle ears and sinuses to equalize pressure. Any condition that risks the loss of consciousness should disqualify the applicant. Please proceed in accordance with the AAUS Medical Standards (Sec. 6.00). If you have questions about diving medicine, please consult with the Undersea Hyperbaric Medical Society or Divers Alert Network.

TESTS: THE FOLLOWING TESTS ARE REQUIRED:

I. DURING ALL INITIAL AND PERIODIC RE-EXAMS UNDER AGE 40:

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

II. TESTS DURING FIRST AND PERIODIC RE-EXAMS OVER AGE 40:

- All tests in Part I
- Chest X-Ray (Required only during first exam over age 40)
- Resting EKG
- Detailed 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 Assessment

PHYSICIAN'S STATEMENT:

_____ 01 Diver **IS** medically qualified to dive for:
_____ 2 years (over age 60) _____ 3 years (age 40-59) _____ 5 years (under age 40)
_____ 02 Diver **IS NOT** medically qualified to dive: _____ Permanently _____ Temporarily

I have evaluated the abovementioned individual according to the American Academy of Underwater Sciences medical standards and required tests for scientific diving (Sec. 6.00 and Appendix 1) and, in my opinion, find no medical conditions that may be disqualifying for participation in scuba diving. I have discussed with the patient any medical condition(s) that would not disqualify him/her from diving but which may seriously compromise subsequent health. The patient understands the nature of the hazards and the risks involved in diving with these conditions.

Signature _____ MD or DO _____
Date

Name (Print or Type)

Address _____

Telephone Number _____ E-Mail Address _____

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

My familiarity with diving medicine is: _____

z

Appendix 2b Applicant's Release of Medical Information

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 Saint Mary's College Diving Safety Officer and Diving Control Board or their designee.

Signature of Applicant _____

Date _____

REFERENCES

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

Appendix 3: Diving Medical History Form
(To Be Completed By Applicant-Diver)

Name _____ Sex ____ Age ____ Wt. ____ Ht. ____

Sponsor _____ Date ____/____/____
(Dept./Project/Program/School) (Mo/Day/Yr)

TO THE APPLICANT:

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

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

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

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

	Yes	No	Please indicate whether or not the following apply to you	Comments
18			Wear glasses or contact lenses	
19			Bleeding disorders	
20			Alcoholism	
21			Any problems related to diving	
22			Nervous tension or emotional problems	
23			Take tranquilizers	
24			Perforated ear drums	
25			Hay fever	
26			Frequent sinus trouble, frequent drainage from the nose, post-nasal drip, or stuffy nose	
27			Frequent earaches	
28			Drainage from the ears	
29			Difficulty with your ears in airplanes or on mountains	
30			Ear surgery	
31			ringing in your ears	
32			Frequent dizzy spells	
33			Hearing problems	
34			Trouble equalizing pressure in your ears	
35			Asthma	
36			Wheezing attacks	
37			Cough (chronic or recurrent)	
38			Frequently raise sputum	
39			Pleurisy	
40			Collapsed lung (pneumothorax)	
41			Lung cysts	
42			Pneumonia	
43			Tuberculosis	

	Yes	No	Please indicate whether or not the following apply to you	Comments
44			Shortness of breath	
45			Lung problem or abnormality	
46			Spit blood	
47			Breathing difficulty after eating particular foods, after exposure to particular pollens or animals	
48			Are you subject to bronchitis	
49			Subcutaneous emphysema (air under the skin)	
50			Air embolism after diving	
51			Decompression sickness	
52			Rheumatic fever	
53			Scarlet fever	
54			Heart murmur	
55			Large heart	
56			High blood pressure	
57			Angina (heart pains or pressure in the chest)	
58			Heart attack	
59			Low blood pressure	
60			Recurrent or persistent swelling of the legs	
61			Pounding, rapid heartbeat or palpitations	
62			Easily fatigued or short of breath	
63			Abnormal EKG	
64			Joint problems, dislocations or arthritis	
65			Back trouble or back injuries	
66			Ruptured or slipped disk	
67			Limiting physical handicaps	
68			Muscle cramps	
69			Varicose veins	

	Yes	No	Please indicate whether or not the following apply to you	Comments
70			Amputations	
71			Head injury causing unconsciousness	
72			Paralysis	
73			Have you ever had an adverse reaction to medication?	
74			Do you smoke?	
75			Have you ever had any other medical problems not listed? If so, please list or describe below;	
76			Is there a family history of high cholesterol?	
77			Is there a family history of heart disease or stroke?	
78			Is there a family history of diabetes?	
79			Is there a family history of asthma?	
80			Date of last tetanus shot? Vaccination dates?	

