

## **Swimming Pool Risk Assessment**

This document should be read by all Instructors/divers using the swimming pool on sessions organised by Totnes Sub-aqua Club, and will be made available to all club members via an annual distribution and on the club website. Whilst this Risk Assessment is intended to cover diving related activities, several of the risks identified will also apply to snorkelling and even swimming.

It is the Pool Lifesaver's responsibility to carry out a risk review prior to every pool session, based on this generic risk assessment, plus consideration of prevailing conditions. If conditions change such as to be significantly different from those applying at the time the original assessment was undertaken, then the Pool Lifesaver shall reassess the situation accordingly.

Hazards should be continuously monitored during any dive or dive related activity. The Pool Lifesaver should be prepared to put any contingency plans into place at any point during the pool session.

Fusion "pool rules" to be followed by all persons at all times.

## **Standard Controls**

Divers shall dive within the restrictions of their training and experience and all diving shall be carried out in accordance with BSAC Safe Diving Practices and TSAC Branch Rules.

It is the responsibility of each individual diver to undertake personal risk control measures as befits their level of training and experience and, if appropriate, the Instructor shall brief the trainee on the risks associated with the exercise.

All divers (including trainees) must have completed a Recreation Medical Declaration Form and, where appropriate, have a Recreational Medical Certificate issued by a UKDMC Medical Referee.

Divers should ensure that their equipment is properly maintained and functional. TSAC demand valves to be serviced annually.



TSAC will provide a Pool Lifesaver in addition to any lifeguard provided by the pool during all pool sessions (this is in accordance with the recommendations of the publication “Managing Health & Safety in Swimming Pools”, jointly published by the Health & Safety Executive and the Local Authorities Enforcement Liaison Committee, that lifeguards require specialised skills to adequately supervise sub-aqua activities).

During coronavirus pandemic additional precautions will be required as detailed below:

- All participants to follow Fusion agreed procedures – refer to “Return to Hire – Covid-19 Checklist” appended to this risk assessment.
- TSAC will designate a dedicated Covid-19 lead for each pool session. The Covid-19 lead will be responsible for maintaining social distancing during sessions in accordance with prevailing government guidance. If it is not possible to maintain social distancing in order to provide assistance during kitting up or to demonstrate/practice a skill, both divers to wear appropriate face coverings.
- Covid-19 lead should confirm PRIOR to instructors/participants assembling at pool that individuals are fit and well and are not required to self-isolate.
- All pool users are encouraged to arrive as ready as possible for the session so that they can enter the water promptly once access is allowed, and to leave with minimal delay afterwards. It is recommended that everyone avoids using the showers at the pool and showers on their return home instead.
- Divers should only handle their own kit. If handling another person’s equipment use hand sanitiser before and after touching it (for CATI events, designate a single person to manage kit who will be required to sanitise hands or wear disposable gloves prior to issuing to individuals. Any “rejected” equipment to be immersed in chlorinated pool water before being reissued). At end of session all mouthpieces and any other equipment that has been in contact with divers face should be fully immersed in chlorinated pool water to rinse off any saliva/mucus prior to rinsing with fresh water in the normal manner.
- During buddy checks each diver should NOT breathe from or touch the mouthpiece of an AS intended for another diver in an out of gas situation but should confirm operation by purging.
- When training/briefing instructors will ensure that no group exceeds 6 people (including themselves) (or such group size as is permitted under prevailing government rules) and that the social distancing arrangements outlined above are followed.
- Any planned practicing of rescue skills requires special precautions during the pandemic and should only be undertaken following discussion with the Diving or Training Officer. It is a requirement that regulators are kept in the mouth and a dive mask be worn at all times by both casualty and rescuers when in close proximity to each other, even when demonstrating rescue breaths (consider use of small cylinders when demonstrating recovery of a casualty).
- If pool is to be used by for scuba diving, swimming and/or snorkelling at the same time each activity should take place in a separate, clearly delineated, area (e.g. by use of rope floats). Scuba divers must not swim beneath swimmers/snorkellers.
- Instructors should be familiar with specific BSAC Covid-19 guidance relating to diver training – copy of latest guidance to be appended to this risk assessment.

