

22 Warner M, Smith GS and Langley JD. Drowning and alcohol in New Zealand: what do the coroner's files tell us? *Aust NZ J Public Health* 2000; 24: 387-390

23 Edmonds C. Asthma and diving. Some observations and thoughts. *SPUMS J* 1991; 21: 70-74

F Michael Davis MD, FRCA, FANZCA, Dip DHM, is Medical Director, Hyperbaric Medicine Unit, Christchurch Hospital, Private Bag 4710, Christchurch, New Zealand. Phone +64 (0)3 364 0045. Fax +64 (0)3 364 0187. E-mail <mike.davis@cdhb.govt.nz>

Margaret Warner PhD, was a Fulbright Research Fellow in 1996 at the Injury Prevention Research Unit, University of Otago, Dunedin, New Zealand. Currently she is an injury epidemiologist at the National Center for Health Statistics, Room 750, 6525 Belcrest Road, Hyattsville, Maryland 20782, USA. Phone +01 (0)301 458 4556. Fax +01 (0)301 458 4038. E-mail <mwarner@cdc.gov>

Brendon Ward is the Project Manager, Water Safety New Zealand, PO Box 10126, Wellington, New Zealand. Phone +64 (0)4 801 9600. Fax +64 (0)4 801 9599. E-mail <bward@watersafety.org.nz>.

Address for contact: Dr Michael Davis, as above

THE WORLD AS IT IS

THE DIVERS ALERT NETWORK TODAY

John Lippmann

Key Words

Oxygen, rescue, research, training, transport, treatment.

The Divers Alert Network (DAN) is a not-for-profit organisation which was formed in 1980 in the United States to assist in the treatment of underwater diving accidents by providing a 24-hour emergency hotline. When government funding for this service evaporated, DAN established a membership program. For a small payment, subscribers received a diving accident manual and a regular newsletter, *Alert Diver*, dealing with various issues of diving safety.

As the popularity of diving and dive travel increased, numerous situations arose when divers with symptoms of DCI were stranded in remote locations without the funds required to pay for an expensive evacuation to a recompression facility. In the early 1980s, dive insurance was very difficult to obtain and DAN lobbied hard to enable divers to get access to appropriate insurance coverage. As DAN grew, it was able to provide its members with a worldwide evacuation service and diving injury treatment insurance.

DAN organisations have been established in several regions. These include DAN Europe, DAN Japan, DAN S.E. Asia-Pacific (SEAP) and DAN Southern Africa. DAN SEAP was established in 1994, and provides services to most

countries in the Asia-Pacific Region. Together, the DAN organisations form the International Divers Alert Network (IDAN). These autonomous organisations work co-operatively towards a common goal of improving diving safety and treatment services worldwide. At the end of 2001, there were more than 205,000 DAN members worldwide.

The aims of DAN SEAP include improving diver safety through education, providing evacuation and insurance services for injured divers, improving the management of diving and other accidents by the provision of appropriate first aid training, oxygen provider training and equipment, support for regional diving emergency hotlines, diving accident data collection and research.

Improvement of dive safety through education

All DAN members receive a copy of *Alert Diver*, a regular journal dealing with various aspects of dive safety and health. The various DAN entities also conduct workshops and seminars relating to safety issues, and have large websites with a variety of useful health and safety information on them.

Provision of evacuation and insurance services

All DAN SEAP members automatically become eligible for emergency medical evacuation cover, for up to US\$100,000, for diving and non-diving emergencies that occur more than 80 km from home. Members also have access to a variety of economical dive injury treatment insurance plans, and in some cases, personal accident plans.

First Aid Training

DAN SEAP has also introduced some general and workplace first aid programs that teach participants the skills required to provide first aid in the home or the workplace as well as in the field. Topics include bleeding, respiratory and cardiac emergencies, fractures, soft tissue injuries, head injuries, diabetes, epilepsy and convulsions, envenomation, poisoning, and many others.