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

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

Signature

Appendix 4: Medical Information Contacts

Divers Alert Network (DAN)

The Peter B. Bennett Center
6 West Colony Place
Durham, NC 27705 USA

Dive Emergency Hotline

1-800-446-2671 (toll-free)
+1-919-684-4DAN (4326)

Non-Emergency Medical Questions

1-800-446-2671 or 1-919-684-2948, Mon-Fri,
8:30am-5:00pm (ET)

Primary and Emergency Care Facility

John Muir Medical Center Urgent Care
1455 Montego
Walnut Creek, CA 94596
(925) 939-4444

Dr. Paul Cianci
2000 Vale Road
San Pablo, CA 94806
(510) 235-3483
Hyperbaric Specialist

Dr. Harry J. MacDannald M.D.
130 La Casa Via, Suite 208
Walnut Creek, CA 94598
(925) 944-0166
Respiratory Specialist

Dr. Alireza Rezapour M.D., Director
Saint Mary's College Health & Wellness Center
Augustine Hall, Saint Mary's College.
(925) 631-4254
Dr. Rezapour is an Associate Member of the
Saint Mary's College Diving Control Board

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 (intentional or not) 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 an internationally recognized certifying agency.

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

Cylinder - A pressure vessel for the storage of gases.

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

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

Dive - A descent into the water, an underwater diving activity utilizing compressed gas, an ascent, and return to the surface.

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

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

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

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

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

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

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

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

Diving Control Board (DCB) - Group of individuals who act as the official representative of the membership organization in matters concerning the scientific diving program.

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

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 decompression chamber.

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

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

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

Organizational Member - An organization which is a current member of the AAUS, and which has a program, which adheres to the standards of the AAUS as, set forth in the AAUS Standards for Scientific Diving Certification and Operation of Scientific Diving Programs.

Mixed Gas - MG

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

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

MSW - Meters of seawater or equivalent static head.

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

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

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

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

Oxygen Clean - All combustible contaminants have been removed.

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

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

Oxygen Toxicity Unit - OTU

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

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

Pressure Vessel - See cylinder.

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

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

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

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

Recompression Chamber - see decompression chamber.

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

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

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

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

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

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

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

Appendix 6b: AAUS Checkout Dive & Training Evaluation

Certified Scientific Divers and Divers-In-Training from AAUS organizational members should be able to demonstrate proficiency in the following skills during checkout dives or training evaluation dives with the Dive Safety Officer or designee:

- Knowledge of AAUS diving standards and regulations
- Pre-dive planning, briefing, site orientation, and buddy check
- Use of dive tables and/or dive computer
- Equipment familiarity
- Underwater signs and signals
- Proper buddy contact
- Monitor cylinder pressure, depth, bottom time
- Swim skills:
 - Surface dive to 10 ft. without scuba gear
 - Demonstrate watermanship and snorkel skills
 - Surface swim without swim aids (400 yd. <12min)
 - Underwater swim without swim aids (25 yd. without surfacing)
 - Tread water without swim aids (10 min.), or without use of hands (2 min.)
 - Transport another swimmer without swim aids (25yd)
- Entry and exit (pool, boat, shore)
- Mask removal and clearing
- Regulator removal and clearing
- Surface swim with scuba; alternate between snorkel and regulator (400 yd.)
- Neutral buoyancy (hover motionless in midwater)
- Proper descent and ascent with buoyancy compensation device
- Remove and replace weight belt while submerged
- Remove and replace scuba cylinder while submerged
- Alternate air source breathing with and without mask (donor/receiver)
- Buddy breathing with and without mask (donor/receiver)
- Simulated emergency swimming ascent
- Compass and underwater navigation
- Simulated decompression and/or safety stop
- Rescue:
 - Self rescue techniques
 - Tows of conscious and unconscious victim
 - Simulated in-water rescue breathing
 - Rescue of submerged non-breathing diver (including equipment removal, simulated rescue breathing, towing, and recovery to boat or shore)
 - Use of emergency oxygen on breathing and non-breathing victim
 - Accident management and evacuation procedures

