Getting Ready for the Dive Season

Each diver has his own style. Our individuality is what makes us who we are: We all do different things for a living, enjoy a range of activities, music, art and recreation. But if we're going to scuba dive, then we all must take the same path if we want to dive safely.

This guide is meant for everyone's benefit.
Let's admit it, though. At one time or another, all of us have let some issues get in the way of safe diving:

"I always do it this way."
"I don't have time for that."
"Nothing ever happens to me."
"Just do what I do, and you'll be OK."
"Don't worry about it – somebody always has an extra (fill in the blank: strap, washer, O-ring)."

Excuses abound for us to bypass the sound safety guidelines listed. But there is only one safe way to get ready for the dive season: Know your skills, know your equipment, follow guidelines, stay within the level and skill of your training, and take your time – don't rush it.

Thanks in part to precautions aimed at reducing risks, dive injuries like decompression illness (DCI) are rare. Other injuries like ear and sinus barotrauma occur far more often with beginning divers and to those who dive infrequently. The flip side of this is that the low occurrence of injuries may lead to a less vigilant attitude toward safety.

The truth about any type of dive injury is this: When the right set of circumstances are set in place – inexperience, neglect, hurrying or just going along with the crowd – a diver can be hurt easily enough. You are less likely to be injured when you are following proven safety measures.

Consider the following cases from assistance calls to DAN.

The June Bug and the Woolly Caterpillar

File these under "I should have had my regulator serviced first."

For that first dive of the year, we sometimes get in a hurry: Rent the tank, get to the boat, gear up, turn on the air and jump in the water. Inhale a June bug that blocks the airway to one lung.

Of course, it was a dead June bug, but there it was. Later, with the diver under anesthesia, the bug was repatriated to the medical wastebin.

Imagine another diver's surprise when he hooked up his equipment for the first dive of the year. He took a breath of air from the regulator and got an unusual burning, stinging sensation in the back of his throat. His tongue tickled and burned as well. Over the winter, a woolly caterpillar had crept into the regulator before passing on. Without checking beforehand, the diver had simply inhaled it. Whatever happened to the so-called quick purge? With a "dormant" regulator, remember to purge it into your hand or a cloth before breathing through it.

The "New Diver Surprise"

Mask squeeze can happen to any of us, but it occurs most often in new divers or with those of us who don't dive often. It's the one injury that can sneak up on you, even if you are breathing correctly and clearing

your nose and sinuses as you should.

It is surprising how many divers are either too new or too excited to remember to put a puff or two of air into their mask while descending. Even the more experienced divers can experience mask squeeze when they switch masks or borrow an unfamiliar mask of lower volume.

The call usually goes like this:

“I’ve got little red spots around my eyes, and my eyes are swollen. And the white part of the eye – that part is bloodred now. What should I do? Can I still dive tomorrow?”

The short answer is yes, but it’s better to wait. Just a little more time during the descent and consulting a mental checklist would have prevented what will surely look worse tomorrow than it does today.

Do a buddy check

Recently we received a call about an all-too-preventable accident during miniseason. This was an extremely competent diver who had kept his gear current, was healthy and eager to dive on the first day of the season. He had not been diving in months.

At the outset of the dive, he had wanted to be the first diver off the boat – and the first to get a lobster. He was in his gear in no time when they got to the first dive site, at a depth of only 12 feet (4 meters), and leaped into the water before the other divers.

Eager to get in the water, the diver decided he would put on his fins and put his regulator in after he jumped in. Too heavily weighted, he sank right to the bottom. He needed a breath when he put the regulator in his mouth, but he had forgotten to turn on his air. His friends found him within minutes resting on the bottom, but they couldn’t revive him. Like most dive incidents, this was completely preventable. We’re never too competent to do the buddy check.

“When can I dive?”

The off-season, usually winter, is the occasion for those surgical procedures you don’t want interfering with your diving schedule. Divers may decide to have procedures such as LASIK (laser-assisted in situ keratomileusis), a form of refractive laser eye surgery; rhinoplasty, or having the nose “fixed”; abdominoplasty, the so-called “tummy tuck”; or even endoscopic frontal sinus drillout. Because of these procedures, we get another kind of preseason call at DAN: “When can I resume diving?"

The generic answer is this: You can dive when you have been released by your treating physician for all activities and when you can participate in those activities without a problem.

Do a self-check

As divers age, many of us develop medical conditions, a significant one being cardiovascular disease. This requires a little honesty: Are you a male older than 40, a female older than 50? Do you have risk factors such as hypertension (high blood pressure), diabetes, high cholesterol, smoking or have family members with heart disease? If so, you need to be assessed by your doctor.

Can we perform at the same level as we did when we were first certified – 20 or 25 years ago? For some, the answer is yes; for some, it’s no. Answering in the negative doesn’t have to mean an end to diving: It can simply mean changing the way you dive. That might translate into not putting yourself in a position that will test your stamina every time you get in the water. Or it might mean simply taking on less

responsibility during a dive: Look out for yourself first.

Use common sense. Scuba does have a way of testing you when you're not ready to be tested.

One final suggestion for safe diving and risk reduction has to do with attitude. In diving, one size, color or style does not fit all. One attitude does, however: "If I'm going to do this, I am going to do it the right way."

Remember to ask: "What is right for my skill and equipment? What is my responsibility to my buddy and dive group? What will keep me enjoying my dives every time I get in the water?"

Try asking yourself these questions each time you suit up – or every time someone asks you about scuba and safety. DAN wants you to stay in scuba and keep enjoying a recreation that can last a lifetime.