The courses, which are equivalent to those offered by Red Cross and St John, are suitable for divers and non-divers alike. They have been accredited in Australia under the National Training Recognition Scheme, as well as by certain workplace authorities.

DAN has also introduced short programs on the use of Automated External Defibrillators (AEDs) and on marine envenomation.

Oxygen first aid training and equipment

DAN has been instrumental in the development of certain types of oxygen units which are designed to provide a simple, safe and effective means of providing oxygen to injured divers. Additionally, armed with the knowledge of the importance of oxygen in the first aid management for decompression illness (DCI), DAN has created a highly effective and successful oxygen provider program designed specifically for divers.

This program covers the training of oxygen providers, divers able to administer oxygen to casualties, and of instructors who run local courses for oxygen providers.

DAN OXYGEN PROVIDER COURSE

This program is suitable for divers of all levels, from novice to instructor, and is now the most respected oxygen program for divers worldwide with more than 132,000 oxygen providers and 16,500 oxygen instructors trained from its inception to the end of 2001.

It consists of a 4-hour oxygen provider module, supported by an additional resuscitation module, where required. Topics covered include diving accident recognition, the benefits of oxygen provision, precautions and safety guidelines and oxygen provision to both responsive and unresponsive victims.

Participants are certified in the use of the DAN Oxygen Unit, or an equivalent system. In addition, there are several extension modules for divers who require further training in devices such as the MTV100, REMO₂ and bag-valve-mask systems.

Regional diving emergency hotlines

IDAN supports a network of diving emergency hotlines throughout the world. These hotlines are available to all divers, whether DAN members or not.

DAN SEAP provides full funding to the DES Australia hotline and to the hotlines in New Zealand, the Philippines and Malaysia.

Diving accident data collection and research

Another important function of the Network is collecting and analysing data on diving accidents and fatalities to improve the understanding of the causes of such accidents and to develop better treatment methods.

DAN entities produce regular reports on dive accident and fatalities. DAN SEAP published a comprehensive report on the Australian diving deaths from 1972-1993.¹

It is soon to release a compilation of the Australian fatalities from 1994-1998. In addition, DAN SEAP is now actively involved in the collection of dive fatality data throughout the region and aims to produce more comprehensive regional accident reports in the future.

IDAN has been involved in extensive research projects that include flying after diving, ascent rates, diabetes and diving, project dive exploration (downloaded dive computer profiles), post-diving Doppler studies, PFO and diving, and many more.

DAN entities are also involved with providing assistance to remote recompression chambers, donating equipment and providing expertise where appropriate and in various other ways to help to further the safety of the magnificent sport we are privileged to participate in.

We remain very grateful to all those who support us in our mission.

The address of the Central Office of DAN S.E. Asia-Pacific is PO Box 384, Ashburton, Victoria 3147, Australia. Phone +61-(0)3-9886-9166. Fax +61-(0)3-9886-9155, E-mail <info@danseap.org>. Web site <www.danseap.org>

Reference

- 1 Walker D. *Report on Australian Diving Deaths*. Melbourne: JL Publications, 1998

SPUMS NOTICES

SOUTH PACIFIC UNDERWATER MEDICINE SOCIETY

DIPLOMA OF DIVING AND HYPERBARIC MEDICINE

Requirements for candidates

In order for the Diploma of Diving and Hyperbaric Medicine to be awarded by the society, the candidate must comply with the following conditions:

- 1 The candidate must be a financial member of the Society.
- 2 The candidate must supply evidence of satisfactory completion of examined courses in both Basic and Advanced Course in Diving and Hyperbaric Medicine at an approved institution.
- 3 The candidate must have completed the equivalent (as determined by the Education Officer) of at least six months full time training in an approved Hyperbaric Medicine Unit.
- 4 The candidate must submit a written research proposal in a standard format for approval by the Education Officer before commencing their research project.
- 5 The candidate must produce, to the satisfaction of the Education Officer, a written report on the approved research project, in the form of a scientific paper suitable for publication.

