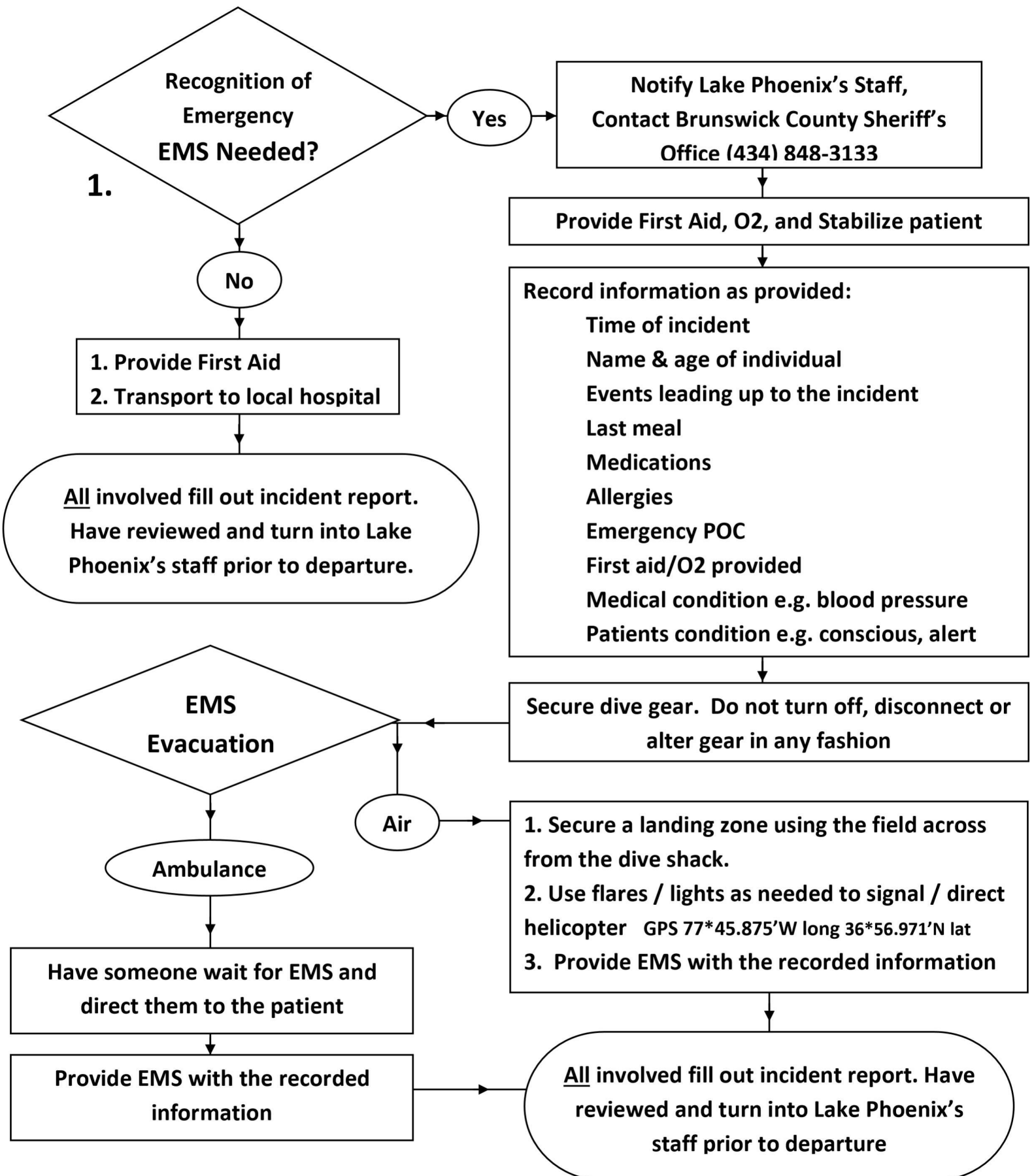


Lake Phoenix Emergency Plan



Emergency Plan for Lake Phoenix (804) 716-2199

1 Quarry Lane Rawlings, Virginia 23876



1. Lake Phoenix : One Quarry Lane, Rawlings, Virginia 23876
(804) 716-2199

2. Brunswick County Sheriff's Office: (434) 848-3133

