EAP - Blue Marlin Komodo, Labuan Bajo, Flores NTT, Indonesia (BATUS BOLONG with HUGO)

EMERGENCY EQUIPMENT ON BOARD
- Cell phone/radio (at captain's station)
- Oxygen (green box by steps to sun deck)
- Life vests (in cubby holes overboard)
- First aid kit (mesh bag in dry area)

RECALL PROCEDURE
1. Search for bubbles of other dive teams
2. Lower a tank into the water
3. Delegate someone to enter the water with fins, mask and snorkel
4. Have them bang repeatedly on the tank with a weight
5. Ask the captain to rev the engine
6. When divers are back on board, do a head count or roster check

WHAT TO SAY TO EMS
‘Hello. We have a scuba diving-related incident. We are diving with Blue Marlin Komodo on the outrigger boat ‘Hugo’. The victim is at Batu Bolong in Komodo National Park. They are exhibiting signs of …… (i.e., decompression sickness, lung over-expansion injury, shock, etc). We are providing …… care (i.e., oxygen, first aid, ABCs). We are heading to Labuan Bajo port, which is approximately 1.5 hours away. Please provide EMS. Thank you.’

CONTACTS

EMERGENCY CONTACTS
EMS: 118 - 112 (for operator)
Emergency radio: channel 16 (signal “kosongkosong”)
Komodo Emergency Line: +62-813-3333-0005
DAN Emergency Service Asia Pacific: +61-8-8212-9242
DAN Travel Assist (evacuation/collect call): +61-3-8508-9958 (after hours)
DAN Asia Pacific Office: +61-3-9886-9166 (business hours) or +61-8-8212-9242 (non-business hours)
DAN Emergency Service Asia Pacific: +61-8-8212-9242

HOSPITALS
Sanglah Hospital, Jl. Kesehatan Selatan 1, Sanglah, Denpasar, Bali (closest recompression chamber): +62-361-227-911
Bali Dive Centre: +62-812-3775-7892
Wicked Diving: +62-812-3775-7892
Komodo Dive Centre: +62-812-3630-3644

LOCAL CONTACTS
Abdul (Manager): +62-812-3775-7892
Kim (Manager): +62-812-3766-946
Dai (Manager): +62-812-3775-7892
Aris (captain of Hugo): +62-822-3761-3674
Abdul (captain of Toby): +62-813-3776-6337
Agita: +62-812-3838-3103

RESPONSES

PRIMARY CARE
1. ABCs
2. Place diver in appropriate position
3. Provide 100% oxygen (15 Lpm):
   a) Breathing patient via demand valve or non-re-breather mask
   b) Non-breathing patient via artificial respiration using a pocket mask
4. Examine neurological condition
5. Give conscious divers non-alcoholic, non-caffeinated liquids
6. Record diver’s name/age; DAN membership no.; medical history; location of emergency; events leading to emergency; signs/ symptoms/onset times; treatment; changes in condition; dive profiles
7. Keep diver’s gear intact; turn air off; send with diver
8. Ensure no other divers are missing

ABC (FIRST RESPONSE)
1. A: Airway; assess the patient and the scene and designate a bystander to call EMS
2. B: Breathing; barriers and rescue breaths (if not breathing start with two rescue breaths followed by chest compressions)
3. C: Circulation; and CPR (if no circulation, do 30 chest compressions, followed by two rescue breaths and repeat
4. S: Shock; spinal injury; and severe bleeding (once the patient is breathing and their heart has started, treat for shock, consider spinal immobilisation if required, and stop any bleeding)
5. Continue to provide until EMS arrive NB. In the case of serious accidents or emergencies, recall other divers

UNRESPONSIVE DIVER
1. If underwater, bring to surface in a controlled ascent, holding regulator in victim’s mouth
2. Establish buoyancy for them and then you
3. Remove their mask and regulator and check for breathing
4. Call to the captain and request that they prepare emergency oxygen, call EMS and recall other divers
5. Provide two rescue breaths
6. Tow the victim to the boat while removing both sets of gear and providing a rescue breath every five seconds
7. At the boat, provide two rescue breaths and carefully lift the victim out of the water (ask bystanders for assistance if required)
8. Provide primary care

