European Diving Technology Committee

Chairman Medical Subcommittee
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REPORT FROM THE MEDICAL SUBCOMMITTEE TO THE EDTC MEETING OF AMSTERDAM, August 2015

The provision of emergency medical care for divers in saturation

The medical subcommittee met 2 months ago during the European Diving Medicine Congress in Amsterdam (EUBS). Together with our guests from USA, Australia and South Africa we discussed the following items:

1) News from the Diving Medical Advisory Committee DMAC:

Our partner organisation where we have an official representation, has published three revisions of guidance notes relevant for the professional diving health and safety issues: DMAC 01-rev1, DMAC 28-rev2, DMAC 15-rev4, DMAC 23-rev1. The actual version may be found on the DMAC homepage www.dmac-diving.org. The joint DMAC/EDTCmed subcommittee also audits and approves training courses for diving medicine physicians and medical examiner of divers. Up to now 10 such courses are acknowledged and a few more are getting checked. We hope that in the future more courses from all EDTC nations will apply for such recognition which is helping international recognition of diving medicine doctors.

One year ago DMAC hold a workshop including representatives of all big diving support companies or offshore diving contractors that was organised in Aberdeen. We were identifying hotspots and discussing procedures in order to improve safety for future diving operations. The report of that meeting is on the DMAC homepage and was attached to the invitation for this meeting. The reason to make it an item for our meeting is the conclusion of the second item, under which problems of difficulties to identify the competence and quality of medical doctors that perform fitness to dive assessments or that are mandated to organise health safety procedures in diving operations are addressed. I explained our actual system and the plans that still are to be realised. The conclusions of the workshop to this point are:

- DMAC to consider guidance on interpretation of the basis of medical fitness
- DMAC to consider guidance to support diving supervisors on simple practical assessments which can be observed by supervisors pre- and post-saturation
- To the Level 2d Diving Medical Advisor be better described for their role in the assessment of fitness and secondary prevention, e.g. drills, rescue simulations?

As we are performing the revision of the fitness to dive standards we have to take this into account and inform DMAC about our consensus proposals. Furthermore, it is important to describe the role of diving medical advisors and to create a databank which informs about their individual competence

2) Implementation of the EDTC/ECHM medical training standards 2011:

Last year I reported about the project to offer a crash-course in advanced diving medicine, which was considered to be a course for getting skills drills and accident management using simulated scenarios. This course unfortunately had to be cancelled because there were not sufficient candidates. We discussed the problem which is that on one hand the diving industry wants doctors with some experience to be their medical advisors, and we have defined in our standards 2011 that besides the modules 1 and 2d defined quantity of experience would be necessary in order to apply for the certificate of competence. As these practical skills cannot be acquired by an internship as it is usual in clinical medical specialties, the Marseille course was proposed to fill the gap. We think that the failure to start the course was not missing interest but the high fee which cannot be reduced in view of all the logistics necessary. We therefore propose to our doctors to profit from courses in Durban South Africa, Tasmania Australia and Canada. However, we still try to restart a similar course in a later phase with reduced program and costs. As a revision of the training standards will soon be necessary, this is something to be considered when revising the standards.

On demand of the European Committee for Hyperbaric Medicine ECHM a revision of these standards will soon be necessary. ECHM plans to introduce a third level of education, this level 3 being a recognition of experience (the conditions are thought to be several years of practical experience on top of the level 2 training courses and also to have been involved in education and research. The EDTC medical subcommittee does not see an urgent need for this step, however we will not vote against if it comes to a revision. We will have to see how we can manage to find a way which is helping the diving industry to have good medical advisors. The revision however is planned not before 2017, as before that we want to finish the fitness to dive standards.

Another aim of the training standards is to have a databank of doctors with approved training to one of the levels defined in the standards available for the offshore industry, as wished so again during the DMAC workshop (see above). We therefore start with a databank, kindly offered by the Scuola Superiore St'Anna di Pisa and managed by our certifying board. The structure is already available, until next year we will have it operational and we will present it at the EDTC meeting.

3) Revision of fitness to dive standards:
We started a web-based virtual discussion forum in order to revise the various chapters and aspects of the fitness to dive standards. Doing this we enlarged the group to an international size to get input and exchange with all countries active in diving medicine. This work goes slowly ahead and we have already reached a consensus about the principles and are now going through chapters of the particular organ systems. We hope to present next year the final report and thereafter, if acknowledged by the EDTC meeting, to publish it again in a revision of the black book. Two topics actually intensively discussed are of interest for all the EDTC members:

a) To what fitness is a diver assessed? We find a basic assessment for fitness to go under water or to work under pressure as a basis, which is generally done by the medical examiner of divers. These doctors may be GP's or other specialists having got the necessary basic training to the level 1 or our standards. These doctors

however are not really competent to evaluate the risks from work and do the proper assessment for these specific aspects. On the other hand, diving companies will have in most instances an occupational medical doctor to manage health and safety aspects for the workers. These doctors will be qualified to assess the risk of the particular work site and work load. This means that according to the national traditions a diver will have two assessments, one for general work under water or under pressure and a second on top of that to assess his aptitude for a particular work place. We will therefore include some informations about this work risk assessment in an annex.

b) A second debate was around the revision of the British revision of their fitness to dive standards (MA 1). Against all our general principles that we have acknowledged since almost 15 years and against the actual consensus in the panel discussion worldwide, HSE has preferred to continue with a very prescriptive list of pass/fail criteria acknowledging that their doctors are not competent to the level of the MED that we have in our standards. This is not to criticise as such as every country has it's own rules and attitudes, however the EDTC medical subcommittee strongly recommends to the diving industry, thus the EDTC and also IMCA to base their recognition of doctors and fitness to dive certifications on the EDTC standards and not promoting anymore the MA 1 as a world-wide template for doing so.

This report will be presented by one of the medical members as I will unfortunately not be able to attend the meeti8ng.

Biel-Bienne, 14.10.2015 Jürg Wendling