3. Southside Regional Medical Center: 200 Medical Park
Boulevard Petersburg, VA 23805 (804) 765-5000 From

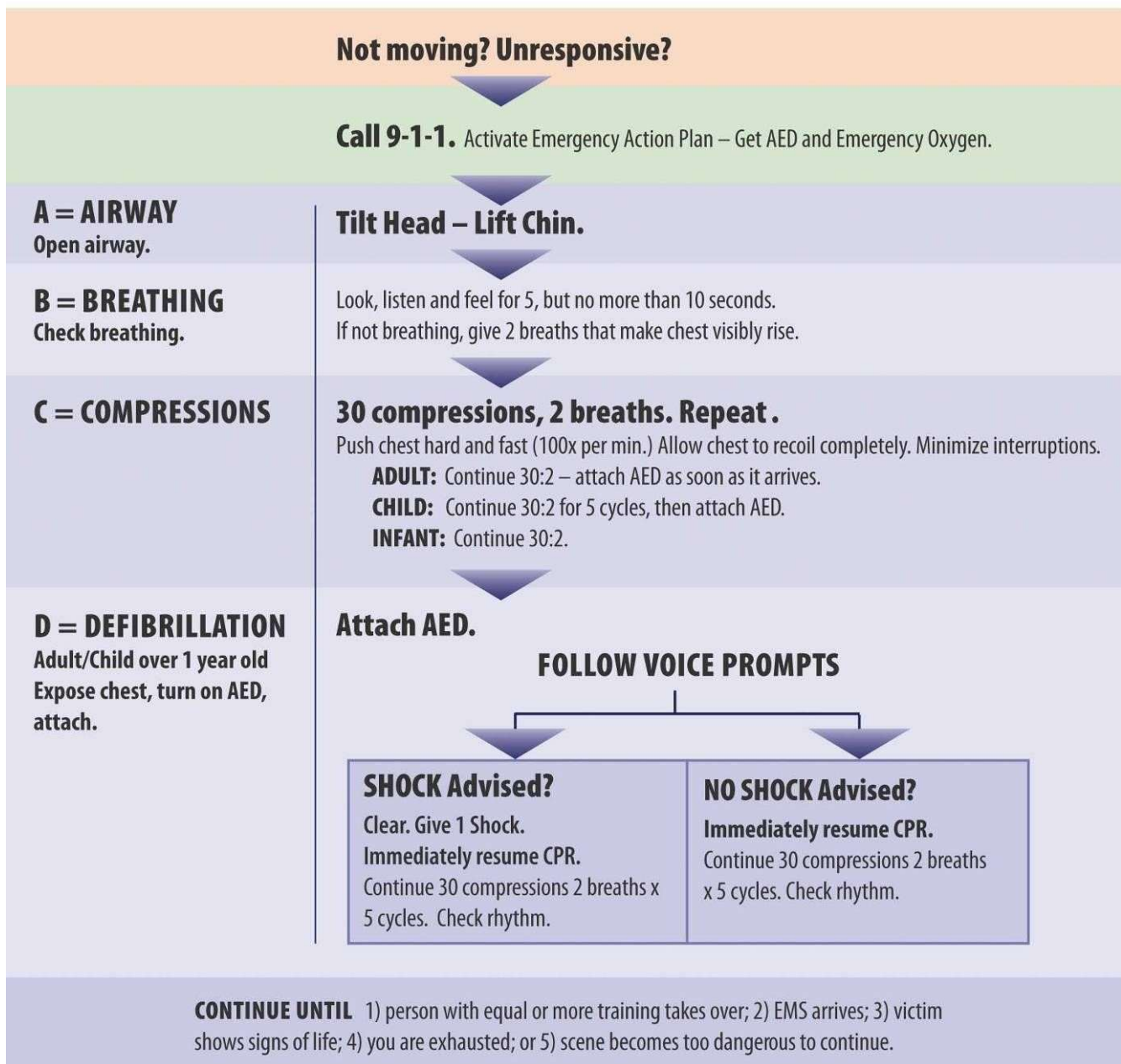
Interstate 85 North Take Interstate 95 South/US 460 East -
Exit 68 Take Exit 48 B - Wagner Road (West) Turn left on to
Medical Park Boulevard

