

EMERGENCY MANAGEMENT and EMERGENCY PLAN

- **Asses** the situation (What kind of emergency? Where is the victim? How many people to take care of?)
- **Think**: Inwater rescue? How many rescuers? What to take (mask, fin, snorkel, scuba, float)? How to call **Emergency Medical Services (EMS) as fast as possible?**
- **Delegate**: EMS, O₂ and 1st Aid, CPR, notes, interviews, gear
- **Bring victim to safety**, start primary (**ABCDs**) and secondary assessment
- Control scene, evacuate if necessary (e.g. no mobile reception)

Today's Dive Site (Name and Address/Description)

(see map on reverse side for Wellington Central and South Coast Bays)

Emergency Services Contact

EMS New Zealand: **111**

Who? Where?

DES / DAN New Zealand: **0800 4337 111**

What? How many?

Wait for instructions!

VHF: **Distress Channel 16**

Wellington Hospitals**Wellington Hospital Emergency Department**

Riddiford St, Newton

Phone 04 385 5999

Wellington Accident and Urgent Medical Centre

17 Adelaide Rd, Newton

Phone 04 384 4944

Hutt Valley Hospital Emergency Department

High Street, Lower Hutt Central

Phone 04 566 6999

Diving Doctors**WELLINGTON**

Charlotte	Dempster	Mana Specialists Centre 107 Mana Esplanade Paremata	04 233 8019
Helen	Fieldes	Manners Street P O Box 24 383, WELLINGTON	027 2215335
James	Harman	Paraparaumu Medical Centre 92-94 Kapiti Rd Paraparaumu	04 902 8507 Fax: 04 902 8510
Guy	Jenner	5 Upland Rd Kelburn, WELLINGTON 6012	04 9399 551 Fax: 04 939 9554
David	Payne	5c/21 Rugby St WELLINGTON 6021	021 246 5940 e-mail: davidjepayne@googlemail.com
Simon	Ryder- Lewis	Level 2 22 Panama St CBD WELLINGTON	04 529 7375

<http://www.business.govt.nz/worksafe/notifications-forms/registrations/occupational-diving/designated-diving-doctors> (retrieved 02May2016)

For more diving doctors in NZ, Australia and International refer to the above link

Wellington Bays



PADI ACCIDENT MANAGEMENT WORKSLATE

ATTENTION: Physicians and Emergency Medical Personnel

The individual identified on this slate has been involved in scuba diving activities and may have suffered a pressure-related injury resulting from decompression sickness or lung over expansion. You have no reason to be familiar with all the pathological details of the various rare disorders which may occur. It is, however, imperative that you follow the guidelines outlined *in the red box on the reverse side of this slate* until arrival at a medical facility.

Patient's Name: _____ Age: _____

Address: _____

Contact: _____ (friend/relative)

Phone: _____

Significant Medical History: (allergies, medications, diseases, injuries, etc.)

Signs/Symptoms: (note time)

_____:_____ _____:_____ _____

_____:_____ _____:_____ _____

_____:_____ _____:_____ _____

_____:_____ _____:_____ _____

First Aid Procedures Initiated: (note time)

_____:_____ _____:_____ _____

_____:_____ _____:_____ _____

_____:_____ _____:_____ _____

_____:_____ _____:_____ _____

Dive Profile:

1st Dive

Time In ____:____

Time Out ____:____

Depth _____

2nd Dive

Time In ____:____

Time Out ____:____

Depth _____

3rd Dive

Time In ____:____

Time Out ____:____

Depth _____

Comments:

Further recommends:

Secure patient's gear. Rinse and hold. Do NOT disassemble.

