



APPENDIX 4.A

Texas A&M University - Corpus Christi Dive Plan

Date Submitted _____ **Date Approved** _____
Submitted By _____ **Approved By** _____

General Dive Operations

Proposed Date(s) of Dive Operations _____ through _____		Distance from Shore _____				
Location of Dive Operations _____			Number of Divers _____			
Dive Platform _____		Number of Dive Rotations/Day _____				
Number of Dive Rotations/Day _____		Number of Dives/Day _____				
Depth Range _____		Number of Consecutive Dive Days _____				
Average Dive Time (min) _____						
Dive Mode	<input type="checkbox"/> SCUBA	Dive Purpose	<input type="checkbox"/> Scientific	Dive Planner	Type _____	
	<input type="checkbox"/> Surf. Supply		<input type="checkbox"/> Working		Model _____	
	<input type="checkbox"/> Rebreather		<input type="checkbox"/> Training			
	<input type="checkbox"/> Breath-hold		<input type="checkbox"/> Proficiency			
Diving Gas	<input type="checkbox"/> Air	<input type="checkbox"/> Nitrox _____ (% O ₂)	<input type="checkbox"/> Trimix _____ (% O ₂) _____ (% He)	Job Status	<input type="checkbox"/> On-Duty	<input type="checkbox"/> Off-Duty w/Univ. Equip.
Environment <input type="checkbox"/> Salt Water <input type="checkbox"/> Structure <input type="checkbox"/> Trimix <input type="checkbox"/> Search/Recovery <input type="checkbox"/> Full Face Mask <input type="checkbox"/> Fresh Water <input type="checkbox"/> Tropical <input type="checkbox"/> Oil/Gas Rig <input type="checkbox"/> Rescue <input type="checkbox"/> Hard Hat <input type="checkbox"/> Open Water <input type="checkbox"/> Temperate <input type="checkbox"/> Artificial Reef <input type="checkbox"/> Dive Accident Mgmt. <input type="checkbox"/> Comms. <input type="checkbox"/> Confined Water <input type="checkbox"/> Cold <input type="checkbox"/> Night <input type="checkbox"/> Decompression <input type="checkbox"/> Shore <input type="checkbox"/> Ice <input type="checkbox"/> Research <input type="checkbox"/> Blue Water <input type="checkbox"/> Other _____ <input type="checkbox"/> Boat <input type="checkbox"/> Cave/rn <input type="checkbox"/> Collecting <input type="checkbox"/> Surface-supply <input type="checkbox"/> Platform <input type="checkbox"/> Wreck <input type="checkbox"/> Photography <input type="checkbox"/> Hookah <input type="checkbox"/> Bottom Orient. <input type="checkbox"/> Computer <input type="checkbox"/> Navigation <input type="checkbox"/> Rebreather <input type="checkbox"/> Other _____ <input type="checkbox"/> Water Column <input type="checkbox"/> Nitrox <input type="checkbox"/> Altitude <input type="checkbox"/> Dry Suit						

Possible Hazards *Certain hazards are present on all dives (AGE, DCS). List hazards unique to this operation*

Physical <input type="checkbox"/> Current <input type="checkbox"/> Fog <input type="checkbox"/> Ice <input type="checkbox"/> Low Visibility <input type="checkbox"/> Pollution <input type="checkbox"/> Other: _____	Biological <input type="checkbox"/> Sharks <input type="checkbox"/> Spiny Organisms <input type="checkbox"/> Marine Mammals <input type="checkbox"/> Stinging Organisms <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Manmade <input type="checkbox"/> Boat Traffic <input type="checkbox"/> Overhead Cranes <input type="checkbox"/> Gantry <input type="checkbox"/> Construction <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
Additional Comments: _____		

Tools/Equipment

<input type="checkbox"/> Air Compressor: University property? If no, list owner. _____			
<input type="checkbox"/> Cylinders: University property? If no, list owner. _____			
<input type="checkbox"/> Cylinder Filling/Gas Mixing: University based? If no, list owner. _____			
<input type="checkbox"/> Air Tools: (lift bags, vacuum, drills, etc.) will be used for this project.			
<input type="checkbox"/> O ₂ Kit at Site	<input type="checkbox"/> AED at Site	<input type="checkbox"/> First Aid Kit at Site	<input type="checkbox"/> Dive Flag at Site
<input type="checkbox"/> Diver Recall Device	Type? _____		
Diving Equipment Request: _____			

Personnel

Supervisors				
Name	Institution/Agency	Phone	Assignments	Depth Rating
			Chief Scientist	
			Principle Investigator	
			Project Dive Supervisor	

Divers *				
Name	Institution/Agency	Phone	Assignments	Depth Rating

Non-Divers				
Name	Institution/Agency	Phone	Assignments	Depth Rating

* NOTE: Visiting divers are also required to produce an AAUS Reciprocity Form from their home Agency/Institution's DSO or have TAMUCC DCB approval required.