4. Divers Alert Network: 6 West Colony Place Durham, NC
27705 (919) 684-2948 Take I-85 S toward S Hill, enter NC.
Slight right at US-15 S/US-501 S (signs for US-70
BUS/Hillsborough Rd/Chapel Hill). Take exit 106 for Cornwallis
Rd. Turn left at W Cornwallis Rd. Take the 1st right to
Western Bypass. Turn right at Pickett Rd. Take the
1st right onto Colony Rd. Take the 1st left onto W Colony Pl.

5. Poison Control: (804) 768-9132 or (800) 552-6337

6. Oxygen & First Aid Kits: All groups are responsible to have
their own equipment.

Lake Phoenix has both located in the first aid shed.



7. **Med Flight Emergencies:** Contact the Sherriff's Office at (434) 848-3133 to request Med Flight. Med Flight IS NOT the primary responder. It should be called for:
- a. **Near drowning with loss of consciousness**
 - b. **Cerebral Arterial Gas Embolism (A.G.E)**
 - c. **Trauma** such as uncontrolled bleeding, head injury, etc.

d. GPS Coordinates for Lake Phoenix is
77*45.875'W longitude 36*56.971'N latitude.



Current PADI Incident Report Incident report.pdf

Lake Phoenix

DIVING NEUROLOGICAL ASSESSMENT Diving Incident/Accident Reports

Primary Survey:

If Victim does not respond:

- ☐ Check their airway
- ☐ Look, listen, and feel (breathing)
- ☐ Check for circulation
- ☐ Provide rescue breathing/CPR
- ☐ Control any bleeding
- ☐ Treat for shock

If Victim responds:

- ☐ Tell them your name
- ☐ Tell them you are a first responder
- ☐ Ask if you can assist
- ☐ Control severe bleeding
- ☐ Determine level of consciousness, awareness and orientation
- ☐ Complete a secondary survey (head to toe body scan)
- ☐ Provide the appropriate first aid
- ☐ Treat for shock

Secondary Survey:

- ☐ Ask the victim what happened
- ☐ Ask how they are feeling
- ☐ Ask if they feel pain? Where?
- ☐ Ask what led up to the problem
- ☐ Ask if they have a condition or if they took / skipped medication
- ☐ Ask when they last ate
- ☐ Ask what they last ate
- ☐ Check respiration
- ☐ Check pulse rate
- ☐ Check skin condition
- ☐ Check head and neck for injury
- ☐ Check chest and back for injury
- ☐ Check abdomen for injury
- ☐ Check extremities for injury
- ☐ Perform 5 minute neuro exam if you suspect a scuba diving injury, nervous system injury, or stroke

5 Minute Neurological exam summary:

Performed By Whom _____

On-Site Neurological Examination

By Ed Thalmann, M.D., Assistant Medical Director of DAN

Information regarding the injured diver's neurological status will be useful to medical personnel in not only deciding the initial course of treatment but also in the effectiveness of treatment. Examination of an injured diver's central nervous system soon after an accident may provide valuable information to the physician responsible for treatment. The On-Site Neuro Exam is easy to learn and can be done by individuals with no medical experience. Perform as much of the examination as possible, but do not let it interfere with evacuation to a medical treatment facility.

