

# CASUALTY ASSESSMENT



Date:

Casualty name:

Age:

yrs Male/Female

Onset of symptoms: Time:

Description:

<b>Time</b>	Record observations every 15 mins and when casualty's condition changes							
<b>Highest level of response</b>	Alert, Voice, Pain, Unresponsive							
<b>BLS</b>	Note times started and stopped							
<b>AED</b>	Note times applied shocks given		Note if					
<b>Orientation</b>	<b>Day</b>	✓ normal	✗ abnormal					
	<b>Place</b>	✓ normal	✗ abnormal					
	<b>Person</b>	✓ normal	✗ abnormal					
<b>Personality change</b>	✓ absent		✗ present					
<b>Chest pains</b>	✓ absent		✗ present					
<b>Respiratory rate</b>	(breaths/minute)							
<b>Pulse rate</b>	(beats/minute)							
<b>Vision</b>	Normal, Tunnel, Blurred, Double							
<b>Head &amp; neck</b>	<b>Tingling/numbness</b>	Left/Right/Both						
	✓ normal <b>Facial weakness</b>	Left/Right/Both						
<b>Upper limb</b>	<b>Tingling/numbness</b>	Left/Right/Both						
	✓ normal <b>Weakness</b>	Left/Right/Both						
<b>Trunk</b>	<b>Tingling/numbness</b>	Left/Right/Both						
	✓ normal							
<b>Lower limb</b>	<b>Tingling/numbness</b>	Left/Right/Both						
	✓ normal <b>Weakness</b>	Left/Right/Both						
<b>Eye/hand coordination</b>	✓ normal		✗ abnormal					
<b>Oxygen therapy</b>	Note time started & stopped. Note O <sub>2</sub> %							
<b>Fluid administered</b>	Note time and amount (mls)							

Assessor name:

Contact name:

Tel:

Vessel call sign:

This form (& dive computer & buddy if appropriate) should accompany the casualty to medical facilities

# INCIDENT PROCEDURE



- TAKE CONTROL
- ASSESS THE SITUATION
- DELEGATE ACTION
- CONTACT THE EMERGENCY SERVICES

**Tell them: Who you are - Type of emergency - Location**

EMERGENCY SERVICES - UNITED KINGDOM		
<b>At sea</b>	All incidents: Coastguard Lives in immediate danger: Decompression illness:	<b>VHF DSC</b> (or Channel 16) Mayday (distress button) Pan Pan
<b>On land</b>	Decompression illness: England, Wales Northern Ireland: Scotland: Near drowning: Lost diver:	BHA Emergency Diver Advice Line <b>07831 151523</b> <b>0345 408 6008</b> Ambulance <b>999</b> or 112 Coastguard / Police <b>999</b> or 112

Decompression Illness
Keep the casualty quiet
Lie casualty flat on back
Do NOT raise legs
Administer 100% oxygen
Administer fluids

Basic life support	
Check safety	
↓	
Unresponsive	→ Shout for help
↓	
Open airway	
↓	
Not breathing normally?	→ Send for / go for AED Call emergency services
↓	
30 chest compressions	
↓	
CC+RB 30:2 (follow voice prompts when AED in use)	

## DIVE DETAILS

Casualty name:

Ascent	Normal Y/N	Rapid Y/N	Missed Stops	mins
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Use separate sheet for buddy	Incident dive	Previous dives (most recent first)			
<b>GAS MIX</b> (if rebreather write <b>RB</b> and diluent mix)					
<b>Surface interval</b> (since previous dive)					
<b>Depth m &amp; Dive time</b> (surface to surface, or 1st stop if taken)					
<b>Stop 1 (mins @ m) &amp; deco mix</b>					
<b>Stop 2 (mins @ m) &amp; deco mix</b>					
<b>Stop 3 (mins @ m) &amp; deco mix</b>					
<b>Surfacing time</b> (and date if needed)					