Additional Training (optional)

- Compressor/ Fill station orientation and usage
- Small boat handling

Appendix 7a: General Diving Emergency Management Procedures

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 policy of Saint Mary's College to develop procedures for diving emergencies including evacuation and medical treatment for each dive location.

10.1 General Procedures

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

Make appropriate contact with victim and/or affect the rescue as required.

Establish (A)irway, (B)reathing, (C)irculation as required.

Call local Emergency Medical System (EMS) for transport to nearest medical treatment facility. Stabilize and protect the patient.

Administer 100% oxygen, if appropriate (in cases of Decompression Illness, or Near Drowning).

Call appropriate Diving Accident Coordinator for contact with diving physician and recompression chamber, etc.

Notify DSO or designee according to the Emergency Action Plan of Saint Mary's College.

Complete and submit Incident Report Form (Appendix 7B) to the DCB of Saint Mary's College and the AAUS (As required in Section 2.72).

10.2 List of Emergency Contact Numbers for locations near St. Mary's College:

Saint Mary's College Emergency Care

First Aid/Health Center
(925) 631-4254

John Muir Medical Center Urgent Care

1455 Montego, Suite 205
Walnut Creek, CA 94596
(925) 939-4444

10.3 List of Emergency Contact Numbers for Training Sites – Monterey, California

Emergency Medical Services and Coast guard Search and Rescue – Dial 911

U.S. Coast Guard Search and Rescue Monterey

Dial 911 First Direct (510) 437-3700

Monterey Harbor Master

(831) 646-3950 / 594-7760 VHF Channel 16

Pacific Grove Recompression Chamber

600 Pine Avenue
Pacific Grove, CA
(831) 648-3110

Divers Alert Network

Dive Emergencies
(919) 684-9111
(919) 684-2948 non-emergency information line

Doctors on Duty (Non Critical Care)

(Emergency Clinic near Cannery Row training sites)
501 Lighthouse Avenue
Monterey, CA 93940
(831) 649-0770

Community Hospital of Monterey

23625 Holman Hwy (Rt 68)
Monterey, CA 93940
(888) 452-4667

Appendix 7b: AAUS Diving Injury/Incident Report Form

Required Incident Reporting: All diving incidents requiring recompression treatment, or resulting in moderate or serious injury, or death shall be reported the AAUS Statistics Committee. The report will specify the circumstances of the incident and the extent of any injuries or illnesses. This form is confidential and for statistics purposes only. The Organizational Member's Diving Control Board must review and release this report before it is submitted to the AAUS Statistics Committee

Check the appropriate space(s) & complete the form:

<input type="checkbox"/> Simple Illness	<input type="checkbox"/> Referred to Physician	<input type="checkbox"/> Serious injury
<input type="checkbox"/> Barotrauma	<input type="checkbox"/> Hyperbaric Treatment	<input type="checkbox"/> Near Drowning
<input type="checkbox"/> Hyperoxic	<input type="checkbox"/> Hypercapnea	<input type="checkbox"/> Fatality
<input type="checkbox"/> Hypoxic	<input type="checkbox"/> Other	

Workers' Compensation Claim Yes No

Descriptive Report (use additional sheets if necessary)

Date of Incident: / /
Month Day Year

Circumstances and the extent of the injuries or illnesses:

Treatment provided and results:

Recommendations to avoid repetition of incident:

