

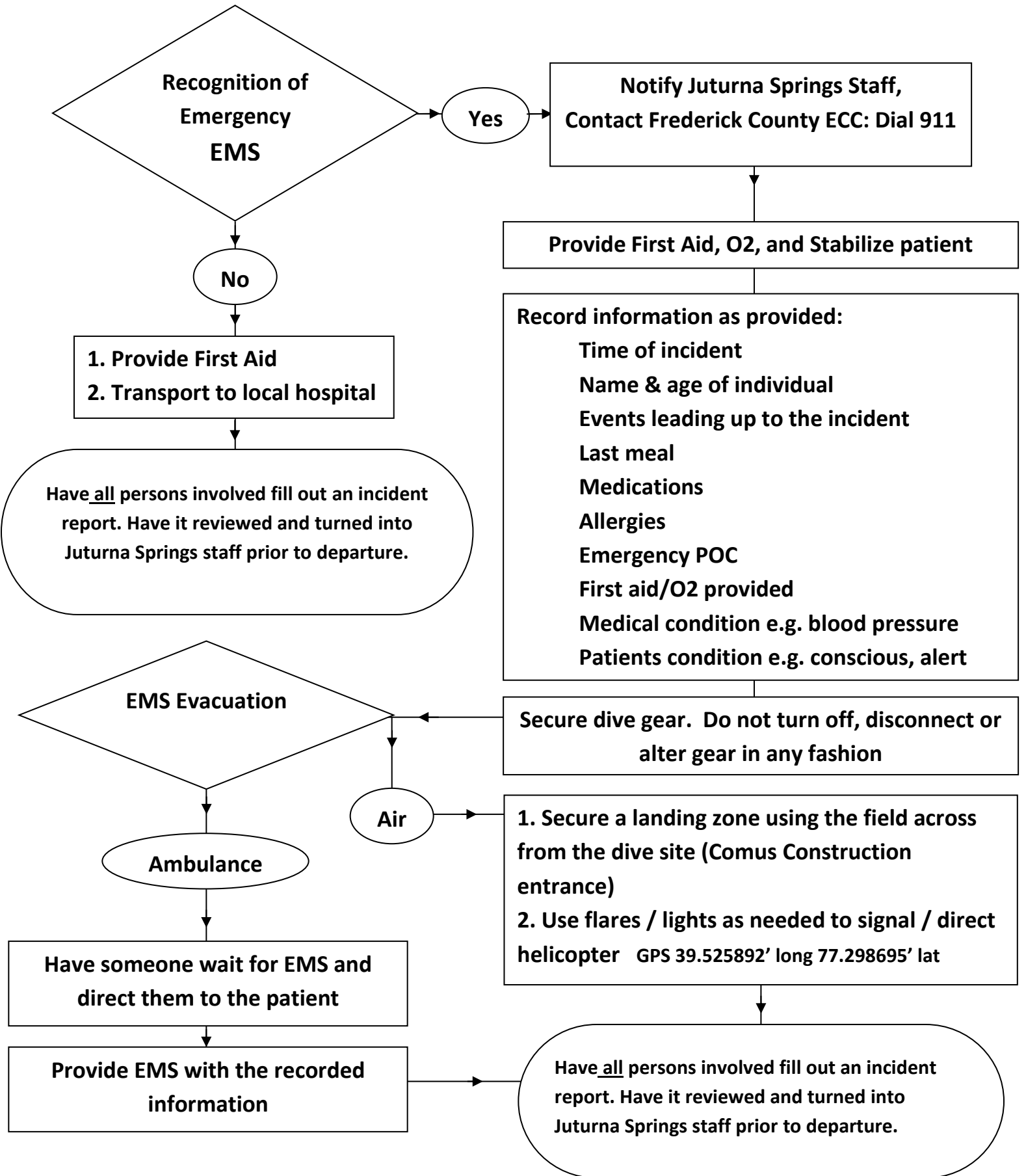
JUTURNA SPRINGS



JUTURNA
Springs

EMERGENCY ACTION PLAN

Emergency Action Plan, Juturna Springs



EMERGENCY CONTACT INFORMATION

Juturna Springs: 10642 Woodsboro Rd, Woodsboro, MD 21798
Matthew Skogebo - (443) 223-5321

