Resuscitation in a diving bell

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IMCA

Guidance for an

Incapacitated Diver Rescue during a Closed Bell Diving Operation


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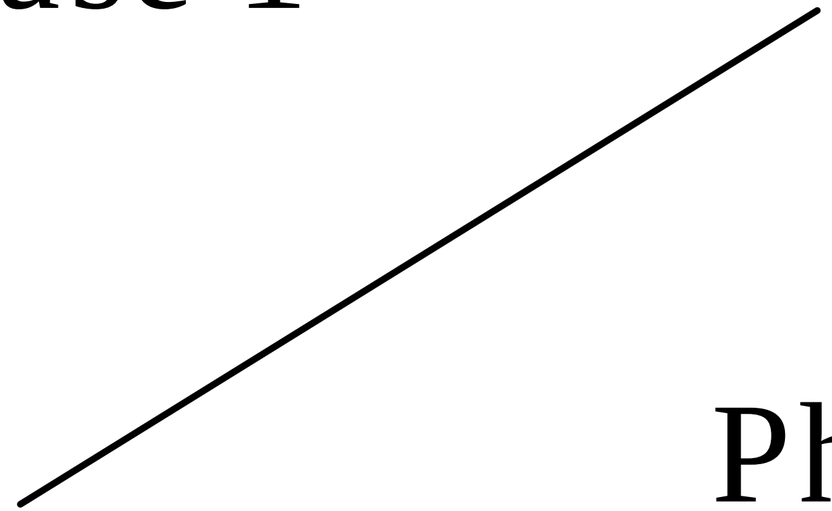
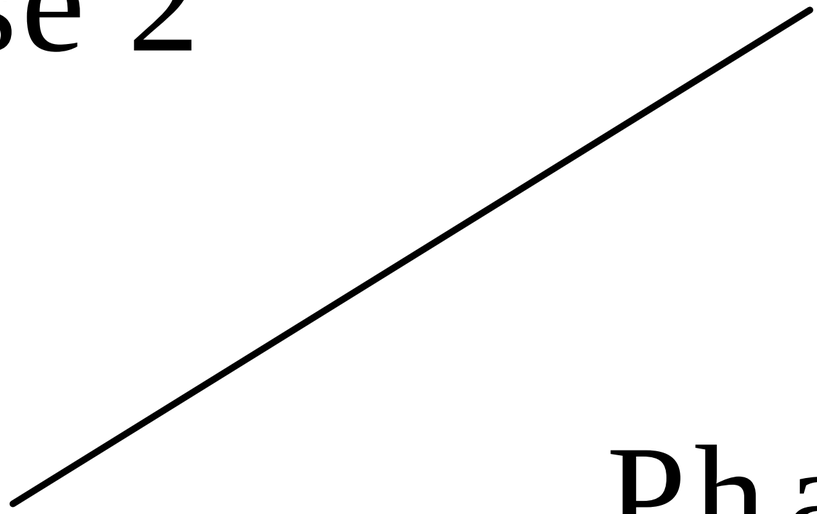
The best we can do?