<b>Hazard:</b>	<b>Risk of:</b>	<b>Risk Evaluation:</b>	<b>Controls:</b>	<b>Immediate measures to deal with consequences if risk does occur:</b>
Equipment failure	Serious injury to diver/death	High	Divers to perform a buddy check before entering the water. It is recommended that divers carry-out a bubble check once under the surface. Equipment to be well maintained and regularly serviced.	Divers to abort dive and return to surface. Assistance from buddy as required.
Running out of gas	Serious injury to diver/death	High	Divers to perform a buddy check before entering the water, including gas levels. All scuba sets to be fitted with cylinder pressure gauges. Instructor to monitor trainees gas level during the dive. All divers should carry an alternative air source, i.e. Octopus, Air II, pony or twin-set.	Diver to use own or buddy's AS.
Cold	Hypothermia	Medium	Divers to choose appropriate, well fitting exposure protection in good condition. Divers to be prepared to exit water early if cold. Divers to monitor buddies, and in particular trainees, for early signs of cold. Trainees to be briefed on appropriate divers' signals to indicate chill. Divers to keep towel at side of pool if prone to suffering from cold.	First Aid to be administered. Pool Reception to contact emergency services, as required. Hospitalise, as required.
Diver falling from ladder when exiting water or generally falling during entry/exit	Serious injury to diver beneath them Injury to diver/damage to equipment	Medium	Divers to ensure they are never beneath a diver who is climbing up a ladder or entering/exiting water	Recover casualty from water and administer first aid. Hospitalise, as required.
Diver influenced by drugs or alcohol	Injury to diver	Medium	Instructor/Pool Lifesaver to stop anyone believed to be under the influence drugs or alcohol from diving. Diver to advise if concerned about dive fitness of buddy.	Instructor/Pool Lifesaver to stop affected person from diving.

Hazard:	Risk of:	Risk Evaluation:	Controls:	Immediate measures to deal with consequences if risk does occur:
Drowning	Serious injury/death of diver/snorkeller/swimmer	Medium	Monitoring by Instructor with trainees. Monitoring by pool lifesaver. Training to be conducted in depths suitable to skill levels.	First Aid to be administered. Pool Reception to contact emergency services, as required. Hospitalise.
Ear damage	Injury to diver	Medium	Trainees to receive specific instruction on ear clearing. Divers//snorkellers to avoid diving when suffering from a cold.	Assistance from Instructor/buddy.
Fire	Serious injury/death	Medium	Pool Lifesaver to be aware of emergency evacuation procedures. Pool Lifeguard (Fusion employee) will take charge of situation.	Evacuate building in accordance with pool emergency procedure.
Heart attack	Death	Medium	Divers to complete medical self-declaration/referral to medical referee.	BLS to be instigated. Pool Reception to contact emergency services. Hospitalise.
Uncontrolled ascent/barotrauma	Serious injury to diver	Medium	Divers should ensure they are properly weighted and capable of making a safe and controlled ascent, and that inflation and dump systems are working correctly. If training, Instructor to monitor student. Instructor/student ratios to be in accordance with BSAC recommendations. Progressive training.	Diving monitored by Pool Lifesaver.
Heat	Hyperthermia	Low	Divers to be aware of the risk of overheating when wearing drysuit/wetsuit in the pool and undertaking strenuous activities. Divers to monitor buddies, and in particular trainees, for signs of overheating/exhaustion.	First Aid to be administered. Pool Reception to contact emergency services, as required. Hospitalise, as required.