Organizational Member Name: _____

Name & Title of Person Submitting Report: _____

Signature: _____ (Please print) Date: _____

Mailing Address: _____

Telephone/FAX: _____ e-mail: _____

Appendix 8: Guidelines for Use of Diving Computers

1. Only those makes and models of dive computers specifically approved by the Diving Control Board may be used.
2. Any diver desiring the approval to use a dive computer as a means of determining decompression status must apply to the Diving Control Board, complete an appropriate practical training session and pass a written examination.
3. Each diver relying on a dive computer to plan dives and indicate or determine decompression status must have his/her own unit.
4. On any given dive, both divers in the buddy pair must follow the most conservative dive computer.
5. If the dive computer fails at any time during the dive, the dive must be terminated and appropriate surfacing procedures should be initiated immediately.
6. A diver should not dive for 18 hours before activating a dive computer to use it to control their diving.
7. Once the dive computer is in use, it must not be switched off until it indicates complete out gassing has occurred or 18 hours have elapsed, whichever comes first.
8. When using a dive computer, non emergency ascents are to be at a rate specified for the make and model of dive computer being used.
10. Whenever practical, divers using a dive computer should make a stop between 10 and 30 feet for 5 minutes, especially for dives below 60 fsw.
11. Multiple deep dives require special consideration.

Appendix 9: AAUS Statistics Collection Criteria and Definitions

9.1 Collection Criteria

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

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

9.2 Definitions

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

A **Dive** is defined as a descent into water, an underwater diving activity utilizing compressed gas, an ascent/return to the surface, and a surface interval of greater than 10 minutes. Dives will not be differentiated as open water or confined water dives. But open water and confined water dives will be logged and submitted for AAUS statistics classified as either scientific or training/proficiency.

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

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

9.3 Dive Classification:

Scientific Dives: Dives that meet the scientific diving exemption as defined in 29 CFR 1910.402. Diving tasks traditionally associated with a specific scientific discipline are considered a scientific dive. Construction and trouble-shooting tasks traditionally associated with commercial diving are not considered a scientific dive.

Training and Proficiency Dives: Dives performed as part of a scientific diver training program, or dives performed in maintenance of a scientific diving certification/authorization.

9.4 Breathing Gas:

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

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

Mixed Gas: Dives where the bottom gas used for the dive is a combination of oxygen, nitrogen, and helium (or other "exotic" gas), or any other breathing gas combination not classified as air or nitrox.

9.5 Diving Mode:

Open Circuit Scuba: Dives where the breathing gas is inhaled from a self contained underwater breathing apparatus and all of the exhaled gas leaves the breathing loop.

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

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

Rebreathers: Dives where the breathing gas is repeatedly recycled in the breathing loop. The breathing loop may be fully closed or semi-closed. Note: A rebreather dive ending in an open circuit bailout is still logged as a rebreather dive.

9.6 Decompression Planning and Calculation Method:

Dive Tables
Dive Computer
PC Based Decompression Software

9.7 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.

9.8 Specialized Environments:

Required Decompression: Any dive where the diver exceeds the no-decompression limit of the decompression planning method being employed.

Overhead Environments: Any dive where the diver does not have direct access to the surface due to a physical obstruction.

Blue Water Diving: Open water diving where the bottom is generally greater than 200 feet deep and requiring the use of multiple-tethered diving techniques.

Ice and Polar Diving: Any dive conducted under ice or in polar conditions. Note: An Ice Dive would also be classified as an Overhead Environment dive.

Saturation Diving: Excursion dives conducted as part of a saturation mission are to be logged by "classification", "mode", "gas", etc. The "surface" for these excursions is defined as leaving and surfacing within the Habitat. Time spent within the Habitat or chamber shall not be logged by AAUS.

Aquarium: An aquarium is a shallow, confined body of water, which is operated by or under the control of an institution and is used for the purposes of specimen exhibit, education, husbandry, or research. (Not a swimming pool)

9.9 Incident Types:

Hyperbaric: Decompression Sickness, AGE, or other barotrauma requiring recompression therapy.

Barotrauma: Barotrauma requiring medical attention from a physician or medical facility, but not requiring recompression therapy.