Phase 1



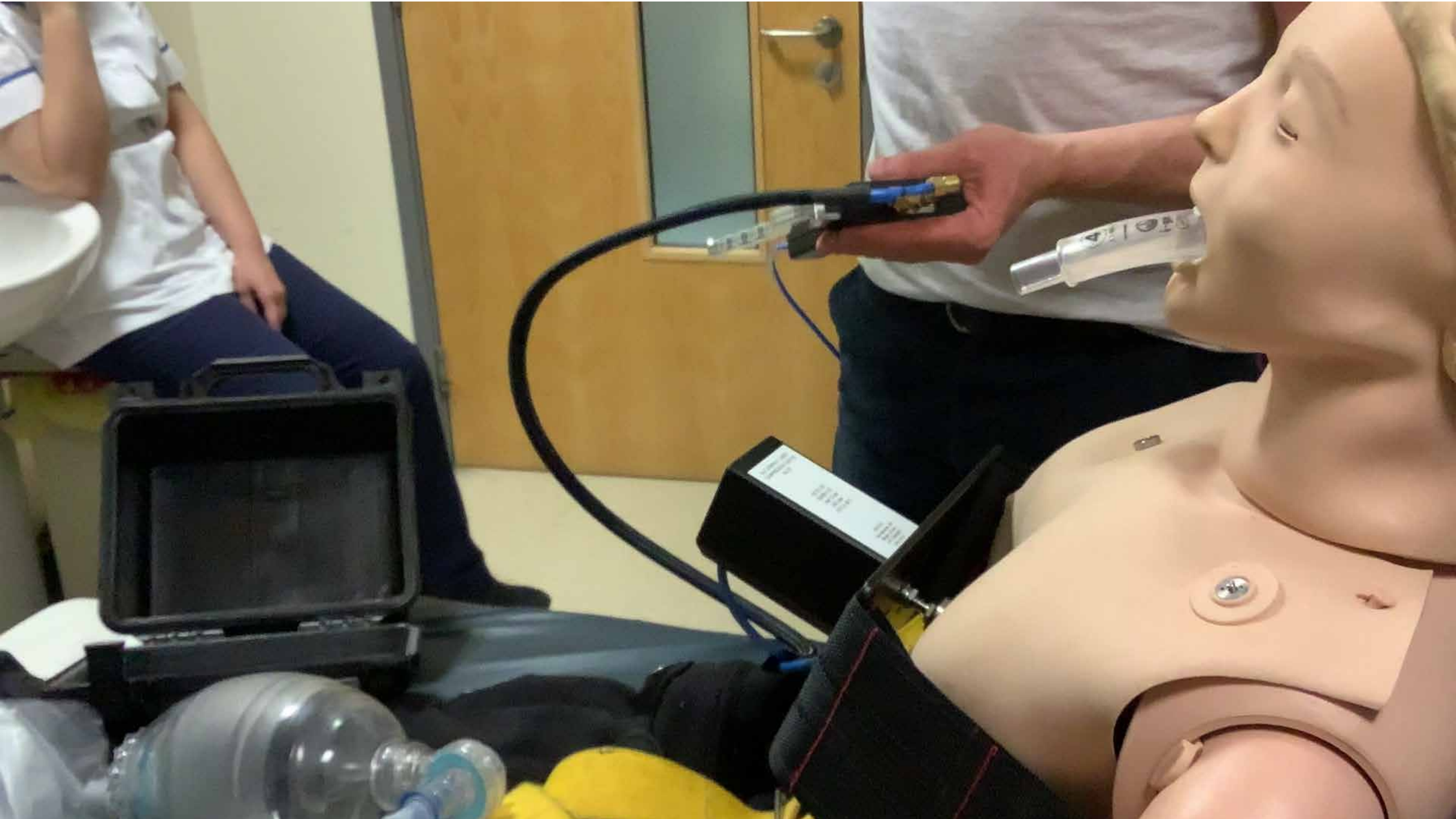
Phase 2



Phase 3

Phase 1


NCCD



What are we trying to achieve?

Depth of compressions: 5- 6cm

Rate: 100- 120bpm

	Standard CPR	Lucas	NCCD
Depth:	98%	98%	100%
Depth:	5.5cm	5.4cm	5.9cm
Rate:	92%	98%	5%
Rate:	117bpm	101bpm	95bpm

