

# 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 Note if shocks given							
<b>Orientation</b>	<b>Day</b>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> abnormal					
	<b>Place</b>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> abnormal					
	<b>Person</b>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> abnormal					
<b>Personality change</b>	<input checked="" type="checkbox"/> absent	<input checked="" type="checkbox"/> present						
<b>Chest pains</b>	<input checked="" type="checkbox"/> absent	<input checked="" type="checkbox"/> 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> <input checked="" type="checkbox"/> normal	<b>Tingling/numbness</b>	Left/Right/Both						
	<b>Facial weakness</b>	Left/Right/Both						
<b>Upper limb</b> <input checked="" type="checkbox"/> normal	<b>Tingling/numbness</b>	Left/Right/Both						
	<b>Weakness</b>	Left/Right/Both						
<b>Trunk</b> <input checked="" type="checkbox"/> normal	<b>Tingling/numbness</b>	Left/Right/Both						
<b>Lower limb</b> <input checked="" type="checkbox"/> normal	<b>Tingling/numbness</b>	Left/Right/Both						
	<b>Weakness</b>	Left/Right/Both						
<b>Eye/hand coordination</b>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> 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:

# INCIDENT PROCEDURE



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

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

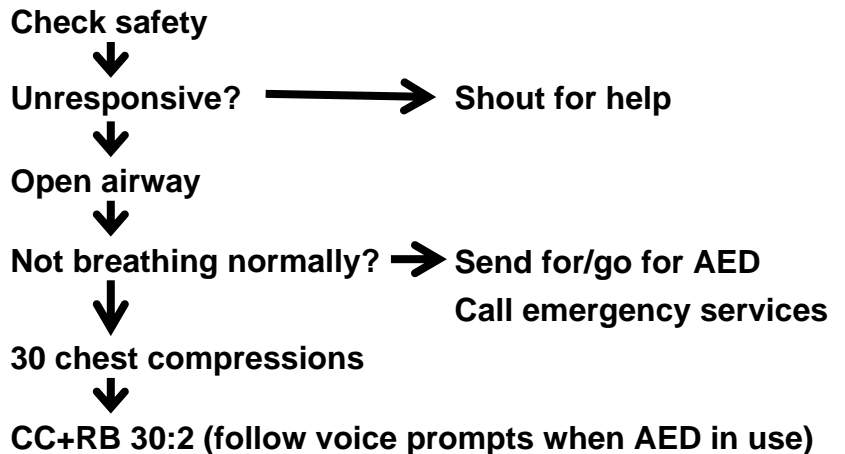
## EMERGENCY SERVICES - UNITED KINGDOM

<b>At sea</b>	All incidents: Coastguard	<b>VHF DSC</b> (or Channel 16)
	Lives in immediate danger:	Mayday (distress button)
	Decompression illness:	Pan Pan
<b>On land</b>	Decompression illness: BHA / RN Diver Helplines	
	England, Wales, Northern Ireland:	<b>07831 151523</b>
	Scotland:	<b>0845 408 6008</b>
	Near drowning:	Ambulance <b>999</b> or 112
	Lost diver:	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



## DIVE DETAILS Casualty name:

Ascent	Normal Y/N	Rapid Y/N	Missed stops	mins
Use separate sheet for buddy		<b>Incident dive</b>	<b>Previous dives</b> (most recent first)	
<b>Gas mix</b> (if rebreather write <b>RB</b> and give 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 details</b> (Record dives with >3 stops on a separate piece of paper)				
<b>Surfacing time</b> (and date if needed)				