Hazard:	Risk of:	Risk Evaluation:	Controls:	Immediate measures to deal with consequences if risk does occur:
Injury from falling cylinders	Injury to diver/general public	Low	Divers to avoid leaving cylinders standing upright. Trainees to receive instruction on equipment use and storage. Monitoring by Instructor/pool lifesaver.	First Aid to be administered.
Lifting dive gear	Injury to diver	Low	Seek assistance, if required, when moving heavy dive gear, e.g. twin-sets. Recovery from water to be undertaken by more than one person, if necessary.	First Aid to be administered.
Mask squeeze	Injury to diver	Low	Trainees to receive specific instruction on mask equalisation. Only masks which enclose both eyes and nose in same airspace to be used.	Assistance from Instructor/buddy.
Panic	Injury to diver	Low	Monitoring by Instructor with trainees. Instructor/student ratios to be in accordance with BSAC recommendations. Progressive training.	Assistance from Instructor.
Slipping/tripping on pool surround	Injury to diver/damage to equipment	Low	Divers should be aware that wet surfaces are slippery. No running on pool surround and pool rules to be observed. Trainee/inexperienced divers to be briefed on how to put on and take off scuba equipment and to be aware of and look out for possible hazards while walking or moving in diving equipment. Divers should exercise caution when carrying diving equipment. Fins to be removed when walking on pool surround. Monitoring by Instructor/Pool Lifesaver.	Remove casualty from danger and administer first aid. Hospitalise, as required.
Coronavirus	Exposure to/transmission of virus leading to possible acute respiratory tract infection/hospitalisation/death.	Medium	Anyone displaying symptoms of virus (persistent cough, fever, shortness of breath, loss of taste, etc) or who has tested positive for virus or has come into contact	Coronavirus

Hazard:	Risk of:	Risk Evaluation:	Controls:	Immediate measures to deal with consequences if risk does occur:
			<p>with confirmed or probable case or has recently returned from abroad to self-isolate and/or seek medical assistance and should NOT attend club activities. Designated Covid-19 lead should confirm PRIOR to instructors/participants assembling at pool that individuals are fit and well and are not required to self-isolate.</p> <p>All participants to follow Fusion agreed procedures – refer to “Return to Hire – Covid-19 Checklist” below.</p> <p>Social distancing should be maintained in accordance with prevailing government guidance. Instructors to conduct session briefing in advance either remotely (e.g. by zoom call) or in the open air prior to entering the pool building</p> <p>If it is not possible to maintain social distancing in order to provide assistance during kitting up or to demonstrate/practice a skill, both divers to wear appropriate face coverings.</p> <p>Individuals should only handle their own kit. If handling another person’s equipment use hand sanitiser before and after touching it. Avoid contact with any part of the equipment that would be breathed from directly by anyone.</p> <p>During buddy checks each diver should NOT breathe from or touch the mouthpiece of an AS intended for another diver in an</p>	

Hazard:	Risk of:	Risk Evaluation:	Controls:	Immediate measures to deal with consequences if risk does occur:
			<p>out of gas situation but should confirm operation by purging. Any planned practicing of rescue skills requires special precautions during the pandemic and should only be undertaken following discussion with the Diving or Training Officer. It is a requirement that regulators are kept in the mouth and a dive mask be worn at all times by both casualty and rescuers when in close proximity to each other, even when demonstrating rescue breaths (consider use of small cylinders when demonstrating recovery of a casualty).</p>	

# Return to Hire- Covid-19 Checklist



Name of Club/ Organisation	<i>Sub Aqua</i>		
Designated Covid-Lead/ Key Contact	<i>Emily Hannaford</i>		
Checklist completed by	<i>Assistant Manager</i>		
Date of completion	20/04/2021		
Area	Agreed procedure	Initial- Fusion	Initial- Hirer
Access and queue management	<p>Session participants to arrive and meet at the agreed outside location (outside of building,) and maintain social distancing. 1 nominated person will then come into reception to let us know you are ready to come in for the session.</p> <p>At the start of the agreed entry time, Fusion staff will let you know when you can come in; the participants can enter the building through the reception area following our one way system. Participants will safely enter through the wet side changing rooms while maintaining social distancing, sanitising hands on entry to the facility.</p>	EH	
Activity set-up	The pool will be set up for the session. All equipment used must be brought by the school/club.	EH	
Activity capacity	Along with school risk assessment/ own capacity's	EH	
Spectators	N/A		



