

# The Diving Medical Advisory Committee

Carlyle House, 235 Vauxhall Bridge Road, London SW1V 1EJ

Tel: +44 (0) 20 7931 8171 · Fax: +44 (0) 20 7931 8935 · E-mail: [dmac@imca-int.com](mailto:dmac@imca-int.com)

The views expressed in any guidance given are of a general nature and are volunteered without recourse or responsibility upon the part of the Diving Medical Advisory Committee, its members or officers.

Any person who considers that such opinions are relevant to his circumstances should immediately consult his own advisers.

## Medical Equipment to be Held at the Site of an Offshore Diving Operation

DMAC 15 Rev. 1 – February 1995

NOTE: This replaces DMAC 15 issued in January 1985 which is now withdrawn. Commercial diving operations include both surface supplied and saturation diving operations and cover a wide range of work activities. Appropriate medical equipment to be held at any particular site is best determined by an occupational health service with special knowledge of commercial diving operations.

This list is designed to provide guidance where such advice is not available. It is recognised that in certain circumstances similar or greater facilities may be available from other sources which are sufficiently close and reliable.

The list covers equipment necessary and suitable for the treatment of diving related disorders on the surface or in a recompression chamber and for other potential problems eg. trauma which may occur during diving operations. The list takes account of situations where the diving operation may be remote from a vessel or installation sickbay and medical services. It includes equipment for use in an immediate first aid situation, equipment and drugs which may be used by personnel with advanced first aid training as well as equipment which would almost certainly only be used by medical staff. Medical staff who attend a casualty at a dive site may not necessarily be able to bring the necessary equipment.

It is anticipated that except in emergency situations, equipment other than that in the bell or chamber first aid kits would be for use by or on the direction of medical staff.

There should be an appropriate system for the control and maintenance of the equipment and responsibility for the equipment should be vested in the Diving Superintendent or vessel Medic.

Equipment should be stored in a locked container and appropriately labelled. The diving supervisor must have access to the equipment at all times. Scheduled drugs should be held in a secure double locked container (with vessel medical supplies or installation sickbay). A logbook should be maintained with the equipment in which all use of equipment and drugs is recorded. The equipment should be inspected regularly (at least every three months) to ensure that all items are in working order (e.g. batteries) and to exchange drugs and other equipment which is nearing the end of its shelf life. These regular inspections should be recorded in the logbook. Consideration should be given to the need for pressure testing mechanical or electrical equipment.

### **Equipment to be Held in a Diving Bell**

1 Tourniquet 3 Polythene bags

1 Pocket resuscitator (eg. Laerdal pocket mask) 1 Airway size 4 (eg. Guedel type)

1 Tuf cut scissors 1 Medium dressing

1 Large dressing 2 Triangular bandage

1 Roll of 1 inch adhesive tape 2 Crepe bandage 3 in

1 Hand operated suction pump (eg. Vitalograph) 1 Water tight bag

1 Suction catheters sizes 12 and 14

[(20 Hyoscine dermal patches for Hyperbaric evacuation chamber (eg. Scopoderm plasters)]

The same equipment should be held in each living chamber of a saturation system, in air diving chambers and in hyperbaric lifeboats. In living chambers a foot or gas powered suction pump may be

preferred.

## **Equipment to be Held at the Dive Site**

### **Diagnostic equipment**

Pencil torch Thermometer (electronic) - inc low range

- Stethoscope Aneroid sphygmomanometer
- Reflex hammer Tape measure
- Tuning fork (256 Hz) Pins for testing sensation (eg. Neurotips)
- Tongue depressors Urine testing strips
- Otoscope (with spare bulb and batteries)

Thoracocentesis

- Intercostal drain/trocar and drainage kit (eg. Portex type)
- Heimlich valve

Urinary catheterisation

- 2 Urinary catheters sizes 16 and 18 (eg. Foley type) 2 Urine collection bags
- 2 Catheter spigots 2 20ml sterile water
- 2 Urethral anaesthetic gel

Dressings

- 10 pkts Gauze squares 10 \* 10cm 6 Triangular bandages
- 10 pkts Cotton wool balls 12 Safety pins
- 2 Adhesive bandage 75mm \* 3m 40 Adhesive bandages
- 2 Adhesive bandage 25mm \* 3m 2 Crepe bandages 3in
- 2 Large dressing 2 Crepe bandages 6in
- 2 Medium dressings 2 Dressing bowls
- 2 Small dressings 4 Eye pads
- 2 Ambulance dressings

DMAC 15 Rev. 1 – February 1995 Page 3

**Sterile supplies general**

4 Universal containers 6 Sachets skin disinfectant (eg. Cetrimide solution)

10 Alcohol swabs 2 Drapes

5 Gloves (selection of sizes) 4 Sutures silk (2/0 and 3/0)

4 Sutures nylon (2/0 and 3/0)

5 20ml Syringes 5 10ml Syringes 5 2ml Syringes

10 18g Needles 38mm 10 21g Needles 2 18g Needles 90mm

**Sterile instruments**

2 Spencer Wells forceps 5 inch 1 Dressing forceps

1 Spencer Wells forceps 7 inch 2 Disposable scalpels

1 Scissors fine pointed 1 Dressing scissors

1 Forceps fine toothed 1 Aneurysm needle

1 pr Mosquito forceps

**Intravenous access**

3 Giving sets 4 iv cannulae 16g

4 Butterfly infusion sets 19g 4 iv cannulae 18g

4 Infusion bottle holders 2 long needles (for venting infusion bottles)

**Resuscitation**

Resuscitator to include reservoir and connection for BIBS gas. (eg. Laerdal type) \*

3 resuscitation masks (varied sizes)

Pocket resuscitator with with one way valve. (eg. Laerdal pocket mask)

Laryngoscope and batteries and spare bulb

3 Endotracheal tubes sizes 7, 8 and 9

1 ET tube coupling and mount 2 Airways sizes 3+4 (eg. Guedel type)

Foot operated suction device Tourniquet

2 endotracheal suction catheters 2 wide bore suckers

\* Resuscitators may require modification to gas inlet to ensure adequate filling at pressure.

\*\* Consideration may be given to inclusion of a laryngeal mask airway if staff are suitably

*trained in its use.*

## Drugs

### Anaesthesia/analgesia Resuscitation

5 \* 10ml 1 % Lignocaine amps 2 \* 40mg Frusemide amps  
25 \* 500mg Paracetamol tabs 2 \* 0.1% Adrenaline 1ml amps  
20 \* 30mg Dihydrocodeine tabs 2 \* 1.2mg Atropine amps  
20 \* 300mg Soluble aspirin tabs 2 \* 8mg Dexamethasone amps  
5 \* 10mg Morphine sulphate amps 2 \* 25mg Prochlorperazine amps  
(or 100mg pethidine amps \*\*) 5 \* 100mg hydrocortisone amps  
2 \* 1ml Naloxone 0.4mg/ml amps

Page 4 DMAC 15 Rev. 1 – February 1995

### Various

2 \* 10mg Chlorpheniramine amps 6 \* 500ml Normal saline  
2 \* 50mg Chlorpromazine amps 20 \* 250mg Amoxicillin tabs  
5 \* 10mg Diazepam amps 20 \* 250mg Erythromycin tabs  
10 \* 5mg Diazepam tablets 2 bottles antibiotic ear drops  
1 tube Silver Sulphadiazine cream 1 % 2 \* 10mg Diazepam (rectal)  
1 \* 200 ml 8.4 % Sodium bicarbonate