Injury: Any non-barotrauma injury occurring during a dive that requires medical attention from a physician or medical facility.

Illness: Any illness requiring medical attention that can be attributed to diving.

Near Drowning/ Hypoxia: An incident where a person asphyxiates to the minimum point of unconsciousness during a dive involving a compressed gas. But the person recovers.

Hyperoxic/Oxygen Toxicity: An incident that can be attributed to the diver being exposed to too high a partial pressure of oxygen.

Hypercapnea: An incident that can be attributed to the diver being exposed to an excess of carbon dioxide.

Fatality: Any death accruing during a dive or resulting from the diving exposure.

Other: An incident that does not fit one of the listed incident types

9.10 Incident Classification Rating Scale:

9.10.1 Minor:

Injuries that the OM considers being minor in nature. Examples of this classification of incident would include, but not be limited to:

- Mask squeeze that produced discoloration of the eyes
- Lacerations requiring medical attention but not involving moderate or severe bleeding
- Other injuries that would not be expected to produce long term adverse effects on the diver's health or diving status

9.10.2 Moderate:

Injuries that the OM considers being moderate in nature. Examples of this classification would include, but not be limited to:

- DCS symptoms that resolved with the administration of oxygen, hyperbaric treatment given as a precaution
- DCS symptoms resolved with the first hyperbaric treatment.
- Broken bones
- Torn ligaments or cartilage
- Concussion
- Ear barotrauma requiring surgical repair

9.10.3 Serious

Injuries that the OM considers being serious in nature. Examples of this classification would include, but not be limited to:

- Arterial Gas Embolism
- DCS symptoms requiring multiple hyperbaric treatment
- Near drowning
- Oxygen Toxicity
- Hypercapnea
- Spinal injuries
- Heart Attack
- Fatality

Appendix 10: Safe Ascent Recommendations
(AAUS BIOMECHANICS OF SAFE ASCENTS WORKSHOP 1990)
(Lang and Egstrom, Eds.)

It has long been the position of the American Academy of Underwater Sciences that the ultimate responsibility for safety rests with the individual diver.

The time has come to encourage divers to slow their ascents.

1. Buoyancy compensation is a significant problem in the control of ascents.
2. Training in, and understanding of, proper ascent techniques is fundamental to safe diving practice.
3. Before certification, the diver is to demonstrate proper buoyancy, weighting and a controlled ascent, including a "hovering" stop.
4. Diver shall periodically review proper ascent techniques to maintain proficiency.
5. Ascent rates shall not exceed 60 fsw per minute.
6. A stop in the 10-30 fsw zone for 3-5 min is recommended on every dive.
7. When using a dive computer or tables, non-emergency ascents are to be at the rate specified for the system being used.
8. Each diver shall have instrumentation to monitor ascent rates.
9. Divers using dry suits shall have training in their use.
10. Dry suits shall have a hands-free exhaust valve.
11. BCs shall have a reliable rapid exhaust valve that can be operated in a horizontal swimming position.
12. A buoyancy compensator is required with dry suit use for ascent control and emergency flotation.
13. Breathing 100% oxygen above water is preferred to in-water air procedures for omitted decompression.

Appendix 11: Selected References in Diving Medicine

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>

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>

DIVING MEDICINE, Second Edition, 1990. A. Bove and J. Davis. W.B. Saunders Company, Philadelphia

DIVING AND SUBAQUATIC MEDICINE, Third Edition, 1992. C. Edmonds, C. Lowery and J. Pennefather. Butterworth-Heinemann Ltd. Oxford. (Available from Best Publishing Company, P.O. Box 30100, Flagstaff, AZ 86003-0100)

MEDICAL EXAMINATION OF SPORT SCUBA DIVERS, Jefferson Davis, M.D. (ed.). Best Publishing Company, P.O. Box 30100, Flagstaff, AZ 86003-0100.

NOAA DIVING MANUAL, NOAA. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C.