# Return to Hire- Covid-19 Checklist



Coaches/ volunteers	Coaches must maintain social distancing from the participants.		
Participants	<p>Participants must maintain social distancing throughout, including between other participants, coaches and Fusion staff.</p> <p>Please take additional care when resting or receiving coached instruction during sessions to maintain social distancing from other participants</p>		
Changing, showers and toilets	<p>Changing rooms and showers will be available to use. The changing rooms are cleaned before and after each session.</p> <p>An accessible toilet is available and although this is cleaned regularly, please helps us to keep this clean and safe whilst using the facilities, by ensuring to wash hands and using any cleaning materials provide to keep the facility clean.</p>		
Equipment	Equipment cannot be shared between participants or stored at the facility.		
Departure	At the end of the session, please exit through the Wetside Changing rooms promptly at the agreed time, and leave through the reception area using our one way system. We have other users arriving at the centre and need to clear the pool and conduct cleaning between use.		
Other			

# **INFORMATION AND INDUCTION SHEET**

## **COACHES EVACUATION PROCEDURES** **SWIMMING POOL**

In the event of an incident the recreation assistants will take control of the situation with the assistance of the coaches. Incidents that might require evacuation of the sports hall are as follows.

- Fire.
- gas escape.
- power failure.
- bomb threat.
- structural damage.
- Drowning
- Spinal injury
- Injured swimmer
- Any incident that requires the lifeguard to take their attention away from watching the pool

### **Raising the alarm**

In the event of fire the member of the staff/public discovering the fire will:

- a) raise the alarm at the nearest break glass
- b) assemble all your class by the nearest fire exit and wait for further instructions.
- c) the duty Manager will instruct a 'CODE RED'- all staff and customers to vacate the building immediately, giving all swimmers foil blankets.

### **In the case of bomb threat, structural failure, suspicious packages or gas or chemical leak:**

The duty manager will instruct a 'CODE RED'- all staff and customers to vacate the building immediately.

### **Assembly point**

The assembly point for staff and customers is the SHORT STAY CAR PARK opposite reception. All staff to ask for any missing persons and report their findings to the duty manager.

## Diver Training Guidance

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These notes are intended to provide a framework for a return to diving following easing of government restrictions as a result of the COVID-19 pandemic. This guidance is based on current knowledge and understanding of the risks associated with the outbreak and the current scientific evidence informing decisions by government and other relevant authorities. It is acknowledged that the evidence base and knowledge surrounding the outbreak is rapidly and continually evolving and so the guidance will be reviewed regularly and be subject to update and amendment as appropriate.

### **STATUS**

Currently in the UK different criteria applies within each of the devolved administrations. Please refer to the STATUS document.

### **Protecting others and reducing the demands on the NHS**

Current advice on avoiding transmission of the virus can be found on the Government Website.

<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>

**The advice for anyone in any setting is to follow these main guidelines:**

- The most common symptoms of coronavirus (COVID-19) are recent onset of a new continuous cough and/or high temperature. If you have these symptoms, however mild, stay at home and do not leave your house for 7 days from when your symptoms started (if you live alone), or 14 days (if you live with someone who has symptoms). You do not need to call NHS 111 to go into self-isolation. If your symptoms worsen during home isolation or are no better after 7 days, contact [NHS 111 online](#). If you have no internet access, you should call NHS 111. For a medical emergency dial 999.
- Wash your hands more often than usual, for 20 seconds using soap and hot water, particularly after coughing, sneezing and blowing your nose, or after being in public areas where other people are doing so. Use hand sanitiser if that's all you have access to.
- To reduce the spread of germs when you cough or sneeze, cover your mouth and nose with a tissue, or your sleeve (not your hands) if you don't have a tissue, and throw the tissue in a bin immediately. Then wash your hands or use a hand sanitising gel.
- Clean and disinfect regularly touched objects and surfaces using your regular cleaning products to reduce the risk of passing the infection on to other people.