Additional information

The candidate must contact the Education Officer to advise of their intended candidacy, seek approval of their courses in Diving and Hyperbaric Medicine and training time in the intended Hyperbaric Medicine Unit, discuss the proposed subject matter of their research proposed, and obtain instructions before submitting any written material or commencing a research project.

All research reports must clearly test a hypothesis. Preference will be given to reports of original basic or clinical research. Case series reports may be acceptable if thoroughly documented, subject to quantitative analysis, and the subject is extensively researched and discussed in detail. Reports of a single case are insufficient. Review articles may be acceptable if the world literature is thoroughly analysed and discussed, and the subject has not recently been similarly reviewed. Previously published material will not be considered.

It is expected that all research will be conducted in accordance with the "Joint NH&MRC/AVCC statement and guidelines on research practice" (available at <http://www.health.gov.au/nhmrc/research/nhmrcavc.htm>). All research involving humans or animals must be accompanied by documentary evidence of approval by an appropriate research ethics committee. It is expected that the research project and the written report will be primarily the work of the candidate.

The Education Officer reserves the right to modify any of these requirements from time to time.

The Education Officer's address is Dr David Doolette, Department of Anaesthesia and Intensive Care, The University of Adelaide, Adelaide, South Australia 5005. Telephone +61-(0)8-8303-6382. Fax +61-(0)8-8303-3909. E-mail <David.Doolette@adelaide.edu.au>.

Key Words

Qualifications.

NOTICE TO AUTHORS

With the recent introduction of new copyright laws and the development of Mexitext, a medical electronic database, which is available on line by subscription, there is a need to have formal standard conditions for publication which cover printed and web accessible electronic publication.

In future all authors will have to agree to these conditions in writing before their papers can be accepted by the South Pacific Underwater Medicine Society Journal. The conditions cover copyright and royalties and include the statement that the author "will always be acknowledged as the copyright owner of the article".

Although this means more paperwork for the Editor the new agreement has advantages for our authors, giving certainty about their copyright position.

The South Pacific Underwater Medicine Society Journal's new Standard Conditions of Publication are printed below.

South Pacific Underwater Medicine Society Journal Standard Conditions of Publication

As a contributor to the South Pacific Underwater Medicine Society Journal, I acknowledge and accept the following terms and conditions of publication:

- 1 I grant the South Pacific Underwater Medicine Society Journal a non-exclusive licence to publish my article, currently entitled [name of article] in printed form in the South Pacific Underwater Medicine Society Journal and in other media, including electronic form.
- 2 I grant the South Pacific Underwater Medicine Society Journal the right to sub-licence third parties to exercise all or any of these rights on my behalf.
- 3 I acknowledge that any revenues received by the South Pacific Underwater Medicine Society Journal under this non-exclusive licence that do not exceed \$1,000 may be retained and used by the South Pacific Underwater Medicine Society for promotion or such other purposes as agreed by the editorial board from time to time. In the event of the South Pacific Underwater Medicine Society Journal receiving in excess of \$1,000 under this sub-licence, 50 per cent of revenue received in excess of \$1,000 is to be remitted to me within 90 days of its receipt by the South Pacific Underwater Medicine Society Journal.
- 4 The South Pacific Underwater Medicine Society Journal agrees that in publishing my article and exercising this non-exclusive publishing sub-licence, I will always be acknowledged as the copyright owner of the article.

Key Words

Copyright.



EUBS 2002

Brugge, September 4-8, 2002

Bruges, an historic city in Flanders, is the site for the EUBS Annual Congress in 2002.

The dates are September 4th to 8th 2002.

For further information contact the Congress Secretariat Medicongress, Waalpoel 28/34, 9960 Assenede, Belgium.

<www.medicongress.com>

E-mail <eubs2002@medicongress.com>

or <www.eubs.org>

NOW AVAILABLE

The South Pacific Underwater Medicine Society has produced a CD, readable by at least Windows and Macintosh computers, containing every issue of the Society's Newsletter and Journals as Adobe .pdf documents, from the first issue in May 1971 until and including December 2000. All that is needed to read and print these documents is Adobe Acrobat Reader (version 3 or later) which can be downloaded free from the Adobe web site.



