



United Dive Club



November, 2024 Newsletter

Hi all:

A belated Happy Halloween and future Happy Thanksgiving. We had a good turnout last month in CZM, considering the weather that disrupted diving mid-week. It looks like everyone enjoyed the new digs, Cozumel Hotel & resort. The feedback I received was a nice upgrade from the previous place we stayed at. Our mid-week Halloween party went off very well with a great band, courtesy of **Rick Baker**. We also have to thank **Phillip Hetherington** for referring the band. The costumes many of you wore were off the charts, including the use of props. Nice job!

Next on the to-do list, deciding future club trips. I'm attending the DEMA dive convention/show November 20-22. This is where I am able to meet with a lot of dive resorts, etc. and work on future dive trips. What dive trips? This is up to you all. You need to tell me where you would like to have a future club dive trips (2025/2026). What we *do* have on the books at present time is our Sri Lanka/Maldives trip March 30 -April 13, 2025; an "unofficial-why not?" trip to CZM May17-24, 2025; and our annual BIG club trip to CZM on Sept. 28-Oct. 5, 2025. Where else are we going? Let me know.



All right, all you artistic-types...we are looking for a new club t-shirt design for next year's CZM trip. Be creative. Try to limit the design to 2-3 colors. Prefer not CZM specific. Below are examples of previous t-shirts. E-mail me what you come up with.



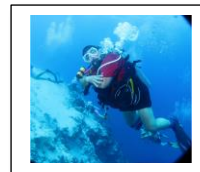
T-SHIRT DESIGN CONTEST

UPCOMING TRIPS

March 30-Apr.13, 2025: Sri Lanka/Maldives
May 17-24, 2025: CZM ("unofficial trip"/details TDB
Sept. 28-Oct. 5, 2025: CZM-club BIG dive trip/
details TBD



Let us know where else you would like us go.



Keep an eye out between Nov. 14-17 for blast e-mails looking for input from all of you on future dive trip destinations. Let's plan for some great future club trips! E-mail: diveclub@united.com

HANDELING AN EMERGENCY



In our sport and chosen profession, the odds are that one might come across a situation where emergency training might come in handy to save a life. So, what should you do when faced with a person requiring first aid? The first thing to do is don't panic. Next, evaluate the victims' condition quickly and accurately to decide the appropriate course of action. What caused the victim to be in the situation, etc. In general, the expected approach to assessing a victim is **A,B,C: Airway, Breathing, Circulation**. Order of A-B-C depends on initial impression of patient. Sequence will vary. A-B-C if patient has signs of life or C-A-B if patient appears lifeless, no pulse. Let's talk about **CPR** (Cardiopulmonary Resuscitation). There are a few trains of thought on performing CPR:

Giving CPR: For healthcare providers and those trained:

1
CHECK the scene for safety, form an initial impression and use personal protective equipment (PPE)



2
If the person appears unresponsive, CHECK for responsiveness, breathing, life-threatening bleeding or other life-threatening conditions using shout-tap-shout

3
If the person does not respond and is not breathing or only gasping, CALL 9-1-1 and get equipment, or tell someone to do so

4
Kneel beside the person. Place the person on their back on a firm, flat surface

5
The American Red Cross CPR guidelines recommend 100 to 120 chest compressions per minute, 30 at a time. Remember these five points:

Hand position: Two hands centered on the chest

Body position: Shoulders directly over hands; elbows locked

Compression depth: At least 2 inches

Rate of compressions: 100 to 120 per minute

Allow chest to return to normal position after each compression



6
Give 2 breaths

Open the airway to a past-neutral position using the head-tilt/chin-lift technique

Pinch the nose shut, take a normal breath, and make complete seal over the person's mouth with your mouth.

Ensure each breath lasts about 1 second and makes the chest rise; allow air to exit before giving the next breath

Note: If the 1st breath does not cause the chest to rise, retilt the head and ensure a proper seal before giving the 2nd breath. If the 2nd breath does not make the chest rise, an object may be blocking the airway

7
Continue giving sets of 30 chest compressions and 2 breaths. Use an AED as soon as one is available! Minimize interruptions to chest compressions to less than 10 seconds.

Seizure

You can't stop someone from seizing—and you could get yourself injured if you try. But you can help her stay safe by getting her to the floor and surrounding her with pillows or other padding.

The force of a seizure can be tremendous, so it's important to protect their head.

Once the seizure has ended, flip the person onto her side. "This is called the recovery position," Singletary says.

After a seizure, a person's tongue can get limp and fall back into her airway if she's lying on her back. Turning her on her side helps her to breathe better.

Giving CPR: For the general public or bystanders who witness an adult suddenly collapse: compression-only CPR, or Hands-Only CPR. Hands-Only CPR is CPR without mouth-to-mouth breaths. It is recommended for use by people who see a teen or adult suddenly collapse in an out-of-hospital setting (such as at home, at work, or in a park):

Hands-Only CPR consists of two easy steps:

- 1) Call 9-1-1 (or send someone to do that)
- 2) Push hard and fast in the center of the chest

2 STEPS TO SAVE A LIFE



The basic principles of emergency medical care are essential for providing effective and timely assistance to individuals in critical situations. Here are some key principles:

Preserve Life: The primary goal is to save lives by providing immediate care to prevent the condition from worsening.

Prevent Further Injury: Take steps to avoid causing additional harm to the patient. This includes stabilizing injuries and ensuring a safe environment.

Promote Recovery: Provide care that supports the patient's recovery process, such as administering appropriate first aid and ensuring they receive professional medical attention as soon as possible.

As previously discussed, and with a twist, a common approach used in emergency medical care is the ABCDE method¹:

Airway: Ensure the patient's airway is clear.

Breathing: Check if the patient is breathing and provide rescue breaths if necessary.

Circulation: Assess the patient's circulation and perform chest compressions if needed.

Disability: Evaluate the patient's level of consciousness and neurological status.

Exposure: Check for any other injuries or conditions that need attention.

These principles help guide first responders and healthcare providers in delivering effective emergency care.