1. Frederick County Emergency Communications:

a. Emergency – Dial 911

b. Non-Emergency – (301) 600-1603

2. Frederick Memorial Hospital: 400 West 7th Street, Frederick, MD 21701 (240) 566-3300. Directions from this facility – (Turn Right on MD 550, Turn left onto Woodsboro Pike/ MD 194, Woodsboro Pike /MD 194 becomes Liberty Road/MD 26, Merge onto US-15 S, Take the 7th exit, EXIT 15, Turn left onto West 7th street, 400 West 7th street is on the Right)

3. University of Maryland Medical Center - Shock Trauma: 22 South Greene Street, Baltimore, MD 21201 (410) 328-9284. Directions from this facility – (Turn Left on MD 550, MD 550 turns into Jones Road, Turn Right onto Green Valley Road/ MD 75, Turn Left onto I 70 East, Merge onto I 695 South/ EXIT 91B-A, Merge onto US 40 East via EXIT 15A, Slight Left onto 40 East, Turn Right onto North Greene Street/MD 295, 22 South Greene Street is on the Right)

4. Divers Alert Network: 6 West Colony Place Durham, NC 27705 (919) 684-2948. Directions from this facility – (Turn Right on MD 550, Turn left onto Woodsboro Pike/ MD 194, Woodsboro Pike/ MD 194 becomes Liberty Road/ MD 26, Merge onto US 15 South, Stay straight on US 40 East, Take I 270 South towards Washington, Merge onto I 270 spur South toward I495 South, Take exit toward I 95 South/ Baltimore/ I 495 East, Merge onto I 95 South via Left ramp, Take I-85 South toward S Hill, enter NC. Slight right at US-15 South/US-501 South/ via EXIT 174A, Take exit 106 for Cornwallis Road, Turn left at West Cornwallis Road, Take the 1st right to Western Bypass, Turn right at Pickett Road. Take the 1st right onto Colony Road. Take the 1st left onto West Colony Place)

5. Hyperbaric Chamber: Center for Hyperbaric Medicine at Shock Trauma, 22 South Greene Street, Baltimore, MD 21201 (410) 328-6152 Monday thru Friday 8am till 5pm, (410) 328-1234 after hours. Direction from this facility – (Turn Left on MD 550, MD 550 turns into Jones Road, Turn Right onto Green Valley Road/ MD 75, Turn Left onto I 70 East, Merge onto I 695 South/ EXIT 91B-A, Merge onto US 40 East via EXIT 15A, Slight Left onto 40 East, Turn Right onto North Greene Street/MD 295, 22 South Greene Street is on the Right)

6. Poison Control: (804) 768-9132 or (800) 552-6337

7. Oxygen & First Aid Kits: All groups are responsible to have their own equipment. Juturna Springs has both located in the conex.

Not moving? Unresponsive?

Call 9-1-1. Activate Emergency Action Plan – Get AED and Emergency Oxygen.

A = AIRWAY

Open airway.

Tilt Head – Lift Chin.

B = BREATHING

Check breathing.

Look, listen and feel for 5, but no more than 10 seconds.
If not breathing, give 2 breaths that make chest visibly rise.

C = COMPRESSIONS

30 compressions, 2 breaths. Repeat.

Push chest hard and fast (100x per min.) Allow chest to recoil completely. Minimize interruptions.

ADULT: Continue 30:2 – attach AED as soon as it arrives.

CHILD: Continue 30:2 for 5 cycles, then attach AED.

INFANT: Continue 30:2.

D = DEFIBRILLATION

Adult/Child over 1 year old
Expose chest, turn on AED,
attach.

Attach AED.

FOLLOW VOICE PROMPTS

SHOCK Advised?

Clear. Give 1 Shock.

Immediately resume CPR.

Continue 30 compressions 2 breaths x
5 cycles. Check rhythm.

NO SHOCK Advised?