Hot water suit

Standard CPR, suit closed

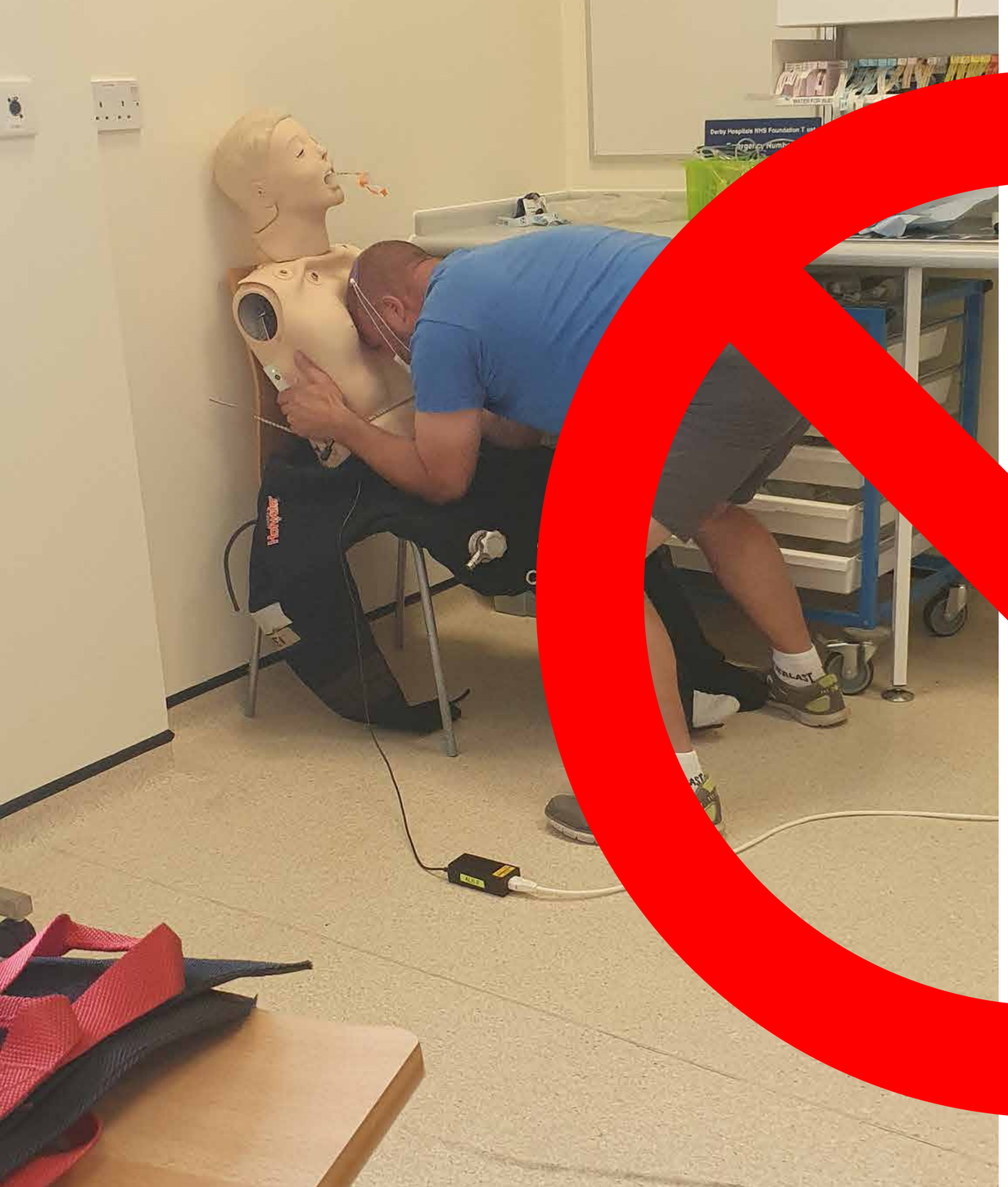
- Depth 68%

Standard CPR, suit open

- Depth 100%

mCPR, all suit positions

- both devices worked well
- application affected by suit, failed attempts for both devices



d to chest CPR

Dept 32% (0- 80)

Rate: 95%

Positio 100%

Prone knee t
chest C

- Positionin mpo le
- Compress s ineffec

Knee to chest CPR is:

