**University of New Hampshire Diving Operations**

**Plan for use with COVID-19**

All divers must be healthy, fit and prepared to participate in the daily dive activities. Any diver who is unsure of illness or does not want to dive for any reason should not dive. Any diver that has recovered from COVID-19 must not dive and contact the UNH DSO for further information.

**COVID-19 Symptoms:** Fever >100.0˚F, cough, shortness or difficulty breathing, more than 20 breaths/minute, shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell.

Divers should take temperature and count breaths on day of diving. Each diver MUST fill out the UNH COVID-19 health screening no more than 1.5 hours prior to arriving at UNH facility or field ops.

<http://EHA.UNH.EDU> or  [login to an online portal](https://nam12.safelinks.protection.outlook.com/?url=http%3A%2F%2Fclick.send.unh.edu%2F%3Fqs%3D17dc76554dba961dd098098612f0a72155c681e831ed167a4c27252b480141028b0f5f5927052f72868ece92b7f9d5f77deee1c00abb689b&data=02%7C01%7CElizabeth.Kintzing%40unh.edu%7Cf29807d7e3cc4c078e6508d808913564%7Cd6241893512d46dc8d2bbe47e25f5666%7C0%7C0%7C637268767046002772&sdata=nKIhsMN38VYyrT6VW4k88CFsix9ZgWExXctRYrMgoaQ%3D&reserved=0)

**This Plan must be submitted to the Diving Program Officer for approval the day before diving. You must also have a copy (electronic or picture is fine) of this plan at the dive site.**

## PROJECT TITLE

**Date**

## PERSONNEL

Principal Investigator Phone/email

Diving Supervisor Phone/email

Lead Diver Phone/email

**Personnel requirements-minimize the size of dive teams**

Shore dives-2 divers (1 surface support person only if needed, if not the normal off-site shore contact) Check ahead if shore sites are accessible as many areas have been closed. Boat dive personnel numbers may vary due to size of boat to allow for appropriate social distancing and will be reviewed as part of the dive plan. Minimum is 1 vessel operator and 1 dive team (2 divers).

Name of Diver Scientific diver/diver in training Depth certification

1.

2.

3.

4.

**Social Distancing/Dive Preparation**

1-If gear is stored in UNH Dive locker area no more than 3 divers at a time in area to collect gear. 1 diver in wash down area and 2 in locker area. Divers will maintain a safe distance (>6’) and wear a mask while on surface. If outdoor wash down area is open 1 more person may be out there.

2-Drive with one person per vehicle whenever possible. When not possible, no more than 2 people per vehicle and:

* Passenger should sit a far away as possible, try to maintain 6’
* Vehicle occupants must wear a cloth mask
* Avoid using the recirculated air option for the car’s ventilation; use the car’s vents to bring in fresh outside air and/or lower the vehicle windows
* Clean and disinfect frequently touched surfaces in the vehicle at the beginning and end of trip

3-Assesing dive conditions & last-minute briefing at site-continue to maintain distancing with a masks.

4-Divers set up dive gear while distancing. Each diver demonstrates to the buddy where the gear is and functioning properly-only touching own gear. The octopus is not to be breathed from-just push purge to check.

5-Divers don own gear by using available ledges, truck/trunk areas. If needed divers can help the buddy get tank unit on by wearing a mask & gloves, or scuba mask, regulator and assisting diver from behind.

6-Once gear is donned divers repeat normal checks by indicating to buddy (Air, BCD, Weight belt placement/release, tools, science equipment). This gives an extra set of checks that things are working properly. Last verbal review of in H20 dive plan (BT, Max depth, Min pressure/Vis)

7-All equipment checked and ready to enter water (shore or boat). If assistance is needed here mask, gloves and regulator are in place to avoid direct contact.