Immediately resume CPR.

Continue 30 compressions 2 breaths
x 5 cycles. Check rhythm.

CONTINUE UNTIL 1) person with equal or more training takes over; 2) EMS arrives; 3) victim shows signs of life; 4) you are exhausted; or 5) scene becomes too dangerous to continue.

Current PADI Incident Report

<http://www.underwaterdive.com/Incident%20Report%20Form.pdf>



PLEASE COMPLETE AND SEND IMMEDIATELY
TO YOUR PADI OFFICE

OFFICE USE ONLY

INCIDENT REPORT FORM

THIS REPORT IS PREPARED FOR THE PURPOSE OF RECEIVING LEGAL ADVICE
OR FOR USE IN ANTICIPATED LITIGATION.

Date of Incident _____ Time _____ a.m. p.m.
Day/Month/Year

Fatal Non-Fatal Training Non-Training Diving Non-Diving Recreational Dive Technical Dive

Extent of injury if known _____

VICTIM/INJURED PARTY INFORMATION (Please print clearly.)

Name _____
First Initial Last

Mailing Address _____

City _____ State/Province _____ Country _____ Zip/Postal Code _____

Phone (____) _____ Age _____ Height _____ Weight _____

Occupation _____ Gender Male Female

Next of Kin _____ Relationship _____

Phone (____) _____ Contacted: Yes No

If previously certified: Agency _____ Certification Level _____ Certification Date _____
Day/Month/Year

ALL MEASUREMENTS IN THIS REPORT ARE: METRIC IMPERIAL

LOCATION OF INCIDENT

JUTURNA SPRINGS

City _____ State/Province _____ Country _____

Name of Dive Site _____ Shore Boat Ocean Lake Quarry Altitude _____

Other _____ Depth incident started _____

Water temperature ____°C ____°F Visibility _____ Current _____ Surface conditions _____

VICTIM/INJURED PARTY'S DIVE PROFILE

Please include all dives in the last 24 hours prior to the incident, recorded as accurately as possible. If any information is estimated or approximated, please indicate so. Also, indicate the source of the dive profile in your information (i.e. dive computer log, written dive log, buddy's recollection, etc.) Do not guess or speculate as to the dive profiles. *Provide computer log if available.*

| DATE | BOTTOM TIME | DEPTH | SURFACE INTERVAL | DATE | BOTTOM TIME | DEPTH | SURFACE INTERVAL |
|-------|-------------|-------|------------------|-------|-------------|-------|------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

OFFICE USE ONLY

PLEASE CONTINUE ON NEXT PAGE

DIVING NEUROLOGICAL ASSESSMENT

Diving Incident/Accident Reports

Primary Survey:

If Victim does not respond:

- Check their airway
- Look, listen, and feel (breathing)
- Check for circulation
- Provide rescue breathing/CPR
- Control any bleeding
- Treat for shock

If Victim responds:

- Tell them your name
- Tell them you are a first responder
- Ask if you can assist
- Control sever bleeding
- Determine level of consciousness, awareness and orientation
- Complete a secondary survey (head to toe body scan)
- Provide the appropriate first aid
- Treat for shock

Secondary Survey:

- Ask the victim what happened
- Ask how they are feeling
- Ask if they feel pain? Where?
- Ask what led up to the problem
- Ask if they have a condition or if they took / skipped medication
- Ask when they last ate
- Ask what they last ate
- Check respiration
- Check pulse rate
- Check skin condition
- Check head and neck for injury
- Check chest and back for injury
- Check abdomen for injury
- Check extremities for injury
- Perform 5 minute neuro exam if you suspect a scuba diving injury, nervous system injury, or stroke

5 Minute Neurological exam summary:

Performed By Whom _____

On-Site Neurological Examination

By Ed Thalmann, M.D., Assistant Medical Director of DAN

Information regarding the injured diver's neurological status will be useful to medical personnel in not only deciding the initial course of treatment but also in the effectiveness of treatment. Examination of an injured diver's central nervous system soon after an accident may provide valuable information to the physician responsible for treatment. The On-Site Neuro Exam is easy to learn and can be done by individuals with no medical experience. Perform as much of the examination as possible, but do not let it interfere with evacuation to a medical treatment facility.