**Anyone displaying any symptoms should NOT engage in any activity outside the home.**

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### **Efficacy of rescue techniques**

The Annual Diving Incident report 2018 analysed the effectiveness of various rescue techniques taught within diver training and whose use was reported within diving incidents. The report demonstrates the important value of such training and the rescue skills applied by appropriately trained divers.

The full report can be downloaded from [www.bsac.com/incidentreport](http://www.bsac.com/incidentreport) and an extract from the report is below.

#### **“Efficacy of rescue and resuscitation techniques**

In this report we present evidence of the likelihood of success when using various rescue

and resuscitation techniques. The BSAC incident reports for the last six years were interrogated for data with respect to the likelihood of success when using rescue and resuscitation techniques taught to divers. In particular we were interested in the outcome of using the alternate source (AS) technique in an out of air or free flow scenario, the controlled buoyant lift (CBL) technique to recover divers to the surface, the outcome of using CPR and oxygen-enriched CPR and the outcome of using AED defibrillators.

**Table 1. The efficacy of rescue techniques used in reported incidents**

Technique	Reported use	Successful outcome <sup>3</sup>	Success rate
Alternative Air source Used <sup>1</sup>	133	114	86%
Controlled Buoyant Lift <sup>1</sup>	82	64	78%
CPR <sup>1</sup>	84	13	15%
Oxygen-enriched CPR <sup>1</sup>	23	5	23%
AED defib use <sup>2</sup>	20	6	30%

<sup>1</sup>analysis from data from 2013-2018 inclusive

<sup>2</sup>data extracted from the entire database

<sup>3</sup>successful outcome defined, for AS, as the casualty reaching surface without having to use free ascent; for CBL as the casualty reaching surface and for resuscitation techniques as the casualty regaining consciousness

In the case of alternate source technique, we analysed if the technique resulted in the return of the diver to the surface without resorting to a free ascent, the technique included all cases where a diver resorted to using their own AS or an AS provided by a buddy. The CBL technique was defined as a diver using either the casualty's buoyancy or their own buoyancy to make a controlled ascent resulting in the casualty reaching the surface. CPR, oxygen-enriched CPR and AED were defined as when the technique was used in the rescue or attempted rescue of an unresponsive casualty. Success of all of these three resuscitation techniques was defined as the recovery of the casualty to conscious and breathing.

In Table 1, evidence is presented that, where a controlled buoyant lift was used, the technique was successful at recovering the casualty to the surface in 78% of the cases and in cases where an alternate source of gas was used the technique was successful in 86% of incident reports. It is reassuring that, even when under the stress of an occurring incident the techniques taught by diving agencies to assist their buddy to the surface are successful in the majority of cases. The suspicion is that these success rates are a large underestimation of the actual success rate.

The instances, where resuscitation techniques are called upon, are significantly more serious because the casualty is by definition unresponsive and not breathing. Even in these very difficult circumstances, the evidence is that divers have successfully resuscitated casualties. The success rate is 15% for CPR and 23% for oxygen-enriched CPR; and when an AED is used the success rate is increased to 30%."

## **Diver Training**

During diver training some skills require close personal contact. Out of water such close personal contact would not be possible within social distancing rules. In water the contact is less of an issue but the sharing of breathing equipment increases the risks of transmission of the virus.