Proposed Work *Briefly provide details of dive procedures to clarify the items noted above.*

Safety Precautions

<input type="checkbox"/> Emergency Assistance Plan (4.B) Appended <input type="checkbox"/> Emergency Contact Information (4.C) Appended	Prepared By: _____ Date: _____
--	-----------------------------------



APPENDIX 4.B

Texas A&M University - Corpus Christi Dive Emergency Assistance Plan

Instructions

Complete a Diving Emergency Assistance Plan (DEAP) for each unique diving location and submit the plan to the TAMUCC DSO or designee with the dive plan of each project or anytime any information on the EAP changes.

General Procedures

- A. Make appropriate contact with the victim or rescue as required.
- B. Evaluate and establish the victim's **C**irculation, **A**irway, and **B**reathing (CAB).
 - a. If victim has no pulse and is not breathing, begin cardiopulmonary resuscitation (CPR) using AED and oronasal resuscitation mask or bag valve mask, supplemented with oxygen.
 - b. If victim is breathing, but unconscious, place in the recovery position and administer oxygen via a non-rebreather type mask.
 - c. If victim is awake and alert, place in a position of comfort and administer 100% oxygen via a demand oxygen resuscitator or non-rebreather type mask. If the victim is not nauseated, give clear non-alcoholic/non-caffeinated fluids to drink.
- F. If the victim's condition is life threatening or urgent, call the local Emergency Medical System (EMS) or U.S. Coast Guard (USCG) for transportation to the nearest medical treatment facility.
- G. If the victim's condition is not urgent, contact the Diver's Alert Network (DAN) for guidance.
- H. Use the Accident Management Guides (located in the lid of the O2 kit) to document a neurological exam and dive history information.
- I. Gather additional information about the incident and prepare victim for transport.
- J. Secure diver's equipment for inspection. **DO NOT DISASSEMBLE EQUIPMENT OR EXHAUST GAS FROM THE SYSTEM.** Close the cylinder valve **ONLY**. Count and record the number of turns required to secure valve. Dive computer may go with diver and EMS.
- K. Call and speak to the TAMUCC DSO and the Secondary TAMUCC Emergency Contact person to report the incident. Continue calling until positive contact is made. Speak to a person, do not just leave a message.
- L. Complete and submit Incident and Accident Report Form (Appendix 10.A) to TAMUCC DSO for DCB

Primary Emergency Contacts

Shore Base Emergency Transportation

Emergency Medical Service (EMS)
911

At Sea Vessel Emergency Transportation

United States Coast Guard (USCG)
Channel 16 on Marine VHF Radio

Divers Alert Network (DAN)

+1-800-446-2671
+1-919-684-9111

TAMUCC Dive Safety Officer

Brett Dodson
Office: 361-825-3086
Cell: 678-938-6380
Email: Brett.Dodson@TAMUCC.edu

Secondary TAMUCC Emergency Contact

Emergency Contact Information

Dock/Marina: _____
Address: _____ Phone Number: _____
Directions: _____

Hospital Emergency Room: _____
Address: _____ Phone Number: _____
Directions: _____

Hyperbaric Chamber: _____
Address: _____ Phone Number: _____
Directions: _____

Airport: _____
Address: _____ Phone Number: _____
Directions: _____

USCG, Rescue Coordination Center (RCC): http://www.uscg.mil/hq/cg5/cg534/RCC_numbers.asp
Facility Name: RCC New Orleans Phone Number: 504-589-6225

Additional Available Means of Transportation:

Other emergency phone numbers, radio frequencies, and contacts:



APPENDIX 4.C

Texas A&M University - Corpus Christi Dive Team Emergency Contact Information

Emergency Contact Information for Team Members

Diver:	_____		
Emergency Contact:	_____	Relation:	_____
Primary Contact Number:	_____	Secondary Contact Number:	_____

Diver:	_____		
Emergency Contact:	_____	Relation:	_____
Primary Contact Number:	_____	Secondary Contact Number:	_____

Diver:	_____		
Emergency Contact:	_____	Relation:	_____
Primary Contact Number:	_____	Secondary Contact Number:	_____

Diver:	_____		
Emergency Contact:	_____	Relation:	_____
Primary Contact Number:	_____	Secondary Contact Number:	_____

Diver:	_____		
Emergency Contact:	_____	Relation:	_____
Primary Contact Number:	_____	Secondary Contact Number:	_____

Diver:	_____		
Emergency Contact:	_____	Relation:	_____
Primary Contact Number:	_____	Secondary Contact Number:	_____

Diver:	_____		
Emergency Contact:	_____	Relation:	_____
Primary Contact Number:	_____	Secondary Contact Number:	_____

Diver:	_____		
Emergency Contact:	_____	Relation:	_____
Primary Contact Number:	_____	Secondary Contact Number:	_____

Diver:	_____		
Emergency Contact:	_____	Relation:	_____
Primary Contact Number:	_____	Secondary Contact Number:	_____

Diver:	_____		
Emergency Contact:	_____	Relation:	_____
Primary Contact Number:	_____	Secondary Contact Number:	_____