Perform the following steps in order, and record the time and results.

1. Orientation

- Does the diver know his/her own name and age?
- Does the diver know the present location?
- Does the diver know what time, day, year it is?

Note: Even though a diver appears alert, the answers to these questions may reveal confusion. Do not omit them.

2. Eyes

- Have the diver count the number of fingers you display, using two or three different numbers.
- Check each eye separately and then together.
- Have the diver identify a distant object.
- Tell the diver to hold head still, or you gently hold it still, while placing your other hand about 18 inches/0.5 meters in front of the face. Ask the diver to follow your hand. Now move your hand up and down, then side to side. The diver's eyes should follow your hand and should not jerk to one side and return.
- Check that the pupils are equal in size.

3. Face

- Ask the diver to purse the lips. Look carefully to see that both sides of the face have the same expression.
- Ask the diver to grit the teeth. Feel the jaw muscles to confirm that they are contracted equally.
- Instruct the diver to close the eyes while you lightly touch your fingertips across the forehead and face to be sure sensation is present and the same everywhere.

4. Hearing

- Hearing can be evaluated by holding your hand about 2 feet/0.6 meters from the diver's ear and rubbing your thumb and finger together.
- Check both ears moving your hand closer until the diver hears it.
- Check several times and compare with your own hearing.

Note: If the surroundings are noisy, the test is difficult to evaluate. Ask bystanders to be quiet and to turn off unneeded machinery.

5. Swallowing Reflex

- Instruct the diver to swallow while you watch the "Adam's apple" to be sure it moves up and down.

6. Tongue

- Instruct the diver to stick out the tongue. It should come out straight in the middle of the mouth without deviating to either side.

7. Muscle Strength

- Instruct the diver to shrug shoulders while you bear down on them to observe for equal muscle strength.
- Check diver's arms by bringing the elbows up level with the shoulders, hands level with the arms and touching the chest. Instruct the diver to resist while you pull the arms away, push them back, up and down. The strength should be approximately equal in both arms in each direction.
- Check leg strength by having the diver lie flat and raise and lower the legs while you resist the movement.

8. Sensory Perception

- Check on both sides by touching lightly as was done on the face. Start at the top of the body and compare sides while moving downwards to cover the entire body.

Note: The diver's eyes should be closed during this procedure. The diver should confirm the sensation in each area before you move to another area.

