

Noel, Jessica LTJG

From: Medic [REDACTED]
Sent: Thursday, August 12, 2004 6:32 AM
To: Noel, Jessica LTJG
Subject: LG- Diving Medicine

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Jessica

Thank you for your request.

Attached please find a listing for chambers within your search criteria. However, please understand this list is updated and new facilities are added and dropped periodically. Changes and updates as well as downtimes are unpredictable and are maintained here at DAN within the medical department. This information is readily available in the event of an emergency and it is DAN's recommendation that your unit or attending DMO contact the DAN America Emergency Line at (919) 684-8111.

Let me know if I can be of any further help.

Sincerely,

[REDACTED] NREMT-B, DMT
DAN Medical Services
Department of Anesthesiology
Duke University Medical Center
919-684-2948 ext [REDACTED]

Visit DAN's website at: <http://www.DiversAlertNetwork.org>

Unit	Hospital	Street Address	City	State	Zip	Country	Chamber Size	Chamber Phone	24-hour Phone	Fax
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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-----Original Message-----

From: Noel, Jessica LTJG [mailto:JNoel@healy.uscg.mil]
Sent: Wednesday, August 11, 2004 6:33 PM
To: Medic
Subject: RE: LG- Diving Medicine

Hi, [REDACTED]. Would you accept an email attachment of a request on our letterhead? Where we are right now (above the Arctic Circle) it is difficult to get satellite transmission capabilities with enough reliability to get a fax through. I looked at the SUPSALV site, but you have to be a DOD member with a password to get to the list. If DAN cannot accept an e-letter request, I will further pursue the Navy's list. Thanks for you help.
Jessica

-----Original Message-----

From: Medic [mailto:[REDACTED]]
Sent: Wednesday, August 11, 2004 10:35 AM
To: jnoel@healy.uscg.mil
Subject: LG- Diving Medicine

Jessica

We either need you to fax on company letterhead the request so that we can keep on file all requests or you can go to www.supsalv.org for the request.

Thanks and if you have any questions, don't hesitate to call.

Safe Diving!

[REDACTED] NREMT-B, DMT
DAN Medical Services
Department of Anesthesiology
Duke University Medical Center
919-684-2948 ext [REDACTED]

Visit DAN's website at: <http://www.DiversAlertNetwork.org>

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material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this in error, please contact the sender and delete the material from any computer.

-----Original Message-----

From: jnoel@healy.uscg.mil [mailto:jnoel@healy.uscg.mil]
Sent: Tuesday, August 10, 2004 1:23 PM
To: Medic
Subject: DAN: Diving Medicine

From: Jessica Noel
Member #:
E-Mail: jnoel@healy.uscg.mil
Phone:
Submitted: 8/10/04 1:22:53 PM

Hi. I am a diver for the US Coast Guard. We are planning a couple dives off Barrow and Dutch Harbor, Alaska. Do you have a list of hyperbaric chamber facilities near these areas or know who/where I could find more info? We have a portable HyperLite chamber onboard our ship, but in the event of an emergency would prefer to use it only for transport to a fully equipped facility. Thank you for your assistance.
-Jessica

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For more information, connect to <http://www.F-Secure.com/>

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DIVING EMERGENCY ASSISTANCE CHECKLIST

Recompression chamber

Name: _____ POC: _____
Phone Number: _____ Radio freq / Call Sign: _____
Response Time: _____

Air Transportation

Name _____ POC: _____
Phone Number: _____ Radio freq / Call Sign: _____
Response Time: _____

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Sea Transportation

Name _____ POC: _____
Phone Number: _____ Radio freq / Call Sign: _____
Response Time: _____

Surface Transportation

Name _____ POC: _____
Phone Number: _____ Radio freq / Call Sign: _____
Response Time: _____

Hospital (if different from chamber)

Name _____ POC: _____
Phone Number: _____ Radio freq / Call Sign: _____
Response Time: _____

Communications Assistance

Name _____ POC: _____
Phone Number: _____ Radio freq / Call Sign: _____
Response Time: _____

Other diving units in the area

Name _____ POC: _____
Phone Number: _____ Radio freq / Call Sign: _____
Response Time: _____

Navy Experimental Diving Unit (NEDU) emergency consult: (850)234-4351
Naval Diving and Salvage Training Center (NDSTC): (850)234-4651
Naval Medical Research Institute (NMRI): (202)295-1839
Diver Alert Network (DAN): (919)684-8111

DIVE OFFICER: LTJG J. Noda _____ DATE: 17 Aug 09 _____

G, TC

DIVING EMERGENCY ASSISTANCE CHECKLIST

Recompression chamber

Name _____ POC: _____
Phone Number: _____ Radio freq / Call Sign: _____
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Air Transportation