MAN OVERBOARD/MISSING DIVER
1. Call EMS and emergency contacts (BMK office, other boats in area, search and recovery teams) and provide GPS data/dive location, number of missing divers, approximate time they went missing, and information on dive conditions (currents, wind direction, etc)
2. Ascertain someone to keep a fixed line of communication and ask them to provide regular updates
3. Keep the boat in the same area
4. Position a look out for bubbles
5. Interrogate the diver’s buddy about where the missing diver was last seen and what they look like (depth, general location, time, dive conditions, air supply of buddy, buddy’s dive preferences, distinguishing gear)
6. Set up a clear way to call back rescuers
7. Assess the safety of returning to the water (currents and surface conditions/visibility), and check for boat traffic
8. Decide on appropriate search patterns and search areas
9. Send diving and snorkelling teams to look for them. Make sure they know what to look for. Search for a maximum of 30 minutes (not exceeding no decompression limits and air supply)
10. Prepare emergency oxygen
11. Continue search attempts until victim is found or the search is called off
<table>
<thead>
<tr>
<th>Type</th>
<th>Signs and Symptoms</th>
<th>Treatment</th>
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<tbody>
<tr>
<td><strong>DIVE RELATED</strong></td>
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<tr>
<td>Lung Over-expansion</td>
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<tr>
<td>Mediastinal emphysema</td>
<td>Faint, short of breath, chest ache, tightness</td>
<td>ABCs, contact EMS, provide oxygen, keep patient lying down</td>
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<tr>
<td>Subcutaneous emphysema</td>
<td>Fullness in the neck, voice change, skin crackle when touched</td>
<td>For air embolism, patient will require a recompression chamber</td>
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<tr>
<td>Air embolism</td>
<td>Unconsciousness, dizziness, confusion, shock, personality change, paralysis</td>
<td>ABCs, contact EMS, provide oxygen, keep patient lying down</td>
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<tr>
<td>Pneumothorax</td>
<td>Severe chest pain, coughing blood</td>
<td>ABCs, contact EMS, provide oxygen, keep patient lying down</td>
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<td>Decompression sickness</td>
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<tr>
<td>DCS Type I (pain only)</td>
<td>Patchy red rash, tingling/numbness, joint and limb pain</td>
<td>ABCs, contact EMS, provide oxygen, keep patient lying down</td>
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<tr>
<td>DCS Type II (life threatening)</td>
<td>Tingling, numbness, confusion, unconsciousness, cardiac/respiratory arrest, paralysis, shock, blurred vision, headache</td>
<td>ABCs, contact EMS, provide oxygen, keep patient lying down</td>
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<tr>
<td><strong>Other</strong></td>
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<tr>
<td>Near Drowning</td>
<td>Cold or bluish skin, abdominal swelling, chest pain, coughing, shortness or lack of breath, vomiting, unconsciousness, cardiac/respiratory arrest</td>
<td>ABCs, contact EMS, provide oxygen, roll patient on side to keep airway clear, treat for shock, insist they seek emergency care (24h observation)</td>
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<tr>
<td>Carbon monoxide poisoning</td>
<td>Headache, confusion, narrow vision, red lips and nail beds, loss of consciousness</td>
<td>In severe cases, provide oxygen and contact EMS. Mild cases will subside after several hours</td>
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<tr>
<td><strong>EXPOSURE RELATED</strong></td>
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<tr>
<td>Heat exhaustion</td>
<td>Profuse sweating, nausea, dizziness, weakness, faintness, cool/clammy skin</td>
<td>ABCs, move to cool, shaded area, remove exposure suit, drink water, contact EMS if symptoms don’t subside after 30 mins</td>
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<tr>
<td>Heat stroke</td>
<td>Hot, dry, flushed skin, but no perspiration</td>
<td>Call EMS, remove exposure suit, move to a cool area, immerse in cool water or wet towels</td>
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<td>Shock</td>
<td>Rapid, weak pulse, pale blue tissue colour, shivering, clammy skin, mental confusion, anxiety, restlessness, irritability, altered consciousness, nausea/vomiting, thirst, dazed look, shallow, laboured breathing</td>
<td>ABCs, maintain body temperature, keep the patient lying down, elevate legs if no injury, no food or drinks in case they choke</td>
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<tr>
<td><strong>INJURIES</strong></td>
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<td>Cuts</td>
<td>Abrasions, grazes, bleeding, localised pain</td>
<td>Apply pressure and elevate above the heart; when bleeding stops remove fragments; rinse with fresh water; apply antiseptic and antibiotic cream; provide direct pressure with bandage</td>
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<tr>
<td>Suspected spinal injury</td>
<td>Inability to move arms or legs, spreading numbness/tingling in extremities, unconsciousness, headache, pain, pressure/stiffness in back/neck area, signs of shock</td>
<td>Don’t move the patient; protect the head and neck to keep them from moving; and cover the patient for shade/warmth as required</td>
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<td><strong>AQUATIC LIFE</strong></td>
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<tr>
<td>Scorpion fish</td>
<td>Pain, local swelling, weakness, nausea, shock, unconsciousness, convulsions, paralysis, cardiac/respiratory arrest</td>
<td>ABCs, remove spines/barbs/stingers using forceps (not your hands) Immerse in hot water (43-49 degrees C) for 30-90 minutes or until pain subsides, disinfect the wound, keep immobilised wounds below the heart, provide primary care and treatment for shock Administer anti-venom for scorpion and stone fish if available</td>
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<tr>
<td>Stone fish</td>
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<tr>
<td>Stingray</td>
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<td>Lionfish</td>
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<tr>
<td>Sea snake</td>
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<td>ABCs, apply pressure and immobilise the bite below the heart, provide primary care and treatment for shock</td>
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