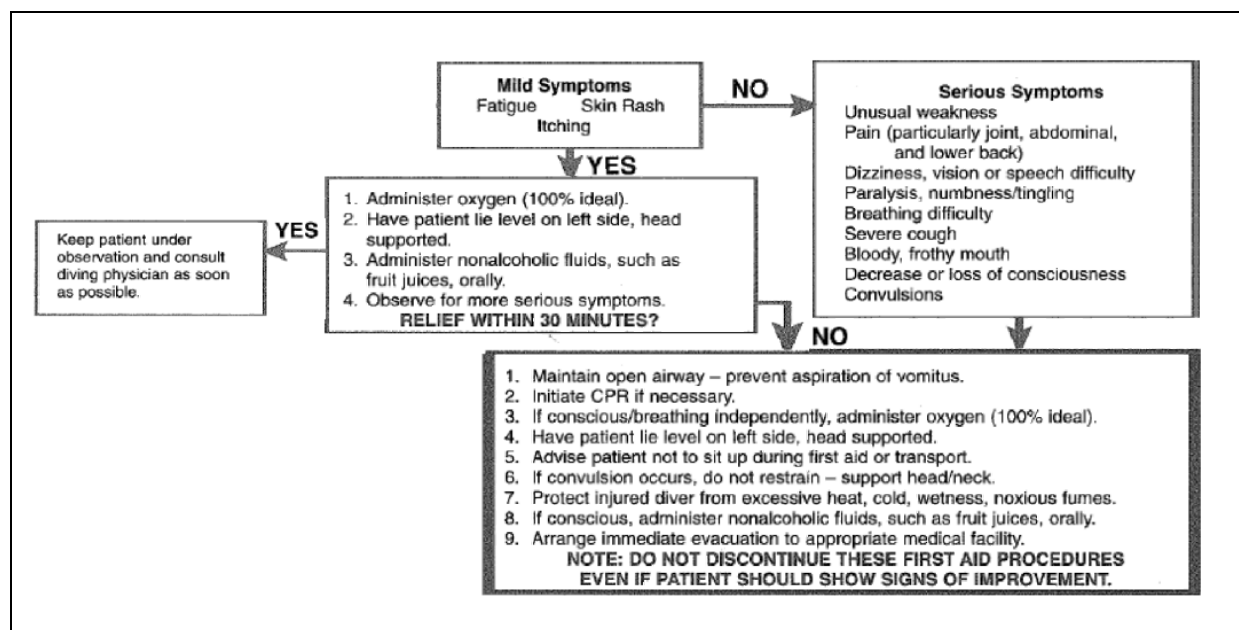
Upon proper identification, cooperate with authorities.

Make only factual statements; do NOT make value judgments or express opinions.

Write accident report as soon as possible while events are fresh.

Send this slate and other appropriate information with evacuation personnel.

In case of a dive accident:



Witness Name / Address / Phone

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Emergency Personal Contact / Organisation

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If possible check for completeness of information and complete the following incident report as soon as possible



**PLEASE COMPLETE AND SEND IMMEDIATELY
TO YOUR PADI OFFICE**

OFFICE USE ONLY

INCIDENT REPORT FORM

THIS REPORT IS PREPARED FOR THE PURPOSE OF RECEIVING LEGAL ADVICE
OR FOR USE IN ANTICIPATED LITIGATION.

Date of Incident _____ Time _____ ☐ a.m. ☐ p.m.
Day/Month/Year

☐ Fatal ☐ Non-Fatal ☐ Training ☐ Non-Training ☐ Diving ☐ Non-Diving ☐ Recreational Dive ☐ Technical Dive

Extent of injury if known

VICTIM/INJURED PARTY INFORMATION (Please print clearly.)

Name _____

Mailing Address _____

City _____ State/Province _____ Country _____ Zip/Postal Code _____

Phone () Age Height Weight

Occupation _____ Gender ☐ Male ☐ Female

Next of Kin	Relationship
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Phone () Contacted: ☐ Yes ☐ No

If previously certified: Agency _____ Certification Level _____ Certification Date _____
Day/Month/Year

ALL MEASUREMENTS IN THIS REPORT ARE: ☒ METRIC ☐ IMPERIAL

LOCATION OF INCIDENT

City	State/Province	Country
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Name of Dive Site ☐ Shore ☐ Boat ☐ Ocean ☐ Lake ☐ Quarry ☐ Altitude

Other Depth incident started

Water temperature	°C	°F	Visibility	Current	Surface conditions
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VICTIM/INJURED PARTY'S DIVE PROFILE

Please include all dives in the last 24 hours prior to the incident, recorded as accurately as possible. If any information is estimated or approximated, please indicate so. Also, indicate the source of the dive profile in your information (i.e. dive computer log, written dive log, buddy's recollection, etc.) Do not guess or speculate as to the dive profiles. *Provide computer log if available.*

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[illegible]

PLEASE COMPLETE IF DIVER UNDER INSTRUCTION

Instructor's Name _____ Member No. _____
First Initial Last
Contact Number (_____) _____ Email _____
Name of Dive Course _____ Dive # _____ Skill _____
Class Size _____ Training Agency _____
Dive Center/Resort Name _____ Member No. _____
Insured: ☐ Yes ☐ No If yes: Name of Agent or Broker _____
Assistant's Name _____ Member No. _____
Insured: ☐ Yes ☐ No If yes: Name of Agent or Broker _____