Variable

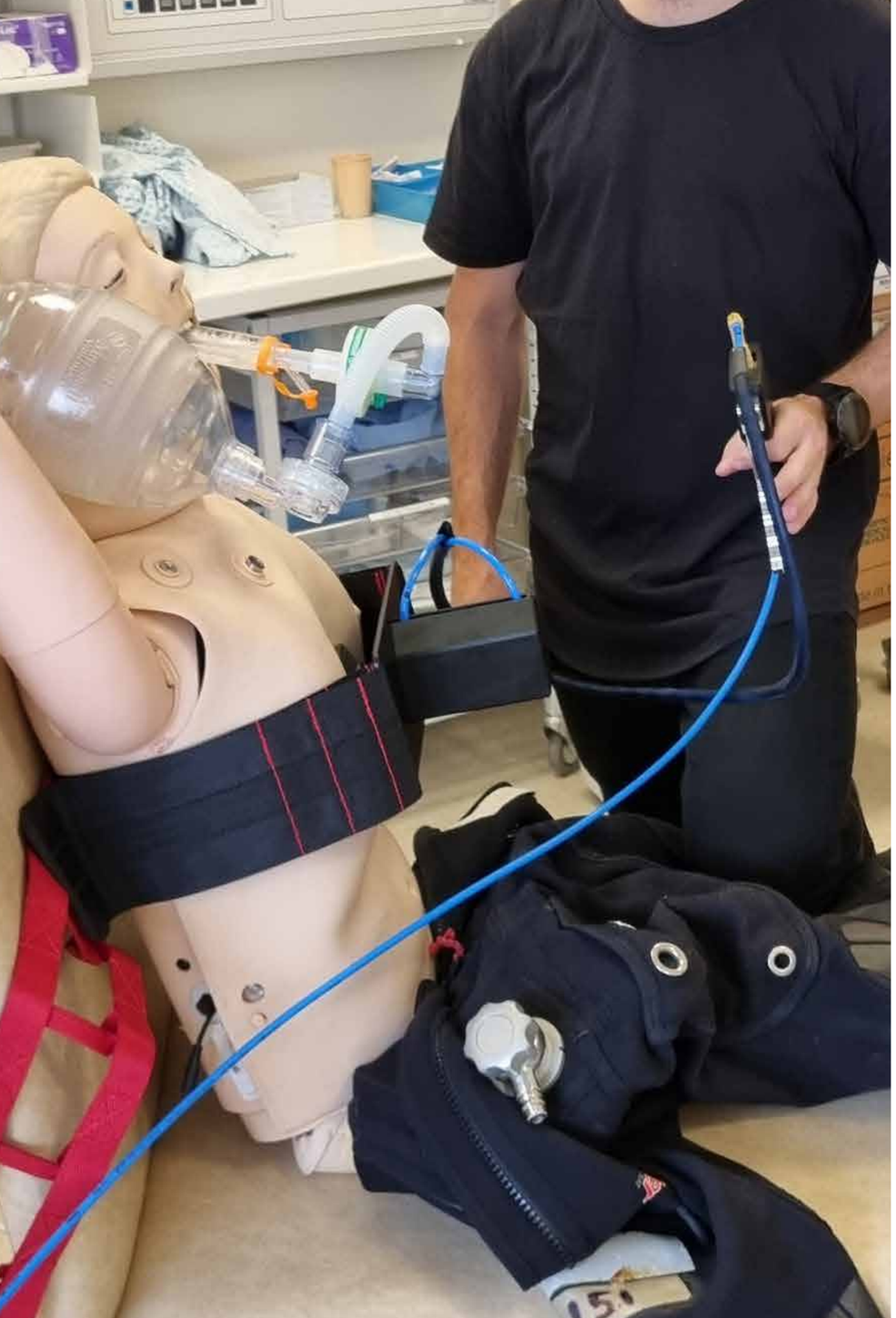
- 50% of providers achieved <12% to depth