Perform the following steps in order, and record the time and results. **1.**

Orientation

- Does the diver know his/her own name and age?
- Does the diver know the present location?
- Does the diver know what time, day, year it is?

Note: Even though a diver appears alert, the answers to these questions may reveal confusion. Do not omit them.

2. Eyes

- Have the diver count the number of fingers you display, using two or three different numbers.
- Check each eye separately and then together.

- Have the diver identify a distant object.
- Tell the diver to hold head still, or you gently hold it still, while placing your other hand about 18 inches/0.5 meters in front of the face. Ask the diver to follow your hand. Now move your hand up and down, then side to side. The diver's eyes should follow your hand and should not jerk to one side and return.
- Check that the pupils are equal in size.

3. Face

- Ask the diver to purse the lips. Look carefully to see that both sides of the face have the same expression.
- Ask the diver to grit the teeth. Feel the jaw muscles to confirm that they are contracted equally.
- Instruct the diver to close the eyes while you lightly touch your fingertips across the forehead and face to be sure sensation is present and the same everywhere.

4. Hearing

- Hearing can be evaluated by holding your hand about 2 feet/0.6 meters from the diver's ear and rubbing your thumb and finger together.
- Check both ears moving your hand closer until the diver hears it.
- Check several times and compare with your own hearing.

Note: If the surroundings are noisy, the test is difficult to evaluate. Ask bystanders to be quiet and to turn off unneeded machinery.

5. Swallowing Reflex

- Instruct the diver to swallow while you watch the "Adam's apple" to be sure it moves up and down.

6. Tongue

- Instruct the diver to stick out the tongue. It should come out straight in the middle of the mouth without deviating to either side.

7. Muscle Strength

- Instruct the diver to shrug shoulders while you bear down on them to observe for equal muscle strength.
- Check diver's arms by bringing the elbows up level with the shoulders, hands level with the arms and touching the chest. Instruct the diver to resist while you pull the arms away, push them back, up and down. The strength should be approximately equal in both arms in each direction.
- Check leg strength by having the diver lie flat and raise and lower the legs while you resist the movement.

8. Sensory Perception

- Check on both sides by touching lightly as was done on the face. Start at the top of the body and compare sides while moving downwards to cover the entire body.

Note: The diver's eyes should be closed during this procedure. The diver should confirm the sensation in each area before you move to another area.

9. Balance and Coordination

Note: Be prepared to protect the diver from injury when performing this test.