SCUBA DIVING IN SAFETY AND HEALTH, C.W. Deuker. Madison Publishing Associates, Diving Safety Digest, P.O. Box 2735, Menlo Park, CA 94026

THE PHYSICIAN'S GUIDE TO DIVING MEDICINE, C.W. Shilling, C.B. Carlston and R.A. Mathias. Plenum Press, New York, NY (Available through the Undersea and Hyperbaric Medical Association, Bethesda, MD)

U.S. NAVY DIVING MANUAL. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C.

Appendix 12: Dive Plan/Research Diving Activity Form

Project Director or Principal Investigator: _____

Contact Information: Phone: _____ Fax: _____

e-mail: _____

College Status: Faculty Staff Graduate Undergrad. Visiting Researcher Other

Planned Project Start Date: _____ **End Date:** _____

Project Title: _____

Primary Location: _____

AAUS Reciprocal Institutions: _____

Brief Research Outline (Briefly describe and attach research proposal. Proposal should also address the information requirements below):

Type of Diving:

Diving Conditions Expected: (visibility, wave exposure, wall diving, contaminants, currents).

Expected Dive Site Access: Shore Boat Other

Proposed Total Number of Dives: _____

Expected Maximum and Average Depth: _____

Breathing Gas Supply: Air Nitrox Mixed Gas Scuba Surface Closed Circuit Other

Dive Profile: No Decompression Decompression Tables Dive Computer

No. of Day Dives per Day: _____ **Number of Night Dives per Day:** _____

Thermal Protection: Wet Suit Dry Suit Other

Specialty Equipment: DPVs Lift Bags Cameras Dredges Drills Transects Other

Lead Diver Name: _____ **Certification:** _____ **Depth Rating:** _____

Name(s) of Project Personnel and Qualifications (attach list as required):

Anticipated Hazards:

Safety Equipment: O2 First Aid Kit Thermal Protection Radios Dive Flag Flares
Other:

Emergency Procedures (See Section 2.50 of the Diving Safety Manual)

Emergency Contact Numbers:

Nearest Medical Facility:

Nearest Recompression Facility:

General Requirements for All Dive Activities

Any diver has the right to refuse to dive without fear of penalty if they feel the conditions are unsafe or unfavorable **OR** the dive violates the precepts of their training **OR** the dive violates the regulations of the Saint Mary's College Diving Safety Program **OR** the diver feels they are personally mentally or physically impaired or unprepared for the dive, in any way and for whatever reason.

All divers are expected and required to be physically and mentally prepared for diving. Proper preparation includes but is not limited to adequate nutrition and hydration, adequate sleep and rest. At all times, especially when diving over multiple days, alcohol should only be consumed in moderation, if at all. Alcohol consumption will increase a diver's susceptibility to decompression illness, enhance the effects of inert gas narcosis, and increase a diver's rate of heat loss in cold water. Divers exhibiting any effects of alcohol or substance abuse shall not be permitted to dive and will have their diving certification temporarily suspended.

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

All Dive plans **MUST** be based on the competency of the least experienced diver.

All Divers-In-Training must be buddied with a Scientific Diver.

Absolutely No Solo Diving is Allowed.

Depth certification levels may be extended only to the next deepest certification level and only if the diver with the limiting depth certification level is buddied with a diver certified to the deeper depth level.

For all diving conducted under hazardous conditions a plan must be formulated to deal with such conditions.

A Dive Profile **MUST** be completed for each proposed dive.

An Emergency Plan **MUST** be completed for each project.

Divers' Briefing: Prior to the dive, the Lead Diver shall inquire about each diver's physical fitness and brief the divers about general and emergency procedures, tasks, modification of operating procedures, unusual hazards, sea state, weather, and any other pertinent information.

Post Dive Briefing: After the dive, the Lead Diver will check the physical condition of the divers, instruct the divers to report any medical problems and alert the divers to the hazards of flying after diving.

Approved: _____ Date: _____
Dive Safety Officer

**ALL DIVERS WILL COMPLY WITH THE DIVING REGULATIONS CONTAINED IN THE
SAINT MARY'S COLLEGE DIVING SAFETY MANUAL**

Appendix 13: Dive Log Information Requirements and Procedures

Logbooks must be submitted to the Dive Safety Officer or the Lead Diver at the end of each dive day. Logs will be returned to the diver at the beginning of the next dive day.