9. Balance and Coordination

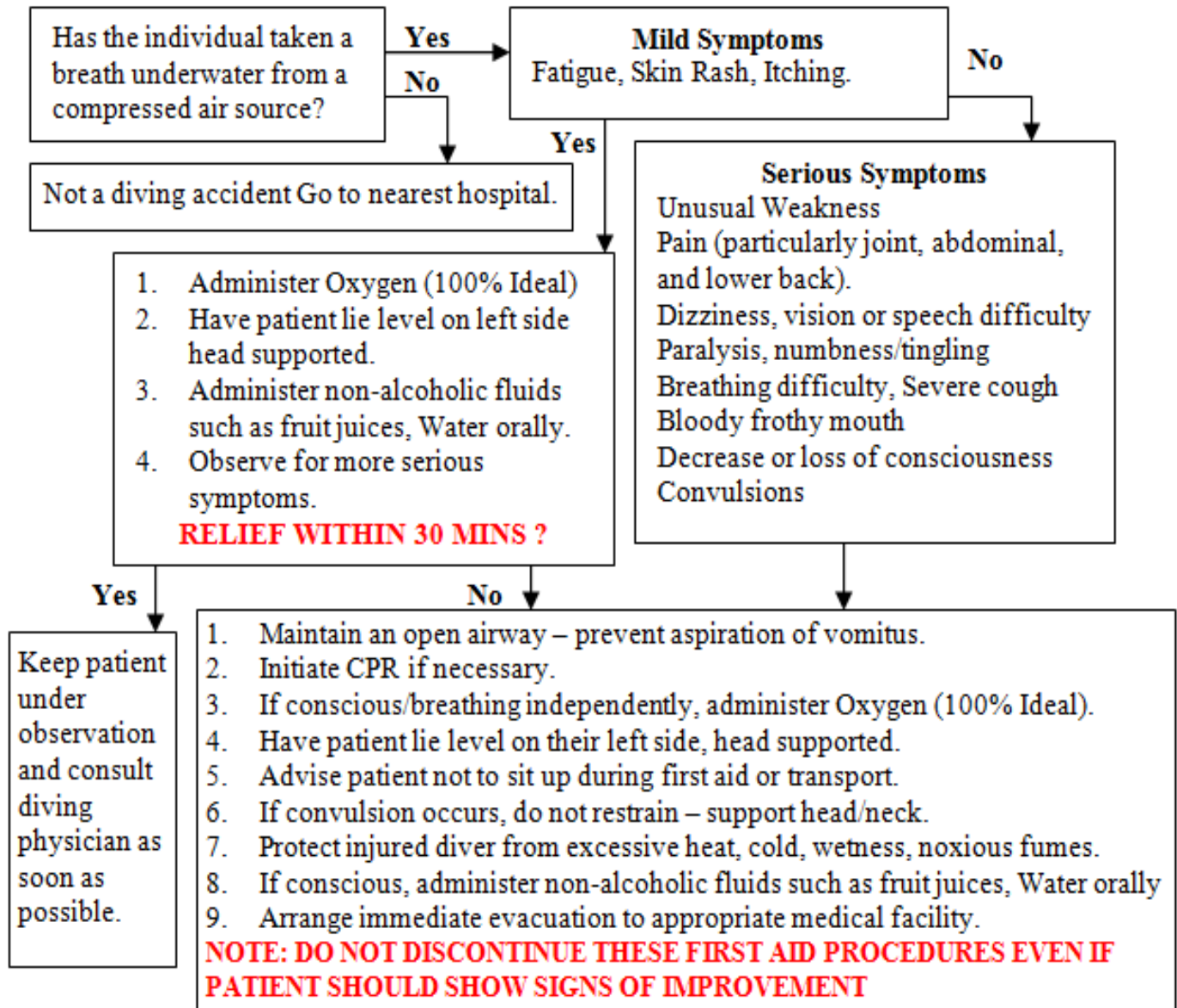
Note: Be prepared to protect the diver from injury when performing this test.

- First, have the diver walk heel to toe along a straight line while looking straight ahead.
- Have her walk both forward and backward for 10 feet or so. Note whether her movements are smooth and if she can maintain her balance without having to look down or hold onto something.
- Next, have the diver stand up with feet together and close eyes and hold the arms straight out in front of her with the palms up. The diver should be able to maintain balance if the platform is stable. Your arms should be around, but not touching, the diver. Be prepared to catch the diver who starts to fall.
- Check coordination by having the diver move an index finger back and forth rapidly between the diver's nose and your finger held approximately 18 inches/0.5 meters from the diver's face. The diver should be able to do this, even if you move your finger to different positions.
- Have the diver lie down and instruct him to slide the heel of one foot down the shin of his other leg, while keeping his eyes closed. The diver should be able to move his foot smoothly along his shin, without jagged, side-to-side movements.
- Check these tests on both right and left sides and observe carefully for unusual clumsiness on either side.

Important Notes:

- Tests 1, 7, and 9 are the most important and should be given priority if not all tests can be performed.
- The diver's condition may prevent the performance of one or more of these tests. Record any omitted test and the reason. If any of the tests are not normal, injury to the central nervous system should be suspected.
- The tests should be repeated at 30- to 60-minute intervals while awaiting assistance in order to determine if any change occurs. Report the results to the emergency medical personnel responding to the call.
- Good diving safety habits would include practicing this examination on normal divers to become proficient in the test.
- Examination of an injured diver's central nervous system soon after an accident may provide valuable information to the physician responsible for treatment.
- The On-Site Neuro Exam is easy to learn and can be done by individuals with no medical experience at all.