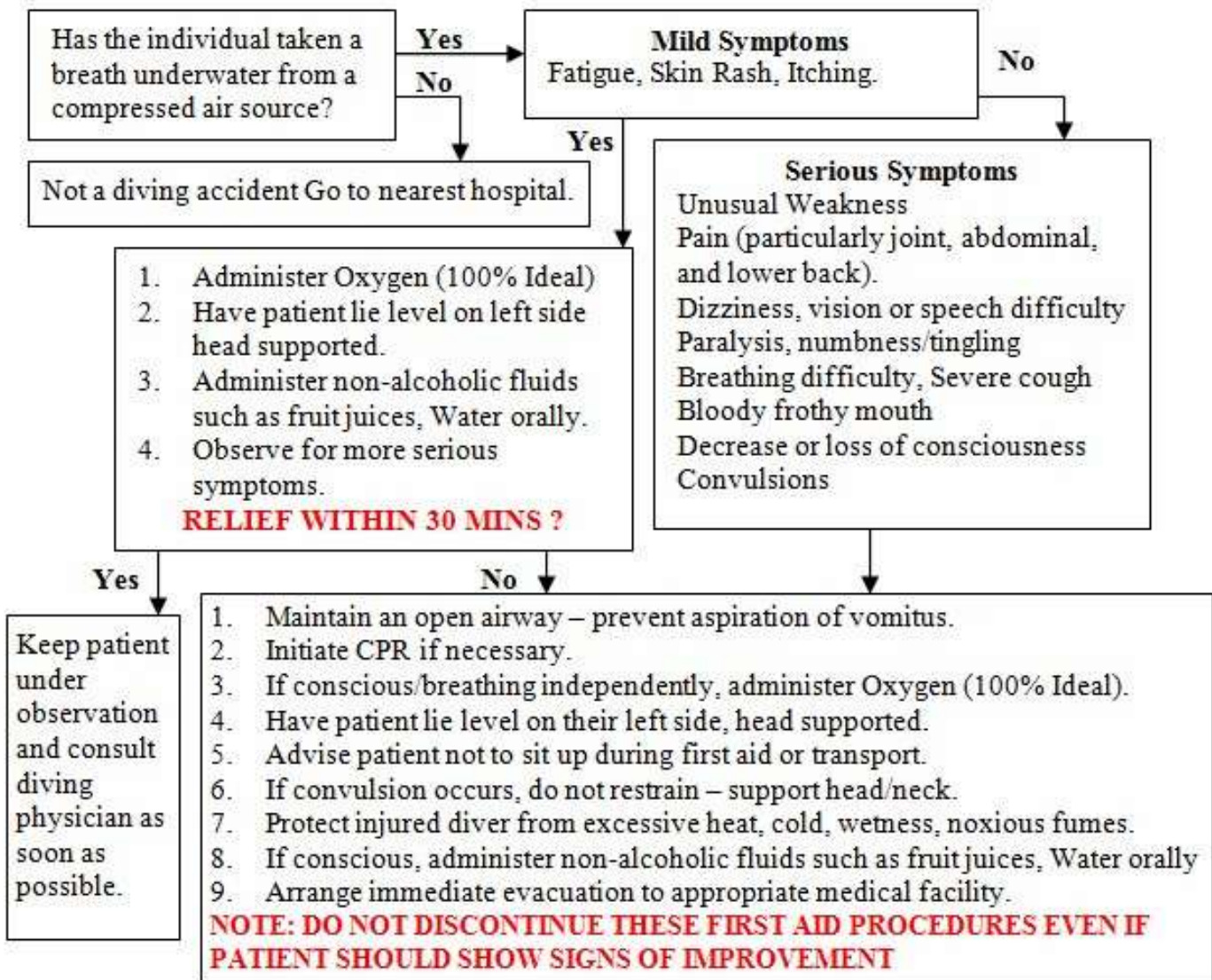
- First, have the diver walk heel to toe along a straight line while looking straight ahead.

- Have her walk both forward and backward for 10 feet or so. Note whether her movements are smooth and if she can maintain her balance without having to look down or hold onto something.
- Next, have the diver stand up with feet together and close eyes and hold the arms straight out in front of her with the palms up. The diver should be able to maintain balance if the platform is stable. Your arms should be around, but not touching, the diver. Be prepared to catch the diver who starts to fall.
- Check coordination by having the diver move an index finger back and forth rapidly between the diver's nose and your finger held approximately 18 inches/0.5 meters from the diver's face. The diver should be able to do this, even if you move your finger to different positions.
- Have the diver lie down and instruct him to slide the heel of one foot down the shin of his other leg, while keeping his eyes closed. The diver should be able to move his foot smoothly along his shin, without jagged, side-to-side movements.
- Check these tests on both right and left sides and observe carefully for unusual clumsiness on either side.

Important Notes:

- Tests 1, 7, and 9 are the most important and should be given priority if not all tests can be performed.
- The diver's condition may prevent the performance of one or more of these tests. Record any omitted test and the reason. If any of the tests are not normal, injury to the central nervous system should be suspected.
- The tests should be repeated at 30- to 60-minute intervals while awaiting assistance in order to determine if any change occurs. Report the results to the emergency medical personnel responding to the call.
- Good diving safety habits would include practicing this examination on normal divers to become proficient in the test.
- Examination of an injured diver's central nervous system soon after an accident may provide valuable information to the physician responsible for treatment.
- The On-Site Neuro Exam is easy to learn and can be done by individuals with no medical experience at all.

