

Changes to ECM in a Closed Bell and Airway Adjunct Training

Since 1997 IMCA has been the custodian of the offshore Diver Medic Course. Over the years this programme has been extremely successful and, as a result, trained diver medic interventions have resulted in several successful outcomes for casualties. These success are as a direct result of training providers' ability to deliver high quality diver medic training.

Work has started on the revision of the IMCA Diver Medic syllabus, a challenging undertaking in view of the global reach of the programme. This Information Note is intended to inform Diver Medic Technician (DMT) training providers of immediate changes that should be made to the way in which External Cardiac Massage (ECM) in a closed bell is taught on IMCA-approved DMT courses (section 1). It is also intended to remind DMT training providers that DMTs are not considered competent to intubate following the completion of an IMCA-approved DMT course (section 2).

1. External Cardiac Massage in a Closed Bell

Recent cardiac events during saturation diving operations have resulted in industry looking at the effectiveness of ECM in a diving bell. Two consultant emergency physicians have initiated a research project investigating the effectiveness of ECM in the diving bell using the methods currently taught. The first two phases of the research have now been completed and further work will be required before the final data is published. However, they have established that two of the methods currently taught are ineffective, unsafe for the provider, or both. These methods are the "head to chest" method and the technique which involves the diver being placed in a prone, face down position across the knee of the rescuer while sitting on the bell seat, with pressure being applied to his back. The teaching of these two techniques as being effective methods of ECM in the bell should be stopped immediately.

The research has shown that, if it is not possible to place the casualty on the floor of the bell, the only effective method of delivering effective ECM is the knee to chest technique. The research has shown this can be delivered to the casualty in a seated position and can be easily taught. This method of ECM can be delivered in a small bell, either with the casualty perched on the bell seat or lying with his back against the side of the bell. If the casualty can be laid across the bell bottom door then conventional CPR should be administered, with the provider straddling the casualty's hips with their knees if necessary. Industry accepts that any CPR in the bell will be a challenge, but to do nothing is not an option.

IMCA recommends that, with immediate effect, students should be taught and asked to practice the knee to chest CPR technique during the course of their training.

There is also a new mechanical CPR device, the NUI Compact Chest Compression Device (NCCD), that has been shown by the same (independent) research team to provide effective compressions with the casualty in any position.

As part of the research project, the project team will be developing a series of training videos which will be released once the research project is complete.

2. Airway Adjuncts

Providers of IMCA-approved DMT courses are reminded that, while intubation should be demonstrated on the course, DMT students are not considered competent to intubate following course completion. Whilst there is intubation equipment in a DMAC 15 kit, you are reminded that DMAC 15 states; "*Endotracheal tubes should be provided for use by doctors only*".

The only airway adjuncts that DMTs should be taught to use are oropharyngeal, nasopharyngeal and supraglottic airways.

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