## **Dry runs and equipment checks**

In order to minimise risks associated with close proximity during dry runs of techniques the following advice should be followed:

- On land dry runs without full scuba– for compass, distance line etc. either maintain a distance of 2m or ensure all participants are wearing suitable PPE (see separate guidance)
- For equipment practice – use full equipment and conduct the dry run in shallow, standing depth, water in order to ease weight of equipment. Participants should wear their diving mask and breathe from their regulator. Instructor should use 'You watch me' and other teaching signals rather than talking.
- Surface skills teaching - Participants should wear their diving mask and breathe from their regulator. Instructor should use 'You watch me' and other teaching signals rather than talking.

## **Alternate Source (AS)**

An out of gas (OOG) situation underwater is a life threatening concern. All divers are trained to deal with such situations both for themselves and to assist a buddy. BSAC preferred method of teaching is for an OOG diver to take the dedicated AS (or be presented it by their buddy) and the buddy to retain their own primary regulator. Consequently Alternate Source (AS) techniques do not require the sharing of a single regulator.

Divers should plan to be as self-sufficient as possible to deal with such situations in line with their training. A diver carrying their own fully redundant gas supply and trained and practiced in its use is a sensible precaution.

Self-sufficiency does not remove the need to be able to provide a gas supply to an OOG buddy and consistent with 'Safe Diving' every diver should have an AS available, capable of being provided to a buddy. Such an AS should be dedicated to use by a buddy and not breathed from by the diver themselves.

The established training for AS is for an Instructor to demonstrate the taking of an AS from a student and switching to it, repeating with a second student and then allowing the students to practice the skill with each other's AS. In order to avoid any risk transmission of the virus only one person should use any regulator.

On a dry run:

- In standing depth water as detailed above
- Instructor can demonstrate location, removal and presentation of AS but NOT exchange and breathe from the student's AS.
- Regulator switch can be demonstrated if necessary by instructor showing use of purge rather than switching regulators

In water:

- Instructor demonstrates location, removal and presentation of AS but NOT exchange and

breathe from the students AS.

- Regulator switch can be demonstrated if necessary by instructor showing use of purge rather than switching regulators
- Horizontal swim and ascent positioning can be demonstrated by Instructor following previous steps and maintaining grip but continuing to breathe from own regulator, whilst holding student AS
- Students practice whilst breathing from each other's AS

Intervention:

Instructors own AS should not have been breathed from during the training session and so can still be donated during any need for intervention.

## **Rescue Breaths**

In the event of a serious incident whilst diving/snorkelling the ability to provide initial in-water rescue breaths can be a significant contributor to a successful rescue. The training for this skill remains an essential training requirement for qualifications beyond entry level.

During the ongoing government imposed restrictions aimed at controlling the spread of the virus and minimising the risk to individuals, the conduct of training for in-water Rescue Breaths presents a low probability but potentially high impact risk of transmission. Consequently, it is currently considered unacceptable to carry out this training and assessment unless safety measures as indicated below can be put in place.

It is hoped that as the virus is brought under control and effective safety measures, such as a vaccine, become available that a return to full training activity can be achieved safely. In the meantime students can complete their training using the options detailed below.

The following guidance provides appropriate alternatives providing all involved (instructors, students and assistants) are fully informed and aware of the risks of the virus and agree to take part.

### **Alternative methods**

Initial rescue breath training should have been completed on land using a CPR manikin in order to introduce and refine the techniques in a controlled and consistent manner. The more practice with such manikins that can be gained the more effective any training for in-water rescue breaths will be.

Options are:

- Use of simulated techniques
- Use of dedicated in-water rescue manikins
- Use of simulated casualty from the same household

Instructors can access the full details for each option at <https://www.bsac.com/document/diver-training-guidance/>

### **CPR**

Situations where CPR is required in a diving environment in the UK are rare but do occur averaging no more than 20 per year. BSAC Incident report analysis in 2018 demonstrated the efficacy of rescue efforts including in-water rescue breaths, CPR, Oxygen enriched RB and AED use. [www.bsac.com/incidentreport](http://www.bsac.com/incidentreport)

Any member of a dive party trained in the delivery of CPR should consider their own Risk Assessment should they be called upon to assist another diver requiring CPR including:

- Personal attitude to risk of infection vs saving a life?