Diving Accident Management Flow Chart



Victims Name _____ . Age _____ .

Address _____ .

Contact _____ . Relation _____ . Phone _____ .

Signs/Symptoms	Time	Sign/Symptoms	Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	First Dive	Second Dive	Third Dive
Time In	_____	_____	_____
Time Out	_____	_____	_____
Depth	_____	_____	_____

COMMENTS: _____

Lake Phoenix Timeline Sheet

DIVER: _____ Age: _____ Date: _____

Print Name

TIMES: INITIAL CONTACT WITH DIVER _____ Someone with the diver when incident occurred **Y N**

DIVER ON SURFACE _____ DIVER BOUYANT _____ ALERT & RESPONSIVE **Y N**

RESCUE BREATHS _____ DIVER ON BEACH _____ CPR STARTED **Y N** _____

O2 STARTED **Y N** _____ (O2 flow rate LPM _____ O2 Mask Type _____)

Time _____ BP _____/_____ O2 Sat (Cap Refill) _____ Blood Type _____

Time _____ BP _____/_____ O2 Sat (Cap Refill) _____

Time _____ BP _____/_____ O2 Sat (Cap Refill) _____

Time _____ BP _____/_____ O2 Sat (Cap Refill) _____

Time _____ BP _____/_____ O2 Sat (Cap Refill) _____

Time _____ BP _____/_____ O2 Sat (Cap Refill) _____

MEDICATIONS: Type _____ Dose _____ Taken _____ on schedule **Y N**

Type _____ Dose _____ Taken _____ on schedule **Y N**

Type _____ Dose _____ Taken _____ on schedule **Y N**

Type _____ Dose _____ Taken _____ on schedule **Y N**

Type _____ Dose _____ Taken _____ on schedule **Y N**

LAST MEAL: Time / Date _____

PREEXISTING CONDITIONS: **Y N** _____

ALLERGIES: **Y N** _____

SIGNS / SYMPTIONS _____

DIVE TIMES 1 Depth _____ Time _____ / 2 Depth _____ Time _____ / 2 Depth _____ Time _____

SIT _____ SIT _____

Recorder

Signature

Date

SECURE GEAR, DO NOT ALTRER GEAR IN ANY WAY, DO NOT CUT OFF, AIR OR MOVE ON OFF KNOB

Lake Phoenix

DIVING INCIDENT/ACCIDENT WITNESS STATEMENTS

Diving Incident/Accident Reports

WITNESS STATEMENT

DIVER: _____

Print Name

HOME PHONE: _____

HOME ADDRESS: _____

STATEMENT

Acknowledge above being true as known to me at this time.

Signature

Date

Lake Phoenix

ADDITIONAL WITNESS STATEMENTS

Diving Incident/Accident Reports

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Lake Phoenix

DIVING EQUIPMENT INVENTORY

Diving Incident/Accident Reports

DIVER: _____ Date: _____

Mask comments _____

____ Fins comments _____

____ Snorkel comments _____

Regulator Primary comments

___ Regulator Secondary comments _____
___ SPG comments _____
___ Depth Gauge comments _____
___ Knife comments _____
___ Underwater Light comments _____
___ Computer type _____ Note depth _____ Note dive time _____ Note gas type _____
___ BC Type _____ Size _____
___ Protective Suit Type _____ Size _____
___ Alternate Air Source Type _____ Size _____ Gas _____
___ Weight System Type _____ Amount _____
___ Primary tank Type _____ Size _____ Vis Date _____ Hydro Date _____ Gas _____
___ Other _____

Was there any apparent equipment problems?

___ Was Equipment Rented? If Checked From Where _____