None Genuine without this label

The CD also contains the index for the South Pacific Underwater Medicine Society Journal. This runs from 1971 (Volume 1) to December 2000 (Volume 30 No. 4).

The index is supplied as a downloadable tab-separated document which can be entered into the reader's database. It is supplied in RTF (rich text format) and as Windows 97 DOC and TXT for Windows. Macintosh formats are RTF and Word for Mac 5.1.

The CD is available for \$Aust 25 (including GST or overseas mailing charge) from either

The Editor of the South Pacific Underwater Medicine Society Journal or
The Administrator of SPUMS

The address for both is
C/o ANZ College of Anaesthetists
630 St Kilda Road
Melbourne, Victoria 3004
Australia

WORLD CONGRESS OF DROWNING, 2002

To be held in Amsterdam
on 26, 27 and 28 June 2002

Breath-hold, scuba and hose diving

Recreational scuba diving is recognised as a safe sporting activity. There are relatively few accidents compared with other sports although, when an accident does occur in the water, it happens in a very unforgiving environment. What might be an insignificant incident at the surface can start a sequence of events that quickly escalates to become life threatening. The environment in which this happens is also the probable reason why up to some 60 per cent of in-water diving fatalities meet their deaths by drowning. Drowning is the *mode* of their deaths, but not the cause. In examining the *causes* of drowning in divers, one must look at the way in which people dive. To reduce the risk of drowning in divers one must address not only their in-water procedures but also basic issues such as fitness, training and equipment.

For this reason the diving community has been invited to participate in the **World Congress of Drowning** to be held in Amsterdam on 26, 27 and 28 June 2002. This conference was initiated by *The Society to Rescue Persons from Drowning* which was founded in the Netherlands in 1767.

Partners in this venture include the International Federation of Red Cross and Red Crescent, ILS (International Life Saving) and DAN.

The aims of the Congress are

to make recommendations on the prevention, rescue and treatment of drowning victims;
to stimulate and facilitate initiatives to further promote the prevention of drowning;
to reduce the number of drowning victims;
to improve the survival rate and outcome of drowning victims.

“Breath-hold, scuba and hose diving” (Chairman: David Elliott, UK) is thus just one of around 10 task forces convened to review particular aspects of this vast topic.

Other task forces and Chairpersons include

Epidemiology	Christine Branche, CDC, Atlanta.
Rescue	Chris Brewster, International Life Saving Federation, USA.
Resuscitation	Paul Pepe, Emergency Medicine, University of Texas.
Hospital treatment	Jean Louis Vincent, Erasmus Hospital, Brussels.
Immersion hypothermia	Beat Walpoth, University Hospital, Insel, Switzerland
Brain	David Warner, Duke University Medical Center, USA.

Each task force has an international group of experts in the appropriate specialities.

The diving task force covers the hazards associated with all types of diving. This includes recreational diving of every variety. It also covers subsistence fishermen-divers in the third world, most of whom have inadequate equipment and no proper training and who have an unknown rate of in-water incidents. The other large group is military and working divers who follow procedures that for them should make the risk of drowning negligible.

A number of drowning fatalities in divers occurs among divers who may have made an avoidable error or who may have been subjected to one. After reviewing such accidents the task force has prepared draft recommendations and reviewed those submitted by others. The following topics are among the questions that they consider deserve discussion at the World Congress.

Should diver certification last a lifetime, or is there a need for re-certification after a few years?

What changes can be recommended in the training of divers and diving instructors that might enhance diving safety?

Should a once-only medical declaration that was made before training potentially last for a lifetime?

Is there a minimum age for diving as one of a buddy-pair?

Should there be a greater emphasis at all levels of recreational diver training on the causation of known in-water fatalities?