- Available PPE
- Equipment, and personnel with skills, to provide ventilations by Bag Valve Mask (BVM)
- Assessment of likelihood to require RB inclusive CPR
- Assessment of response times for emergency services
- Availability of AED (what happens if voice prompts indicate give RB?)

CPR training on land must only be conducted with a manikin. Following Resuscitation Council UK advice normal hygiene procedures should be maintained for manikins used for RB and CPR practice. All surfaces subject to direct personal contact (chest, forehead and face) should be thoroughly cleaned using disinfectant/alcohol wipes and allowed to dry naturally between each user.

Replace and dispose of manikin lungs and airways after each training session. Clean manikin heads with an appropriate surfactant/disinfectant solution after completion of each training session and allowed to dry naturally.

### **Casualty Assessment**

The conduct of a casualty assessment is integral to the DTP at Dive Leader and above as well as forming part of Oxygen Administration and PRM training. Conduct normally involves using one student as a simulated casualty as a means of working through the assessment.

During the current restrictions it is recommended that a person is NOT used as a simulated casualty and wherever possible a full body manikin is used instead.

### **Theory training**

As restrictions are progressively lifted it may be appropriate to return to face to face teaching of theory, especially for those teaching sessions that require more class interaction and/or planning sessions. Teaching environments should be selected to ensure adequate social distancing measures are able to be maintained for the safety of all participants.

### **Sheltered water training**

Initial water based skills are gained in sheltered water. In the UK this normally entails the use of a swimming pool. The water environment represented by a well maintained swimming pool provides a degree of safety due the chemical treatment of the water, which will act to inactivate the virus. However, the challenges presented by maintaining social distancing, disinfecting and cleaning of the other infrastructure of swimming facilities may mean some delays in accessing such facilities. Training can be conducted in other locations providing they meet the definition of 'Sheltered Water' defined in the Instructor Manual:

**"Sheltered water** – This is a well-maintained swimming pool or sheltered open water which provides similar conditions, being generally less than 4m deep, with a stepped or gently shelving open bottom of firm composition, adequate visibility (minimum 5m), and free from significant water movement from either waves or currents.

Within sheltered waters, there will need to be

- Standing-depth water in between waist and chest deep allowing students to either stand comfortably, or to kneel and be fully submerged.
- Deeper water of approximately 2-4m deep."

In addition, it is essential that students will have access to appropriate protective clothing for the environment.

## **Dry Practical training**

Many Skill Development Courses (SDCs) teach ancillary skills that are complementary to diving eg:

- Club Diving – Compressor Operation, Gas Blending
- Rescue Skills – O2 Admin, PRM, AED, First Aid for Divers
- Seamanship – Boathandling, Diver Coxswain, Chartwork & Position Fixing
- Special Interest –

Training for these should take appropriate account of the needs to maintain social distancing and hygiene standards at an appropriate point in relaxation of restrictions.

Some example considerations:

### **Handling controls**

(eg. Compressor, blending equipment, O2 equipment, Boat engine controls, electronic navigation equipment)

All controls handled by instructor and students should be disinfected between all users. After using equipment users should wash hands thoroughly using either soap and water or an alcohol based hand sanitiser.

### **Close proximity**

(eg. Instructor positioned next to controls (compressor/boat) to ensure control and safety or for demonstrations (eg. Bandaging in FAD, Chartwork)

Appropriate PPE masks should be used (see separate PPE guidance)

### **CPR and First Aid training**

See guidance above for Diver training

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To be used in conjunction with other guidance including:

- Medical guidance
- Status
- Equipment guidance
- Shore diving
- CPR and rescue procedures
- Diver Training
- Travel Guidance
- Charter boat diving
- RIB diving
- Swimming pool usage
- Etc.