A summary log must be submitted to the Dive Safety Officer at the end of the Project.

Separate, detailed reports must be filed on the appropriate forms with the Diving Safety Officer for all accidents, incidents, potentially dangerous situations, or equipment failures (See Appendix 7B of the Diving Safety Manual).

Saint Mary's College is not responsible for any recreational diving conducted by SMC scientific divers. However, you are required to log these dives.

The following information must be logged for each dive. It is the responsibility of the diver to provide a log which allows for recording of the required information.

Name: **Certification Agency / Number:**
Buddy Name(s): **Certification Agency / Number:**

Date of Dive:
Purpose of Dive:

Surface Interval from Previous Dive:
Descent Start Time:
Maximum Depth:
Ascent Start Time:
Total Bottom Time:
Safety Stop Time and Depth:
Air or Other: FO₂:
Tables (Must Be Approved) or Computer (Brand; Must Be Approved)

Dive Conditions: (Visibility, Temperature, Current, Arduous, Dive, etc.)

Comments:

Appendix 14: Scientific Diver Authorization Protocol for Experienced Divers

Divers certified as scuba divers through a nationally recognized training agency with a minimum of 50 logged dives may forego taking a SMC Scientific Diver Certification Class with the approval of the Diving Safety Officer. All paperwork must be completed, including a written examination.

Divers who wish to forego taking a SMC Scientific Diver Certification Class must demonstrate proficiency in the following skills during checkout dives or during training evaluation dives with the Diving Safety Officer or designee:

Knowledge:

___ Pass a written exam covering theoretical aspects of scientific diving. Topics include diving physics, physiology, medicine, rescue, first aid, recompression, air tables, waves, currents, navigation, physical fitness, environment, life support equipment, and SMC requirements and procedures.

General Skills:

- ___ Site evaluation
- ___ Proper gear check
- ___ Proper entry and exit

CONFINED WATER (at the discretion of the DSO):

- ___ Surface swim without swim aids (400 yds. < 10 min.)
- ___ Swim underwater without swim aids (25 yds. w/o surfacing)
- ___ Tread water without swim aids (10 min.)
- ___ Surface dive to a depth of 10 ft., recover a victim from the bottom, and transport the victim without swim aids (50 yds.).
- ___ Snorkeling gear ditch and recovery

OPEN WATER:

In Snorkeling Gear Only:

- ___ Demonstrate proper surface dives/ascents
- ___ Surface dive demonstrating mask clears
- ___ Remove and replace weight belt
- ___ Tired diver assists (surface)
- ___ Rescue of non-breathing, unconscious diver including transport and exit to shore
- ___ Surface swim with full snorkeling gear (880 yds.)

Prior to Dive:

General Knowledge/Skills:

- ___ Pre-dive planning, briefing, site orientation, and buddy check
- ___ Proper use of decompression model (tables/ computer)
- ___ Equipment familiarity
- ___ Demonstrate underwater signs and signals
- ___ Calculate air consumption (expressed as SAC rate in cubic feet)

On the Surface

- Proper entry
- Surface swim with full gear, not breathing from scuba (400 yds.)
- Remove and replace equipment on surface
- Full scuba rescue

Under Water:

- Proper descent
 - Mask flood and clear
 - Regulator ditch and recovery
 - Remove and replace weight belt at depth
 - Remove and replace power inflator hose
 - Neutral buoyancy (using manual and power inflation of the BC)
 - Out of air situation (both donor and recipient)
 - Simulated controlled emergency swimming ascent
-
- Underwater navigation
 - Monitor cylinder pressure, depth, and bottom time
 - Proper buddy contact
-
- Simulate proper safety stop
 - Proper ascent
 - Proper exit
-
- Properly plan a repetitive dive using decompression model
(dive need not be executed, only planned)
 - Other, as discussed with the Diving Safety Officer

Appendix 15: Liability Releases and Waivers

Current Liability Releases and Waivers are Available from the Dive Safety Officer.