### **DIVE SITES** (Use additional sheets as required)

Location (s)

Max Depth

Current

Hazards

(Pollution, Obstructions, Vessels, etc)

Comments-(mitigation of hazards)

## DIVING OPERATIONS

Vessel Required Yes, No, Vessel Name

Master/Operator Vessel Description

**Diving Tasks**, Science ( ) Training ( ) Work ( )

Description (Use additional sheets as required)

**Diving Mode and Equipment**

( ) Scuba ( ) Surface Supply ( ) Nitrox ( ) Mixed Gas ( ) Rebreather ( ) Other

Night Dives ( ) Yes ( ) No

Wet Suit (# of Divers) Dry Suit (# of Divers)

Special Equipment Required

**Planned Depth, Bottom time and Surface interval for dives each day**

Computer ( ) Tables ( ) Dive planning software ( )

Decompression Required ( ) Yes ( ) No If Yes, provide details

Comments:

**Dive-** Underwater not necessary to maintain 6+ft distance (virus is air-borne). Allow conditions to dictate the proper distance for buddies to complete tasks and maintain the level of assistance that would normally be used on all dives. If an out of air situation arises, refrain from sharing a 2nd stage-regulator that has been in use on the dive unless this would lead to further injury or loss of life. If rescue breaths are needed use a barrier mechanism (pocket mask or face shield) to prevent transmission of any germs.

**Post Dive-** Exit water and return to 6+ ft distancing and PPE use for gear break down, debriefings and transportation. Surface support personnel needs to be wearing a mask while assisting divers. Reverse steps for cleaning gear and proper distancing back at UNH dive locker.

At end of dive ops the lead diver must contact the UNH DSO or designee to report the status of the day’s field operations.

Each diver needs to use their own set of dive gear NO sharing of gear or Air-2 style octopus regulators are permitted until further notice.

## EMERGENCY MANAGEMENT PLAN FOR THIS PROJECT

**General Procedures-**supply additional information for this particular project

**Be sure to use proper PPE (Pocket masks and gloves) for all steps of Dive Accident Management Avoid direct contact with injured parties unless not doing so would lead to severe injury or death**

Depending on and according to the nature of the diving accident, stabilize the patient, administer 100% oxygen, contact local Emergency Medical System (EMS) for transport to medical facility, contact diving accident coordinator, as appropriate. Explain the circumstances of the dive incident to the evacuation teams, medics and physicians. Do not assume that they understand why 100% oxygen may be required for the diving accident victim or that recompression treatment may be necessary.

1. Make appropriate contact with victim or rescue as required.
2. Transport victim to boat or shore
3. Position victim (either flat with legs raised or recovery as needed)
4. Establish (A)irway, (B)reathing, (C)irculation as required. (CAB for suspected heart attacks)
5. Administer 100% oxygen, if appropriate (in cases of Decompression Illness, or Near Drowning).
6. Call local Emergency Medical System (EMS) for transport to nearest medical treatment facility.
7. Explain the circumstances of the dive incident to the evacuation teams, medics and physicians. Do NOT assume that they understand WHY 100% oxygen may be required for the diving accident victim, or that recompression may be necessary.
8. Call DAN or appropriate Diving Accident Coordinator for contact with diving physician and recompression chamber. etc.
9. Notify DSO or designee. UNH DSO Number 603-834-1398
10. Secure victims dive gear away for examination or incident inquiry(do not disassemble-air off)

**List of Emergency Contact Numbers Appropriate for Dive Location:**

Durham Emergency Dispatch Center 911

Diver’s Alert Network (DAN) 919-684-911 800-446-2671

Emergency Equipment Checklist BVM or MTV ( ) Gloves ( )

Oxygen Kit ( ) First Aid Kit ( ) AED ( ) Communications Radio ( ) Cell Phone ( )

Nearest Hospital\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nearest Chamber information if available-most likely will be determined by DAN. (If diving in a remote area chamber information is required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact for listed divers above**

**1.**

**2.**

**3.**

**4.**

#### APPROVED AS SUBMITTED

**APPROVED WITH THE FOLLOWING CHANGES**

**Documents Attached**

**By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_UNH DPO**