



CHECK LIST SAFETY SET-UP

for Organizers of AIDA Competitions

DISCLAIMER

This document is primarily to support organizers of competitions; in case of differences between this and the official AIDA documents, the organizer MUST follow the documents officially adopted by AIDA, primarily "Rules and regulations for competitions and records".

MEDICAL TEAM

No. of medical doctors (medical staff)	<input type="checkbox"/>	Documents about qualification of medical staff (CV, copy of diplomas and certificates) presented	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No. of nurses / paramedics / lifeguards (medical staff)	<input type="checkbox"/>	Qualification of medical staff appropriate	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
No. of assistants without medical qualification	<input type="checkbox"/>			

EMERGENCY, RESCUE AND EVACUATION PLAN (PROCEDURES)

The following Emergency, Rescue and Evacuation plans have been provided for a check:

<input type="checkbox"/> Location of the platform / boat / in-water CB / dry area (if applicable)	COMMENTS: _____ _____ _____ _____ _____ _____ _____
<input type="checkbox"/> names of the persons responsible for rescue and evacuation and their responsibilities in case of emergency	
<input type="checkbox"/> location of the medical equipment, stretcher and O2 kits / tanks	
<input type="checkbox"/> emergency phone numbers	
<input type="checkbox"/> means of transportation to shore and the responsible person(s) in case of emergency (if applicable)	
<input type="checkbox"/> means of transportation to the ambulance and the responsible person(s) in case of emergency	
<input type="checkbox"/> location of the exit and the ambulance plus the route from the exit to the ambulance	
<input type="checkbox"/> location of and the route to the hospital	
<input type="checkbox"/> location of and the route to decompression facilities	_____

PLATFORM / BOAT / IN-WATER CB

<input type="checkbox"/> Not applicable for this event	Designated area for medical treatment has enough space for rescue <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical equipment storage provided <input type="checkbox"/> Yes <input type="checkbox"/> No
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HOSPITAL

Agreement on urgent admission reached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Agreement who covers expenses of admission / treatment reached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Location / address and phone numbers of hospital available to all medical & safety team <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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DECOMPRESSION FACILITIES

Not applicable for this event

Agreement on urgent admission reached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Agreement who covers expenses of admission / treatment reached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Location / address and phone numbers of deco available to all medical & safety team <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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RESCUE SIMULATION

The following simulations have been performed:

- underwater rescuing
- transportation of an injured person to the platform / boat / dry area
- medical manipulations / resuscitation simulation on the platform / boat / dry area
- transportation to shore / exit with resuscitation simulation on course with chronometry
- transportation from shore / exit to the ambulance with resuscitation simulation on course with chronometry

COMMENTS:

MEDICAL EXAMINATION OF ATHLETES DURING COMPETITION

Whether the main doctor of event aware of / familiar with:

- AIDA Black-out policy
- AIDA Squeeze policy
- AIDA Medical Assessment During Competition Form
- The competition physician assumes ultimate responsibility for the decision about dive ban, having in mind the interests of safety and well-being of an athlete

MEDICAL EQUIPMENT CHECK

Equipment to control physiological functions:

- | | | |
|---|---|--|
| <input type="checkbox"/> automated external defibrillator (wet-resistant and charged) | <input type="checkbox"/> blood pressure monitor | <input type="checkbox"/> O2-kit (DAN or similar) |
| <input type="checkbox"/> suction device (manual or rechargeable wet-protected) | <input type="checkbox"/> pulse oximeter | <input type="checkbox"/> sufficient number of 100%O2 tanks (rescue + transportation) |
| | <input type="checkbox"/> stethoscope | <input type="checkbox"/> thermometer |

Equipment to perform medical and rescue manipulations:

- | | | |
|---|---|---|
| <input type="checkbox"/> medical stapler | <input type="checkbox"/> oropharyngeal airway | <input type="checkbox"/> rigid board with fixation system (both body and C-spine) |
| <input type="checkbox"/> nasal cannula | <input type="checkbox"/> pocket mask or "mouth to mouth" mask | <input type="checkbox"/> scissors / tweezers (strong enough to cut a wetsuit) |
| <input type="checkbox"/> nasopharyngeal airways | | |

Expendable and antiseptics:

- | | | |
|--|---|---|
| <input type="checkbox"/> adhesive tape | <input type="checkbox"/> cotton wool | <input type="checkbox"/> syringes: 10 cc (2), 50 cc (1) |
| <input type="checkbox"/> alcohol | <input type="checkbox"/> gloves | <input type="checkbox"/> tapes, assorted |
| <input type="checkbox"/> anti-septic solution | <input type="checkbox"/> hydrogen peroxide | <input type="checkbox"/> Tegaderm bandages |
| <input type="checkbox"/> anti-septic wipes / swabs | <input type="checkbox"/> plasters, various sizes | <input type="checkbox"/> towels |
| <input type="checkbox"/> bandages, assorted | <input type="checkbox"/> sterile dressings, various sizes | <input type="checkbox"/> triangular bandage (sling). |
| <input type="checkbox"/> cotton buds | <input type="checkbox"/> sterile strips | |



Active substances:

- | | | |
|--|---|---|
| <input type="checkbox"/> anti-biotic cream | <input type="checkbox"/> ear drops with anti-inflammatory and anti-bacterial effect | <input type="checkbox"/> re-hydration salts |
| <input type="checkbox"/> anti-histamine | <input type="checkbox"/> hydrocortisone cream | <input type="checkbox"/> sea sickness pills |
| <input type="checkbox"/> Bivatracin (Neomycin, Bacitracin) | <input type="checkbox"/> intestinal antibiotic / antiseptic | <input type="checkbox"/> tincture of benzoin solution |
| <input type="checkbox"/> dexamethasone inj. | <input type="checkbox"/> lidocaine | <input type="checkbox"/> vinegar |
| <input type="checkbox"/> epinephrine | | |

Others:

- | | | | |
|---|--|---|------------------------------|
| <input type="checkbox"/> charged cellphone with emergency numbers in the memory | <input type="checkbox"/> headlight or penlight | <input type="checkbox"/> permanent marker | <input type="checkbox"/> pen |
|---|--|---|------------------------------|

COMMENTS:

The checked equipment is sufficient for safety of a competition Yes No

AUDITING PERSON

Name of auditing person

Date

Responsibility (e.g., judge)

Signature

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Author: Assoc. Prof. Dr. Oleg Melikhov, M.D., Ph.D., Medical & Science Committee, AIDA International

Reviewed by: Pim Vermeulen, Technical Officer AIDA International

Approved by: AIDA Board, August 2019

Formatting: Eva Baublis