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Sea Transportation

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Name _____ POC: _____
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Hospital (if different from chamber)

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Naval Medical Research Institute (NMRI): (202)295-1839
Diver Alert Network (DAN): (919)684-8111

DIVE OFFICER: _____ DATE: _____

Noel, Jessica LTJG

To: [redacted] CWO; [redacted] MKCS [redacted] L. BM2 [redacted] A. DC2
Cc: [redacted] BMC [redacted] LT; [redacted] A. DCC; [redacted] LCDR; [redacted]
[redacted] LCDR; [redacted] BOSN4
Subject: Training Dive 17Aug04

Divers - We will be diving Tues (tomorrow) morning at 0900. I know the exact date/time is short notice & I apologize, it's just the way it worked out with the science ops. We will be using the LCVP as our dive platform. We will be using dry suits (38F seawater temp); we can discuss Aga vs EXO. I would like us to get together briefly today to discuss a plan of action. We also need to check/fill tanks (singles). At the very least, you should check your gear today to make sure you have what you need and that it is in good repair. Tomorrow, be in the locker nlt 0800.

Supervisors - Please let me know if you have any conflicts with this dive opportunity. I apologize for the short notice. We don't get many dive ops so being able to take advantage of this one is important to our proficiency & to maintaining our quals. Thank you.

Bos'n - Please let me know if we have any conflicts with being able to crew the LCVP from approximately 0900 - 1100 tomorrow. Thank you.

R,
Dive O

LTJG Jessica Noel
Marine Science Officer
Dive Officer
CGC HEALY
1519 Alaskan Way S.
Seattle, WA 98134

1730 - [redacted]
- [redacted]
1730 - [redacted]
- [redacted]

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Ice Dive Ops
17 Aug 2004

Risk Assessment (GAR model)

Risk Factors	Risk Score:
Supervision	5
Planning	2
Crew Selection	1
Crew Fitness	3
Environment	5
Event/Evolution Complexity	3

Total Score: 16

Green

Supervision: Dive O's first solo dive as div sup

Crew Fitness: Overall healthy, in good condition; some with late work ops/ early morning watch

Environment: Water near freezing temps (34F) with some ice

17 Aug 04

Enclosure (2)

DIVING SAFETY CHECK-OFF SHEET

Ref: (a) U.S. Navy Diving Manual

- 1. At approximately 0930 this date, HEALY divers will conduct underwater work in the vicinity of the ship, the nature of which will be:

Ice diving training
Line pull signal refresher

Estimated time for completion of this work is 2 hrs.

- 2. In accordance with Reference (a) the following precautions will be completed prior to the commencement of diving operations. Diving operations will not commence until all required signatures are received and the form is returned to the diving supervisor: _____ This form will be kept on the Quarterdeck (Bridge if underway) until the conclusion of diving operations.

___ DIVE SUPERVISOR (DS)

___ DS a. Nearest Operational Recompression/Treatment Facility contacted: HEALY's Hyperlike portable chamber
 Phone Number: _____

___ DS b. Notify other units in the area of dive plans and how Sonar and vessel traffic will affect diving safety.

___ DS c. Complete emergency assistance checklist.

NA EOW d. Lock and tag out shafts and pitch setters (if applicable).

___ EOW e. Tag out rudder.

___ EOW f. Tag out sea suction and discharges in the proximity of diving operations.

___ EOW g. Tag out boiler bottom blow valve if divers will be working in the area.

___ EOW h. List all equipment and machinery presently in operation:

___ EOW i. Ensure no machinery is started or secured without the permission of the OOD and ~~to~~ notification of the diving supervisor.

NA OOD j. Secure and tag out all SONAR, Fathometers, and underwater electrical equipment.

___ OOD k. Hoist CODE ALFA on the outboard yard or where best seen.

___ OOD l. List any safety hazards aboard this ship or in the vicinity of the ship that may affect the safety of the divers.

Ice chunks, Small boat (LCVP) used as dive platform

HEALYINST 1000.1

NA OOD m. Prior to commencing the diving operations and every 15 minutes thereafter until the completion of diving operations pass the following word over the IMC (omit inapplicable parts):

"There are divers working over the side, do not operate any underwater equipment, rotate screws, cycle rudder(s), take suction from or discharge to the sea, blow or vent any tanks, activate sonar, fathometer or other underwater electronic equipment, open or close any valve before checking with the diving supervisor _____."

NA OOD n. Upon completion of diving operations pass the following word over the IMC. "Diving operations are complete, normal and routine work may be carried out in accordance with previous instructions."

3. This certifies that the above precautions have been taken, except as noted:

OOD: _____ DATE/TIME: _____

Diving Supervisor _____

____ OOD o. Notified that diving operations are complete.

____ EOW p. Notified that diving operations are complete.