Teachable

- 41% depth - - > 91% depth with instruction

Safe

Sustainable



NCCD seated

Depth: 100%

Rate: 98%

NCCD whilst moving --> seated/lying/seated

- Depth 99%, Rate 95%

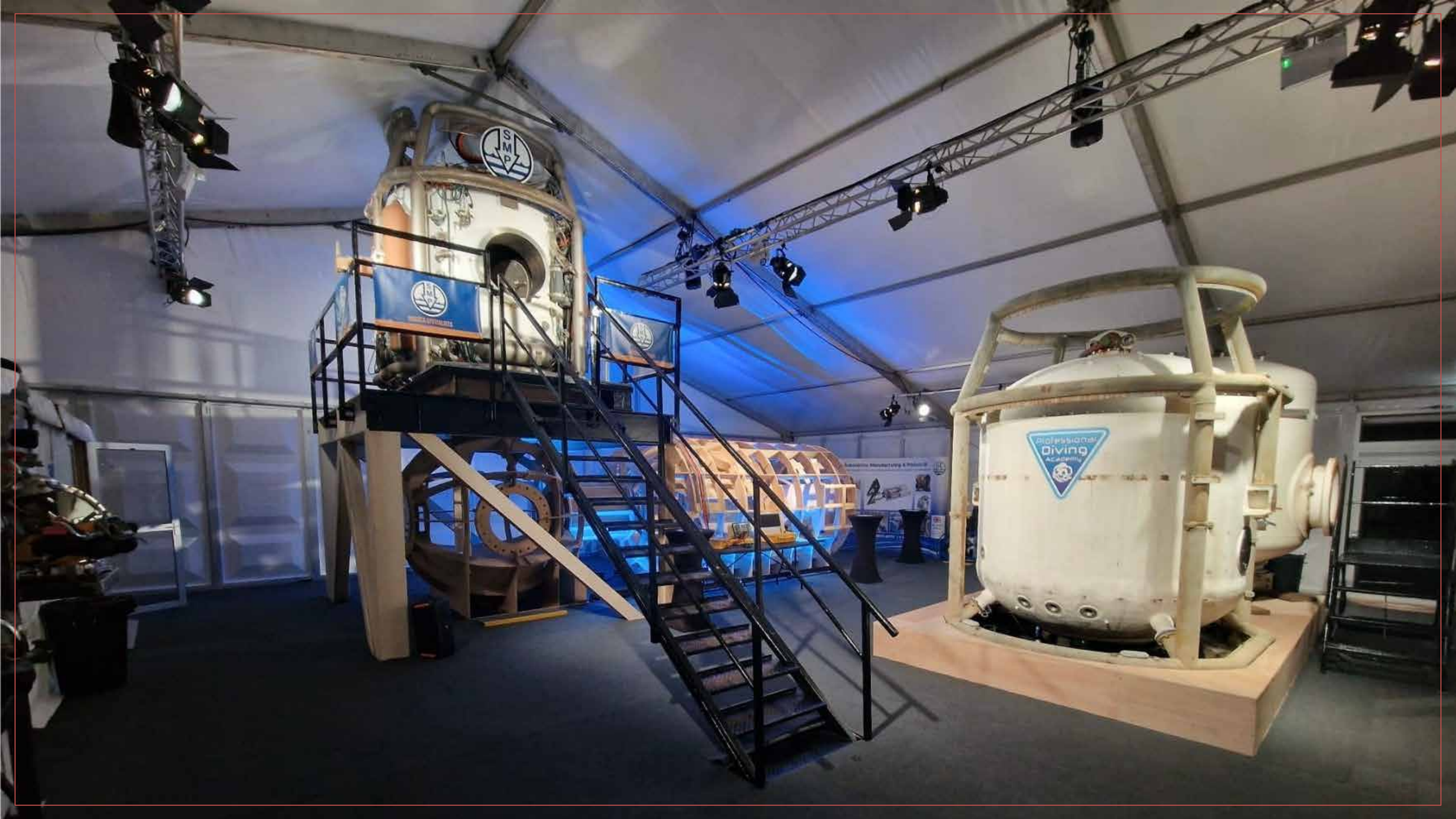
Phase 2

A

5 Rescue breaths

B

Phase 3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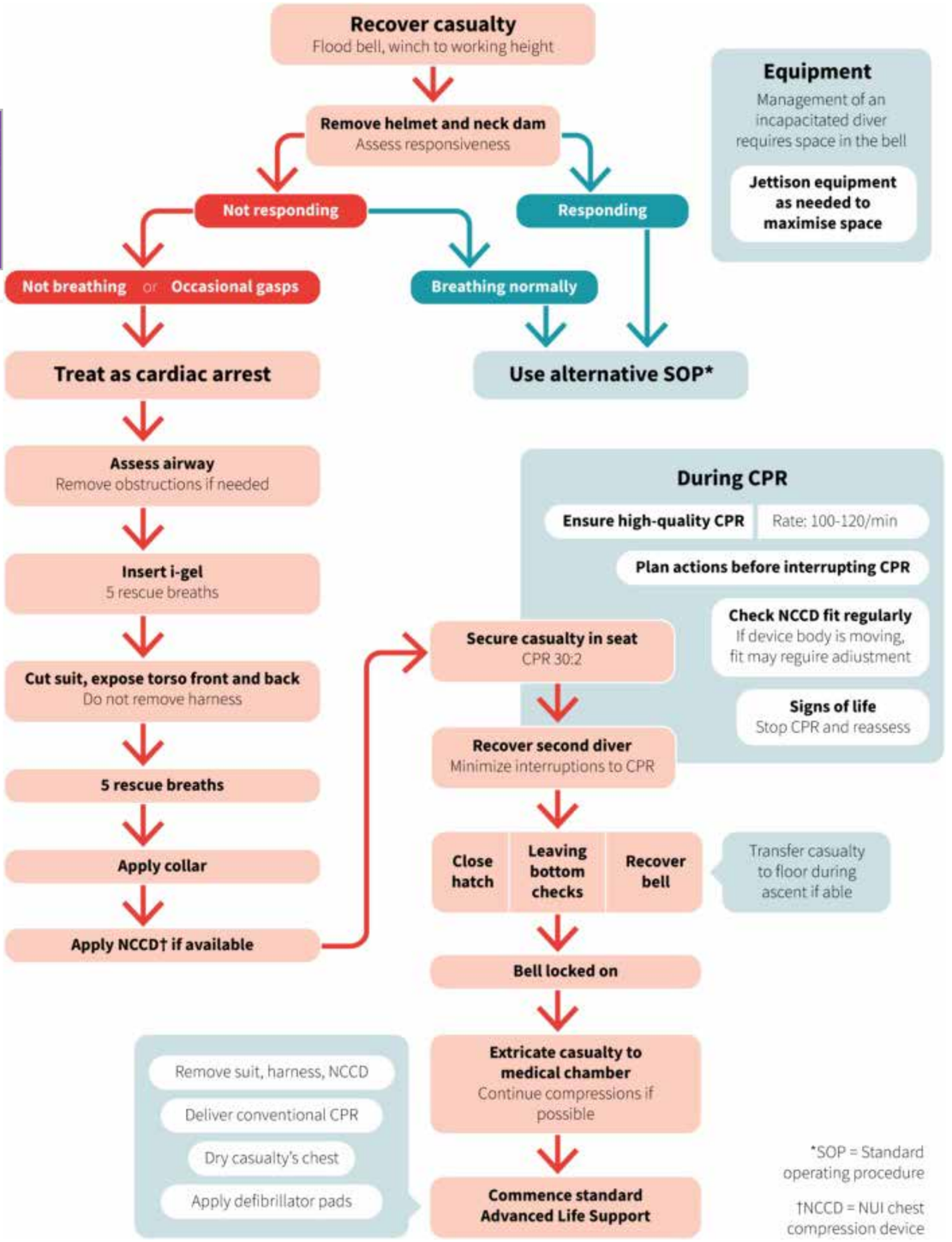
Clinical paper

Development of an algorithm to guide management of cardiorespiratory arrest in a diving bell

Graham Johnson [a b], Andrew Tabner [a b], Nicholas Tilbury [a], Alistair Wesson [c], Gareth D. Hughes [a], Rebecca Elder [d], Philip Bryson [e]



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Letter to the Editor

Upright CPR: A novel approach to delivering chest compressions to a seated casualty in a diving bell

Andrew Tabner, Graham Johnson, Nicholas Tilbury, Alistair Wesson, Gareth D. Hughes, Rebecca Elder, Mari Östin, Philip Bryson

Does it work?

Outcomes:

- Will be poor: cardiac arrest survival to discharge in the UK

<5% even in a hospital setting

- Will never tell the whole story: duty of care, second victim


LIFEPAK 20e
HR 80
200J
21:23:58
SpO2 99
II x1
SpO2
1 ON
2 ENERGY SELECT
3 CHARGE
AED MODE
ANALYZE
LEAD
SIZE
SYNC
PACER
RATE
CURRENT
PAUSE
ALARMS
OPTIONS
PRINT
CODE SUMMARY
EVENT
AC Mains
Service
Speed Dial
ECG
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