Diving Accident Management Flow Chart



Victims Name _____ . Age _____ .

Address _____ .

Contact _____ . Relation _____ . Phone _____ .

| Signs/Symptoms | Time | Sign/Symptoms | Time |
|----------------|---------|---------------|---------|
| _____ | _____ : | _____ | _____ : |
| _____ | _____ : | _____ | _____ : |
| _____ | _____ : | _____ | _____ : |
| _____ | _____ : | _____ | _____ : |

| | First Dive | Second Dive | Third Dive |
|----------|------------|-------------|------------|
| Time In | _____ : | _____ : | _____ : |
| Time Out | _____ : | _____ : | _____ : |
| Depth | _____ | _____ | _____ |

COMMENTS: _____

Incident Timeline Sheet

DIVER: _____ Age: _____ Date: _____
Print Name

TIMES: INITIAL CONTACT WITH DIVER _____ Someone with the diver when incident occurred **Y N**
DIVER ON SURFACE _____ DIVER BOUYANT _____ ALERT & RESPONSIVE **Y N**
RESCUE BREATHS _____ DIVER ON BEACH _____ CPR STARTED **Y N** _____
O2 STARTED **Y N** _____ (O2 flow rate LPM _____ O2 Mask Type _____)

| | | | |
|------------|----------------|----------------------------|------------------|
| Time _____ | BP _____/_____ | O2 Sat (Cap Refill) _____ | Blood Type _____ |
| Time _____ | BP _____/_____ | O2 Sat (Cap Refill) _____ | |
| Time _____ | BP _____/_____ | O2 Sat (Cap Refill) _____ | |
| Time _____ | BP _____/_____ | O2 Sat (Cap Refill) _____ | |
| Time _____ | BP _____/_____ | O2 Sat (Cap Refill) _____ | |
| Time _____ | BP _____/_____ | O2 Sat (Cap Refill) _____ | |

MEDICATIONS: Type _____ Dose _____ Taken _____ on schedule **Y N**
Type _____ Dose _____ Taken _____ on schedule **Y N**
Type _____ Dose _____ Taken _____ on schedule **Y N**
Type _____ Dose _____ Taken _____ on schedule **Y N**
Type _____ Dose _____ Taken _____ on schedule **Y N**

LAST MEAL: Time / Date _____

PREEXISTING CONDITIONS: **Y N** _____

ALLERGIES: **Y N** _____

SIGNS / SYMPTIONS _____

DIVE TIMES 1 Depth _____ Time _____ / 2 Depth _____ Time _____ / 2 Depth _____ Time _____
SIT _____ SIT _____

Recorder _____ **Signature** _____ **Date** _____

SECURE GEAR, DO NOT ALTRER GEAR IN ANY WAY, DO NOT CUT OFF, AIR OR MOVE ON OFF KNOB

DIVING INCIDENT/ACCIDENT WITNESS STATEMENTS

Diving Incident/Accident Reports

WITNESS STATEMENT

DIVER: _____

Print Name

HOME PHONE: _____

HOME ADDRESS: _____

STATEMENT

Acknowledge above being true as known to me at this time.

Signature

Date

DIVING EQUIPMENT INVENTORY

Diving Incident/Accident Reports

DIVER: _____ Date: _____

- ___ Mask comments _____
- ___ Fins comments _____
- ___ Snorkel comments _____
- ___ Regulator Primary comments _____
- ___ Regulator Secondary comments _____
- ___ SPG comments _____
- ___ Depth Gauge comments _____
- ___ Knife comments _____
- ___ Underwater Light comments _____
- ___ Computer type _____ Note depth _____ Note dive time _____ Note gas type _____
- ___ BC Type _____ Size _____
- ___ Protective Suit Type _____ Size _____
- ___ Alternate Air Source Type _____ Size _____ Gas _____
- ___ Weight System Type _____ Amount _____
- ___ Primary tank Type _____ Size _____ Vis Date _____ Hydro Date _____ Gas _____
- ___ Other _____

Was there any apparent equipment problems?

___ Was Equipment Rented? If Checked From Where _____