The SPUMS policy on the initial management of diving injuries and illnesses.

An introduction to SPUMS policies - The Society considers education and dissemination of information to be among its primary roles. This is the rationale for a Society Journal. The Society is also often asked for opinions on subjects in diving practice and health. This is the rationale for Society policies. On occasions, these policies have been the product of individuals or small working groups. More recently, workshops have been used to produce substantial policies (e.g. emergency ascent training, 1,2 computer-assisted diving, 3 asthma, 4 certification of diving fitness 5 and recreational technical diving 6). In future, the newly formed Ex-Presidents Committee will be asked to develop some Society policies. A SPUMS policy is intended to be a statement of best practice. While such policies are based on the concept of practicability, they are not intended to be drafts for subsequent codes or regulations. The concept of practicability deserves some explanation. In the context of Society policy, this refers to something being achievable. Practicability is not synonymous with convenient. For example, in an ideal world, all injured and ill divers would be rescued from the sea in an horizontal position and all would undergo intravenous fluid resuscitation. Are these responses practicable? An horizontal rescue is achievable already in the majority of diving situations, given some forethought and practice, and achievable for most others given minor modification. Consequently, an horizontal rescue is considered to be practicable and is cited in the Society policy. Conversely, it is almost impossible to maintain intravenous infusion skills for existing para-medics, let alone recreational dive instructors, dive masters and charter boat operators. Consequently, with the exception of diver medical technicians, a requirement for anyone supporting diving to be able to undertake intravenous fluid resuscitation is considered impracticable and is not cited in the Society policy. (followed by SPUMS Notices)
Aims: To analyse the impact of overtime and extended working hours on the risk of occupational injuries and illnesses among a nationally representative sample of working adults from the United States. Methods: Responses from 10 793 Americans participating in the National Longitudinal Survey of Youth (NLSY) were used to evaluate workers’ job histories, work schedules, and occurrence of occupational injury and illness between 1987 and 2000. A total of 110 236 job records were analysed, encompassing 89 729 person-years of accumulated working time. The Society’s policy on The initial management of diving injuries and illnesses is printed on page 193. SPUMS flow charts for Missed Decompression Procedures and Diving Accident Procedures appear on pages 197 and 200 respectively. Between them are reprints of three flow charts for Diving Accident First Aid published in the SPUMS Journal in the early 1980s. All readers should study the policy and the flow charts. Do you dive with the precautions SPUMS recommends? This issue deals with the lung and diving, its physiology and the changes and dangers of immersion and ascent.