PLEASE SUBMIT A COPY OF ALL TRAINING RECORDS WITH THIS REPORT

- | | |
|--|---|
| 1. Student Record File | 3. Safe Diving Practices Statement of Understanding |
| 2. Medical Statement/Physician's Release | 4. Liability Release and Express Assumption of Risk |

ALSO SUBMIT ANY OTHER DOCUMENTS RELEVANT TO THE COURSE OR DIVE ACTIVITY

PLEASE COMPLETE IF DIVER UNDER SUPERVISION

Dive Group Size _____
Dive Guide's Name _____ Member No. _____
First Initial Last
Dive Center/Resort Name _____ Member No. _____
Contact Number (_____) _____ Email _____
Insured: ☐ Yes ☐ No If yes: Name of Agent or Broker _____

PLEASE SUBMIT A COPY OF ALL DOCUMENTS RELATING TO ACTIVITY SUCH AS LIABILITY RELEASES, ETC.

DIVE CENTER/RESORT/BOAT INFORMATION (If not provided previously.)

Name of Dive Center/Resort _____ Member No. _____
Contact Number (_____) _____ Email _____
Insured: ☐ Yes ☐ No If yes: Name of Agent or Broker _____
Name of Boat _____ Member No. _____
Boat insurance: ☐ Yes ☐ No If yes: Name of Agent _____

EQUIPMENT OF VICTIM/INJURED PARTY

If rented, name of rental party _____ Member No. _____
☐ Compressed Air ☐ EANx _____ % Other _____
☐ Rebreather – Type and make: _____
☐ Wet Suit, thickness _____ ☐ Dry Suit ☐ Weights, amount _____ Equipment: ☐ Owned ☐ Rented
Dive computer used: ☐ Yes ☐ No Make _____
☐ Other tables, type _____
Tank pressure: Start of dive _____ End of dive _____

Last updated 2nd May 2016

RESCUE PROCEDURES

Additional Rescuers _____

Was AED used at the scene: ☐ Yes ☐ No

Recompression: ☐ Yes ☐ No Hospitalization: ☐ Yes ☐ No

Name of treating physician _____

INCIDENT REPORT COMPLETED BY: (If different than above members.)

Phone Number () _____ Email _____

Involvement in incident: _____

Mailing Address _____

City _____ State/Province _____

Zip/PostalCode Country

SUMMARY OF INCIDENT

THIS REPORT IS PREPARED FOR THE PURPOSE OF RECEIVING LEGAL ADVICE OR FOR USE IN ANTICIPATED LITIGATION.

Please describe in detail what happened. Use additional sheets of paper if necessary to provide a complete account, and attach diagrams and photographs if available. Be certain to include all of the information you have obtained about the incident and include whether or not statements were taken by authorities. Be sure to include the identity and contact information for all witnesses and crew members, as well as boat rosters, class lists and other documents containing witness contact information. Attach any witness reports if available.

PLEASE PRINT NARRATIVE OF INCIDENT LEGIBLY OR TYPE

[illegible]

Signature _____ Date Completed _____
Day/Month/Year

If you have any questions, please call your PADI Office.

30151 Tomas Street
Rancho Santa Margarita, CA 92688 USA
800 729 7234 (US and Canada)
+1 949 858 7234, ext. 2384
FAX +1 949 267 1255
Email: incident@padi.com

Unit 3, 4 Skyline Place
Frenchs Forest, NSW 2086
Sydney, Australia
+ 61 2 9454 2849, ext. 841
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Email: incident@padi.com.au

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CH-8442 Hettlingen
Switzerland
+ 41 52 304 1414
FAX + 41 52 304 1499
Email: manager@padi.ch

Unit 7, Phillips Central, Albert Road
St. Phillips, Bristol BS2 0PD, United Kingdom
+ 44 117 300 7874
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Email: incident@padi.co.uk

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Shibuya-ku Tokyo 150-0022
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Email: padijpn@padi.co.jp

Gullbergs Strandgata 36E
411 04 Göteborg, Sweden
+ 46 31 808840
FAX + 46 31 153200
Email: info@padi.se

24-hour Incident Line for All Offices: +1 949 858 7234, 800 729 7234, ext. 2726 (US and Canada)