Visit the web site (www.drowning.nl) for more details about the Congress, its task forces and the arrangements. Some 60 task force members from 20 nations have prepared formal presentations and reviewed the many recommendations for the Congress. Each task force has a summary of its proposed agenda, each will have a plenary session for all and then a number of sessions on selected diving topics.

Look through the recommendations in the diving section. Because they come from a wide range of sources, some appear worthwhile but others may not be universally acceptable. These will be discussed and, where appropriate, their implementation will be reviewed at the Congress in Amsterdam, 2002.

You can also write for more information to the World Congress of Diving 2002 Secretariat
c/o Consumer Safety Institute
PO Box 75169, 1070 AD Amsterdam, The Netherlands.
or e-mail <Secretariat@drowning.nl>

Key Words

Breathhold diving, drowning, meeting, occupational diving, recreational diving.

**XIV INTERNATIONAL CONGRESS ON
HYPERBARIC MEDICINE**

**October 2nd - 5th 2002
St Francis Hotel
Union Square
San Francisco, California, USA**

CALL FOR ABSTRACTS

Abstracts of communication are invited from individuals who are involved in hyperbaric medicine. Abstracts submitted for the 2002 ICHM Meeting should not have been published nor presented before international meetings prior to this meeting. Deadline for abstract submittal is 2002/4/1. Specific instructions for preparing abstracts can be found at the ICHM web page <www.ichm.net>.

E-mail transmission of Abstract Submission Form and abstract should be sent to <ichm@milx.net>. On subject line type: ICHM Abstract. Persons who do not have e-mail may send a camera-ready hard copy and diskette to:

**ICHM Meeting Secretariat
International ATMO
414 Navarro, Suite 502
San Antonio, Texas 78205**

Both oral and poster sessions are available for presentations, which will be made in English.

The first author listed will be the presenting author. Priority will be given to those abstracts where the presenting author has registered before 2002/4/1.

In all cases the presenting author must be registered by the close of registration, which is 2002/8/1. Presenting authors will be notified of either acceptance or rejection not later than 2002/8/15.

Accepted abstracts of those who are registered at the meeting will be published in the usual manner in the Program/Abstract book regardless of whether the abstract will be presented in a poster or oral session. Final papers for the Proceedings of the XIV ICHM must be turned in at the Registration Desk at the Congress.

To obtain additional information about the scientific program see the ICHM website at <www.ichm.net> or contact Paul J Sheffield, PhD, ICHM Scientific Program Chairman at:

International ATMO
414 Navarro, Suite 502
San Antonio, Texas 78205
E-mail <Psheffield@milx.net>
Tel +1-210-614-3688.
Fax +1-210-223-4864.

**ROYAL ADELAIDE HOSPITAL HYPERBARIC
MEDICINE COURSE**

Medical Officers Course

July 2002

Basic	8/7/02	to	12/7/02
Advanced	15/7/02	to	19/7/02

October/November 2002

Basic	21/10/02	to	25/10/02
Advanced	28/10/02	to	1/11/02

Cost

Basic Diving Medicine Course	\$825.00
Advanced	\$825.00

Diving Medical Technicians Course

Cost of three unit course \$Aust 1,375.00

July 2002

Unit I	24/6/02	to	28/6/02
Unit II	1/7/02	to	5/7/02
Unit III	8/7/02	to	12/7/02

October 2002

Unit I	7/10/02	to	11/10/02
Unit II	14/10/02	to	18/10/02
Unit III	21/10/02	to	25/10/02

Diver Medical Technician Refresher Courses

July 2002	1/7/02	to	5/7/02
------------------	--------	----	--------

October 2002	14/10/02	to	18/10/02
---------------------	----------	----	----------

Cost	\$Aust 550
-------------	-------------------

For further information or to enrol contact

The Director, Hyperbaric Medicine Unit
Royal Adelaide Hospital, North Terrace
South Australia 5000.

Telephone	Australia	(08)-8222-5116
	Overseas	+61-8-8222-5116
Fax	Australia	(08)-8232-4207
	Overseas	+61-8-8232-4207