



Booking Dives – Guide for Members

To book a dive you must be a member or guest of Bexley Sub-Aqua Club. Please contact the Dive Manager (DM) directly regarding details, cost and latest availability. Make sure you are suitably qualified and experienced for your diving. If you are not suitably qualified or experienced for the dive, you still may be able to join the dive for the shallower second dive - contact trip DM for further details. If you wish to dive on a given dive that is currently FULL, you can register yourself as a reserve. Contact the trip DM to register your interest. All dives require deposits to secure a place.

It is common courtesy to check-in with the trip DM on the evening prior to travel. Never assume a dive is on, always check to avoid disappointment. All dives should be conducted as safely as possible and individuals should adhere to the [BSAC safe diving guide](#).

Rib Diving: £20 for one dive; £25 for a dip on the way back and £30 for two dives for members (add extra £5 for guests). In busy periods a £10 deposit will be needed to secure your place. Dry Cox goes free but only if prearranged with DM prior to dive trip.

Due to the limitations of space on board the club RIB, please note that large twinsets are usually not allowed. Seek permission from the trip DM prior to travel.

Hard Boat Charters: A deposit of £20 to secure your place and full payment to be paid 4 weeks before dive to the DM. If you book, you pay! If you can't make it with 4 weeks to go it's your responsibility to find a replacement, there will be no refunds.

Looking to advertise a dive?

Members who wish to advertise a dive for the Club must first inform the [Diving Officer](#) who must be given all the details.

Email: thedo@bexleysubaqua.co.uk

You can then notify members using the WhatsApp group or contact the [Club Secretary](#) to send out a formal notice to members and put on the website.

The Dive Manager must also complete and return a Dive Log Sheet to the [Diving Officer](#) at the earliest opportunity after the diving has taken place. The Diving Officer can provide you with Dive Log Sheets* along with guidance on how to organise your dive and suitable buddy pairings.

*Dive Log Sheets and Incident Procedure can be found on the next two pages.

INCIDENT PROCEDURE



- TAKE CONTROL
- ASSESS THE SITUATION
- DELEGATE ACTION
- CONTACT THE EMERGENCY SERVICES

Tell them: Who you are - Type of emergency – Location

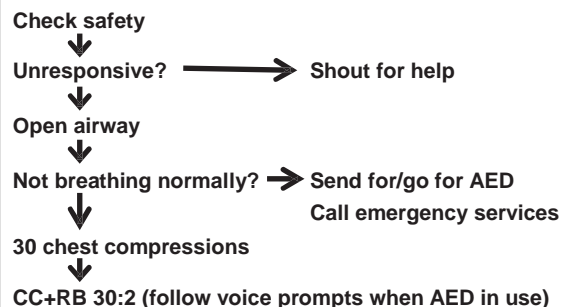
EMERGENCY SERVICES - UNITED KINGDOM

At sea	All incidents: Coastguard Lives in immediate danger: Decompression illness:	VHF DSC (or Channel 16) Mayday (distress button) Pan Pan
On land	Decompression illness: BHA / RN Diver Helplines England, Wales, Northern Ireland: Scotland: Near drowning: Lost diver:	07831 151523 0845 408 6008 Ambulance 999 or 112 Coastguard/Police 999 or 112

Decompression illness

Keep the casualty quiet
Lie casualty flat on back
Do NOT raise legs
Administer 100% oxygen
Administer fluids

Basic life support



DIVE DETAILS Casualty name:

Ascent	Normal Y/N	Rapid Y/N	Missed stops	mins
Use separate sheet for buddy		Incident dive	Previous dives (most recent first)	
Gas mix (if rebreather write RB and give diluent mix)				
Surface interval (since previous dive)				
Depth (m) & Dive time (surface to surface, or 1st stop if taken)				
Stop 1 (mins @ m) & deco mix				
Stop 2 (mins @ m) & deco mix				
Stop 3 details (Record dives with >3 stops on a separate piece of paper)				
Surfacing time (and date if needed)				

CASUALTY ASSESSMENT



Date:

Casualty name:

Age: yrs Male/female:

Onset of symptoms: Time:

Description:

Time	Record observations every 15 mins and when casualty's condition changes						
Highest level of response	Alert, Voice, Pain Unresponsive						
BLS	Note times started and stopped						
AED	Note times applied and Note if shocks given						
Orientation	Day	<input checked="" type="checkbox"/> normal <input checked="" type="checkbox"/> abnormal					
	Place	<input checked="" type="checkbox"/> normal <input checked="" type="checkbox"/> abnormal					
	Person	<input checked="" type="checkbox"/> normal <input checked="" type="checkbox"/> abnormal					
Personality change		<input checked="" type="checkbox"/> absent <input checked="" type="checkbox"/> present					
Chest pains		<input checked="" type="checkbox"/> absent <input checked="" type="checkbox"/> present					
Respiratory rate	(breaths/minute)						
Pulse rate	(beats/minute)						
Vision	Normal, Tunnel, Blurred, Double						
Head & neck	Tingling/numbness	Left/Right/Both					
	<input checked="" type="checkbox"/> normal	Facial weakness	Left/Right/Both				
Upper limb	Tingling/numbness	Left/Right/Both					
	<input checked="" type="checkbox"/> normal	Weakness	Left/Right/Both				
Trunk	Tingling/numbness	Left/Right/Both					
	<input checked="" type="checkbox"/> normal	Weakness	Left/Right/Both				
Lower limb	Tingling/numbness	Left/Right/Both					
	<input checked="" type="checkbox"/> normal	Weakness	Left/Right/Both				
Eye/hand coordination	<input checked="" type="checkbox"/> normal <input checked="" type="checkbox"/> abnormal						
Oxygen therapy	Note time started & stopped. Note O2 %						
Fluid administered	Note time and Amount (mls)						

Assessor name:

Contact name:

Tel:

Vessel call sign: