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PSD Standards: A Beginning
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SO Adds Technology Assetts

Medical Conditions, Medications and Diving
Divers Alert Network

RECALLS / MISSION REPORT and MORE!

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Greetings!

For a very long time now I have talked about PSD standards. During that time I have attempted to form a group that would work towards building a PSD standard that would be fitting, relative and adaptable to all teams.

This is not nearly as easy as one might think. It takes a lot of work and time. It also requires some thick skin. Not everyone is interested in a national standard for PSDs and during my quest, I have been cussed at, ridiculed, threatened and left wanting on more than one occasion. Recently, as some of you know, I opened the old Yahoo Group for PSD Standards to anyone wanting to participate. The previous group had been required to submit an application and resume prior to joining the group. That group made little headway but did confirm that I had found a direction.

When the group was opened up I found that the same conversations and questions were brought up. Solutions were not easy to achieve because of the time and work requirements and now, that new group is barely hanging on and is no longer working.

There is a pattern that emerges when we get a group together. An idea is discussed and one or two in the group will latch onto it. No matter how large or small the group is, there will be one or two individuals who will have a particular passion for a task and will take the lead. The problem is that the rest of the group is either reluctant to get involved or do not have or want to afford the time necessary to do that set of work. They are quite happy waiting for results that they can then analyze and critique. I am not being critical; I am just identifying a dynamic within a group.

So what happens is those very few who are willing to take on the work get overloaded, criticized, or belittled until the effort is no longer worth their time. That is what has happened with every group I have participated with.

The good thing about this is that I believe we have managed to make some minor progress. More of us are coming together in understanding and desire for direction and leadership. We are not looking for someone to hold our hands and lead us, rather to set a single path for all of us to travel.

Over the years, Incident Command has become the path for emergency services and it is accepted as a standard practice. Some paths have been created for us and while they converge at times, they are not complete or clearly applicable all the time.

Earlier this year it occurred to me that one of the most basic issues concerning our PSDive Teams had been overlooked. We have argued around the subject for many years on a variety of discussion groups but never formed any conclusions or resolutions that I remember.

When we consider what we want in PSD Standards, we have to identify who we are and what we do. It is not a matter of agency training, OSHA requirements or exemptions or a particular ideology. It is however, a matter of where we start.
I do not expect everyone to agree with me on this nor do I expect this to be accepted as a standard by everyone. It is not intended to be that. What I am proposing is a start that considers the job we do, the difficulties and inherent dangers we face and a simplistic concept to start the route towards a PSD Standard.

We can all agree that we are not recreational divers. We bemoan and brag about that all the time on recreational discussion groups and when we are together. We also agree with no reservation that we are NOT commercial divers. We do not fall under the scientific diving community either. That leaves us right where we are now - still arguing about exemptions, line signals, who does what, who is right or wrong and with no path of our own.

I propose that we are NOT recreational divers, commercial divers or scientific divers and are – Pick a name – Emergency Response Divers, Water Response Divers, Public Safety Divers, Underwater Investigators, Professional Divers, etc. I have written in the past that I think the term Public Safety Diver is inaccurate but over the years we have adopted that terminology. So unless or until a group decides differently, that is the terminology I will use.

As Public Safety Divers we function under a municipal or law enforcement umbrella. We must. Those teams who are independent must be working for a local law enforcement agency or municipality and cannot do the type of work or recovery diving that a Public Safety Dive team performs on their own. We can agree on that.

The problems we face without standards are many fold. But if we actually look at the issue and remove the egos and self protection shields that have been installed, we can identify a very basic problem that affects us all.

That problem is the lack of entry level qualifications to be a Public Safety Diver. We can all agree that all scuba begins with basic open water scuba training. That is our mutual foundation and that foundation is based on recreational diving. As such, we take on new team members and require them to be scuba certified. What we do not seem to do is recognize – at this level – the disparity in skills, experience and quality of training those new team members may have. We need divers so we welcome new scuba divers into our ranks and then teach them what they need to know.

This works out most of the time but I am not sure it works out in a way that is actually beneficial to the team or the diver. A new candidate to your team may have just completed an Open Water training class or may have a certification that is 15 years old. They may have an advanced certification and “been a diver” for 20 years or more. But does this mean they are experienced divers? Does it mean that they have skills that will afford them the ability to stave off panic in zero visibility or perform self rescue if they get into trouble? How can we measure that? Better yet, why do we NOT measure that?

It is this entry level step into Public Safety Diving that is missing. We have no standard that offers a path to become a Public Safety Diver yet it is not outside the norm for a team to take on an Open Water certified diver,
give them a team t-shirt and make them one. In that instant, that new diver became a Public Safety Diver.

There must be a qualification – a prerequisite skills requirement that sets the tone and measures the scuba skills and abilities of those new Public Safety Divers. It is not enough to need warm bodies and take on who ever is willing to join. We must be more responsible than that.

So, even if you do not agree with the argument, you have to agree that we share the same beginnings of training and that is Open Water Certification. If we share this most basic foundation of training, we can build a qualification program based on the skill sets learned in Open Water training.

Since what I am going to propose is relatively dramatic it is necessary to somewhat justify the reasoning. As a Scuba Instructor and PSD Instructor, I see a wide variety of divers in the water. We have discussed the attributes of various training agencies over the years but always conclude that it is the instructor that makes the difference, not the ABC. Unfortunately, not all instructors are as good as they could or might be. New divers have no comparison and no way of knowing the difference between a good, mediocre or bad instructor. But those on a Public Safety Dive team do. They immediately see the quality of instruction the divers had the first time they get into the water because THEY have a comparison.

Lately I have been noticing a lack of GOOD fundamental skills. Most of the new divers I see have decent skills - enough to pass a basic OW class but very few have really good or exceptional basic skills. To do our style of diving, basic skills are a necessity and must be very good if not exceptional. We can agree that recreational scuba training is not what it used to be. Some say the training has been “dumbed down”. I believe it has been streamlined to the point where OW Certification is intended to be only the entry point to the hobby. Those who enjoy it will continue to dive and will take more classes or learn from experience.

When I took my first OW class in the 70's, the final pool day was a haze night where there were no holds bared. It was scary, intense and a lot of fun. Instructors and DMs would strip your equipment or disassemble it underwater and we had to retrieve it and get it back while they pulled our masks off or turned our air off. At the end of the night WE knew we could handle most anything we would encounter. We cannot and do not teach like that anymore.

But when we look at the job of a Public Safety Diver, the skills needed to survive can be intense. If we consider
the level of training we received in the past and apply those older concepts to PSDivers, we are not pushing those divers to be better; we are simply showing them other skills to perform while diving. I think that is where some of the disconnect is happening with recognizing the necessity for good or extraordinary basic skills.

PSDivers should be GOOD divers, if not extraordinary. But we have nothing in place to bring them those skills. AOW is not the answer either. Most every instructor I talk to who is not near a clear, deep lake has a problem selling recreational AOW classes (we cannot meet the deep water requirement) and as a consequence, either has to make an expensive pilgrimage to a deep water site or depend on the customer to go somewhere else on vacation etc and get AOW certified. We cannot certify AOW and have to wait until our customers get AOW certified before we can teach them any specialty that requires AOW as a prerequisite.

That means for our PSD teams, there is an extreme lack of certified or recognized advanced training within the teams that focuses on basic skills. For example, in my area, our training lake is 20' deep. I have one spot in the river that is 54' deep but lose visibility at 5'. I have a sandpit that has three holes that are 68, 76 and 84' deep. But they are 4-8' diameter HOLES that start at the 20' bottom and zero out as soon as you exhaust air. I am not crazy about using these holes for training. Our nearest deep water is hours away and we do not have a training budget that will cover our travel time, the overtime necessary to cover our positions or even the means to take our whole team to such a distant site. That means NONE of the PSD teams in this region worry about Advanced Open Water certifications or training other than in-house or specific specialty programs they qualify for.

Since we have a potential to say that there are more regions than just mine that have this issue (I know it extends through most of the Gulf of Mexico Coastal regions and is one of the concerns I hear about most in Texas), I think we need to revisit basic skills.
Basic skills in scuba represent survival skills for PSD or water response teams. Those who perform dives as a main function of their team use them and those who perform top water rescue as their main function use them. Not every team is tasked the same, funded the same or even qualified the same. We cannot accept a definitive statement that would encompass Top Water Rescue for example. Consider a Beach Guard. They fall within our ranks but are tasked with daily duties that require them to be fit, able and capable of swimming without aids and performing rescue in adverse conditions. A PSD team may be tasked with Top Water Rescue as part of their duties but it borders on the ridiculous that we would assume our divers will have the same skill sets of physical conditions that a Beach Guard may have.

With that in mind, I would not consider sending out ANY of my dive team members on a top water rescue unless they were wearing mask, fins and a snorkel. I would like for them to have a PFD but depending on the response, it might be impracticable. If they make a rescue, it is hopeful the victim will be wearing a PFD or will have one brought out to them. If that is the case, then they should be able to use mask, fin and snorkel with above average skill.

Considering they are a response team and top water implies rescue, the conditions may be adverse. If THEY become a victim, I also want to know they have the comfort and survival skills in the water to stay afloat and alive until they can self rescue or we can go get them. That is a basic tread water skill.

I think ANY dive team member on a PSD team should be able to swim well enough without aids to maintain positive forward motion and be comfortable in the water. That means they have the ability and fitness level to swim a distance and to tread water for a length of time greater than an Open Water student. They should have the ability to perform a swimming rescue with aids and know the fundamentals and potential hazards of top water rescue.

To do this in regards to a Public Safety Diving Standard, I think it is necessary to set a realistic goal. I am going to call this Mastery. If we are going to use Open Water scuba as our foundation, then we will use those skills but define our mastery goals. For the time being, I am only going to introduce those initial skills learned that pertained to snorkeling; that being, swimming, treading water, the ability to use Mask, Fins, and a Snorkel.

These skill sets are the building blocks for scuba diving and apply directly to what we do in and on the water. It is my hope to see this concept develop into a standard mastery skills program that will bridge the gap between our Open Water Divers and PSD Teams.
PSDiver Recreational Scuba to PSD Bridge Specialty (Part 1)

TOP WATER MASTERY SKILLS
To be performed continuously until complete.

______ - 800 yard Mask, Fins and Snorkel swim.  
Completed in under 17 minutes

______ - 300 yard inert Victim Tow (Life Jacket) using 
Mask, Fins and Snorkel. Victim should be face 
up and able to breath at all times. Completed in 
under 12 minutes

______ - 500 yard continuous forward stroke swim – 
no swim aids. Completed in under 16 minutes

______ - 45 minute survival tread. Participant will 
maintain their head above water at all times.

______ - On a single breath of air, in 8’ – 15’ of 
clear water using Mask, Fins, Snorkel and at least 
a 5 lb weight belt, the participant will tred water, 
release and hold the weight belt out to the side 
with arm extended. When participant is at roughly 
a 45 degree angle, they will drop their weight belt. 
The participant will free dive to the bottom, 
recover and don the weight belt, fully flood their 
mask, clear it (twice is preferred) and ascend and at the surface the participant will clear their 
snorkel without lifting their head out of the water.

______ - On a single breath of air, in 10’ – 15’ of clear 
water using Mask, Fins, Snorkel and at least a 5 lb 
weight belt, the participant will submerge at least 
5’ and clear a fully flooded mask no less than 4 
times (5 is preferable) and ascend. At the surface 
the participant will clear their snorkel without lifting 
their head out of the water.

None of the above is intended to be a pass / fail. It is 
intended to set a mark of achievement that can measure 
mastery of those particular skills. If the individual cannot, 
then the team will have to decide if that member is 
“response ready” for an operation. Those individuals 
entering into or maintaining skills should be able to 
demonstrate this minimal level of basic skills mastery as both an entry level and annually 
evaluation. ****

This is the proposal. We have tested it and found that it 
surprises some of those who have participated. The skills 
are not difficult nor are they particularly taxing – but only 
if you have good skills. Those who had extraordinarily 
good swim skills did not always have good fin skills. We also discovered that participants could not clear a mask 
on a single breath in some instances, much less the four 
we asked them to attempt. With some coaching, most 
were able to clear it two or three times. Most of those 
who thought they had good mask clearing skills were 
surprised at how poor their technique was when asked to 
clear 4 times. It was a surprise to me that some of the 
more advanced teams had very poor rescue skills and had 
never been taught a simple rescue tow. For some, the 
weight belt release skill was the FIRST time they had ever 
actually released their weight belt!

I have been asked why clear the mask 4 times. Why do 
these particular skills?
When performing the skills that require a breath hold, the participant is forced to maintain their composure, think and move with practiced effort. This means they are becoming oxygen starved towards the end and absolutely must control the need to breathe. Either they have mastered the skill or are discovering that their skills are not as good as they thought. These skills offer the opportunity to practice and learn how to control that initial onset of panic that occurs when you are underwater and need to breathe. It is that which we are most concerned with.

By adding elements to the breath hold tasks we are forcing the participant to be better and at the very least, these basic skills challenges offer the participant the opportunity to KNOW where their skills and techniques are as well as their level of physical fitness. If and when an extreme situation arises, individuals should KNOW they can perform a rescue or KNOW they are not physically capable. Fatalities within our ranks that can be attributed to poor skills or poor judgment are not acceptable. I would encourage you to take these simple skill sets and attempt them. It does not take as long as you might think and for most, it is an eye opener.

We have to start somewhere if we are going to develop a PSD standard. I propose we start at the beginning and define those skills that are basic to all of us.

Mark Phillips
Editor / Publisher
PSDiver Monthly

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**SPECIAL to PSDiver Monthly**

**Ottawa County Sheriff’s Dive Team Adds VideoRay Pro 4 ROV to Underwater Technology Assets**

The Ottawa County Sheriff's Office Dive Team, based in West Olive, Michigan, USA, is responsible for water related incidents within Ottawa County such as drowning, near drowning, evidence, and stolen property recoveries. The divers are trained to dive in poor conditions such as zero visibility, under the ice, in river currents, and night dives.

The divers are equipped with dry suits and full-face AGA masks, as well as wireless diver-to-surface communication in order to keep the divers as safe as possible. To further aid in the location of items underwater, the dive team utilizes side scan sonar, an

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If you would like to discuss this topic or any other, join our discussion group at: [CLICK HERE TO JOIN](#)
underwater camera, an underwater metal detector, and now the latest ROV technology from VideoRay.

With the addition of a VideoRay Pro 4 PS ROV System (a system specifically configured for underwater Port Security and Law Enforcement applications), the Sheriff Divers will have an added safety and security measure, not to mention the ability to quickly deploy for inspection (or even recovery) in emergency situations.

The Ottawa County Sheriff’s VideoRay ROV Configuration was delivered with the Pro 4 Submersible (depth rated to 1,000 ft (305 m) and weighing around 13 lbs without accessories), Pro 4 Control Panel which integrates all of the accessory software, ROV software and controls, viewing monitors, and hand controller into one lightweight Pelican 1550 hard case, a Manipulator Arm for evidence (and sometimes victim) retrieval, an integrated 15” Daylight Viewable Video Monitor, and 630 ft total (190 m) of segmented plug and play tether (as opposed to one continuous length - segmented tether is preferred in the event that something happens to one segment, you can simply replace it with another in the field without having to scrap your mission).

Because the visibility in the lakes of Ottawa County can be quite poor, the ROV system was enhanced with navigation and location aids including a "P900-90 MultiBeam Imaging Sonar, the Smart Tether Non-Acoustic ROV Positioning System, and a LYYN Real Time Video Enhancement feature.

To ensure Ottawa County’s ROV Pilots success in all underwater environments and conditions, the system was delivered with five days of training administered by Dave Phillips, a Certified VideoRay Trainer and Undersheriff from St. Louis County, Minnesota, who has been using VideoRay ROVs in the same manner as Ottawa County will for the last 8 years. Phillips, along with the St. Louis County Rescue Squad, has located and recovered several under ice drowning victims using just the VideoRay ROV.

According to Phillips, "Public safety dive teams nationwide and worldwide are utilizing technologies and ROVs more and more for underwater search, rescue, and recovery operations. The VideoRay Pro 4 ROV offers a robust platform that can carry sonar, positioning tether, and other accessories. This complements dive team operations by reducing diver bottom-time and fatigue, while giving dive team leaders "eyes on" for underwater operations.

The Ottawa County Dive team will be utilizing this equipment as part of dive and side scan sonar operations as a tool to help resolve underwater quickly and safely".
Medical Conditions, Medications and Diving
DIVERS ALERT NETWORK

For recreational divers, deciding not to dive when they are feeling unwell can be frustrating or a vacation’s ruin, but for public safety divers there is a lot more on the line—lives may depend on it. The first mandate in emergency care is that the rescuer ensure his own safety, but as a dive rescuer, it can be hard to see the line that separates protecting yourself and taking care of those in need. If you have a medical condition that requires medication, make sure you are not putting yourself or your team members at risk when you dive.

Medical conditions typically present greater risk than the medications used to treat them. The primary concern is whether a diver's medical condition might inhibit the diver from meeting the physical demands of a diving environment. A careful assessment of the medication and its side effects is important in determining whether it is safe to dive. Divers must be alert and focused as well as mentally and physically capable of caring for both themselves and others. Public safety divers often face added environmental challenges such as swift, cold waters and low visibility conditions. Discuss any proposed medications with the prescribing physician so he can apprise you of any concerns that may exist if you choose to dive while taking the medication. Ideally, the doctor should be one familiar with dive medicine and risks associated with diving. It is important to take medications for at least 30 days prior to diving to minimize the risk of unanticipated side effects that could be dangerous in an underwater environment.

Cardiovascular Concerns and Medications
Cardiovascular health is the single most important aspect of medical fitness to dive. Cardiovascular diseases are prevalent and among the most common causes of fatal diving accidents. The three major areas of concern for a diver with cardiovascular disease are whether they have underlying cardiovascular diseases (such as...
hypertension), exercise capacity and potential side effects of medications.

Beta blockers are a class of medication commonly used to treat hypertension. Their mechanism of action is to slow the heart rate, and so they may limit exercise tolerance in some people. For most recreational divers this is generally not a significant concern. However, the potential physical stress encountered by public safety divers may warrant either a fitness evaluation while on the beta blockers to ensure adequate exercise tolerance or a switch in medication.

Angiotensin-converting enzyme (ACE) inhibitors are used to treat high blood pressure and have less of an effect on exercise, but some people may experience coughing and airway swelling (a side effect that typically takes about two to three weeks to develop, reinforcing the importance of testing medication for 30 days prior to diving). It is important to determine whether the diver experiences any airway-related side effects prior to approval for diving. Diuretics, which are also used to lower blood pressure, are generally considered safe, but they may present an increased risk of dehydration. Divers taking diuretics should discuss safety measures with their physicians when diving in hot weather. Calcium channel blockers are another class of blood pressure medication. While they do not appear to have adverse reactions in the context of diving, in some cases, when a person changes position it can cause momentary dizziness, a symptom that may be unsafe in the diving environment.

Anticoagulants including Coumadin® present a concern for excessive bleeding in the event of barotrauma, a wound or severe case of DCS.

If your doctor has recommended that you take an aspirin daily for management of heart conditions, you should seek a dive physical for clearance to dive. Do not dive if you are experiencing chest pains.

**Ears, Nose and Throat: Decongestants and Antihistamines**

A congested diver is at greater risk for injury, particularly ear barotrauma. The middle ear is an air-containing cavity that must maintain equal pressure on either side of the tympanic membrane (ear drum) to avoid injury.
During descent, increased external pressure causes the diver’s ear drums to bow inward, creating negative pressure in the middle ear. Divers must use equalization techniques to equalize the air pressure. A congested diver may have difficulty accomplishing this task, because mucus can block the Eustachian tubes and inhibit the diver’s ability to equalize.

If a diver is unable to equalize, it may result in middle ear barotrauma; this can be painful and may predispose a diver to an ear infection. In severe cases, a diver’s eardrum may perforate or rupture. Some divers choose to treat their congestion symptoms with over-the-counter decongestants. The primary concerns in the context of diving are whether symptoms will be adequately controlled and how an individual might react to the medication. If a diver chooses to use a decongestant while diving, he should try the medication on land several times to determine if he experiences any side effects, such as dizziness, rapid heartbeat or decreased mental awareness, which could present a hazardous situation if they occurred during a dive. In addition to risks from side effects, if the decongestants wear off at depth, the diver may experience a reverse block on ascent, resulting in barotrauma. In general, if a diver is experiencing cold or allergy symptoms or even just mild congestion, it’s advisable to avoid diving until symptoms clear up to prevent injury. If an ear injury occurs, discontinue diving and see a doctor. Do not resume diving until all symptoms have been resolved.

Some divers choose to dive with antihistamines to counteract allergy symptoms. During an allergic reaction, mast cells release histamines, which trigger allergy symptoms such as a runny nose, sneezing, skin irritation, watery eyes and congestion. As with decongestants, if a diver experiences any symptoms that decrease awareness or cause slowed thinking or drowsiness, avoid diving until symptoms resolve.

If a diver requires long term use of decongestants or antihistamines, he should be evaluated to determine whether there is an underlying condition and to develop a symptom management plan.

Orthopedic Conditions and Considerations
There are several factors to consider with orthopedic conditions such as joint pain,
arthritis and strained back injuries. First, it must be determined whether pain or impaired mobility as a result of the injury could distract the diver or limit physical activity, mobility and agility.

Another consideration is whether carrying heavy equipment or performing a rescue could exacerbate an existing orthopedic condition. If the diver experiences soreness, numbness or tingling after a dive as a result of the injury, it could be confused with decompression sickness. Finally, if the diver requires prescription-strength pain relievers, serious consideration must be given to diving while under the influence due to potential side effects.

**Psychiatric Illness and Medical Fitness**
There are several factors to consider when evaluating psychiatric illness and medical fitness to dive; these relate both to the condition and the prescribed medication. Medical fitness for diving must be considered on a case-by-case basis. Factors should include the diver's medical history, type and dosage of the medication, the individual's response to treatment and motivation for diving. A diver should be able to handle stress and control his behavior; he should not have impaired judgment or awareness, and should not pose a risk to the safety of himself or others. Some disqualifying factors include predisposition to panic, psychosis, suicidal ideation and substance abuse.

Divers living with depression must take an honest assessment of their mental state to consider the severity and stability of their condition and should adhere to their physician’s advice. If a diver experiences suicidal thoughts, an inability to concentrate or decreased mental awareness, he should not dive.

Selective serotonin reuptake inhibitors (SSRI’s) are commonly prescribed to control symptoms of depression. Side effects of SSRI’s can include drowsiness or increased bleeding in the event of severe DCS or barotrauma. If a diver is living with anxiety that is distracting or disabling, it is not recommended he continue diving; if an anxiety attack occurred underwater, it could present a dangerous situation. If a diver is taking medication to control anxiety, an evaluation is recommended.

**The Bottom Line**
Doctors trained in diving medicine generally recommend a diver take a medication for at least 30 days before considering diving with it. This is done for three reasons: to ensure the dose is correct, to make sure symptoms are adequately controlled and to determine if side effects occur. As a public safety diver, it is up to you to notify your team leader you are taking a new medication and to ensure you take the proper safety precautions.

The recommended waiting period also helps to avoid possible confusion of side effects with other medical
conditions such as DCS. Some medications may have side effects that could be confused with DCS, such as numbness or tingling, joint pain, headaches, dizziness or nausea. In addition, it is important to understand that very few medications have been adequately studied under hyperbaric conditions. If you intend to dive while using prescription medications, discuss it with your physician, preferably one familiar with diving medicine. Diving on medication should be conducted conservatively, particularly when new to the treatment.

If you have any questions or would like a physician referral, call the DAN Medical Information Line at +1-919-684-2948 or contact DAN via email.

Ultimately, it is up to you and your doctor to make an informed decision whether to dive while using a medication. It is extremely important that you are honest with yourself about how you are feeling and that you make informed decisions about your diving to ensure your safety and the safety of your team.

Divers Alert Network (DAN) is a nonprofit organization dedicated to the safety and health of recreational scuba divers. DAN operates a 24-hour emergency hotline (+1-919-684-9111) to help divers in need of medical emergency assistance for diving or non-diving incidents.

Visit DAN at http://www.diversalertnetwork.org

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**NEWS**

**Marshals Defend Port**

http://www.dailybreeze.com/latestnews/ci_18162010

05/31/2011 By Art Marroquin Staff Writer

Three miles out of the Port of Los Angeles, Sgt. David Clements climbs a slippery rope ladder to board a cruise ship and quickly navigates his way through a maze of corridors. After sweeping through the engine room to search for explosives, Clements heads inside the secured bridge and helps escort the passenger vessel through the port’s Main Channel to dock.

"We're hyper vigilant up here, looking for anything and everything that could be dangerous," Clements said during a recent inspection aboard the Golden Princess cruise ship. "This is a great vantage point to keep our eyes on targets of interest," he said. "We just want to maintain a controlled environment at all times."

Clements, whose youthful looks belie his nine years of law enforcement experience, heads up the sea marshals, a team composed of six Port of Los Angeles police officers charged with ensuring the security of passengers, crew members and cargo moving through the harbor. While the U.S.
Coast Guard has its own sea marshals, it is believed that the Port of Los Angeles was the first local law enforcement agency to launch a version of the program in the wake of the Sept. 11, 2001, terrorist attacks.

"If a major terrorist event occurs at the port, then it’s critical to have people who know how to work their way around a ship," said John Holmes, deputy executive director of the Port of Los Angeles.

Holmes was nearing the end of his 27-year career with the Coast Guard when he helped develop the sea marshal program as a way to deal with perceived vulnerabilities aboard vessels headed toward Los Angeles Harbor. The duties of the port’s sea marshals are similar to those of federal air marshals, who travel aboard passenger planes across the country as a way to guarantee safe passage.

From the bridge, Clements and other members of the sea marshals make sure no one hijacks the ships and uses them as weapons, like the al-Qaida terrorists who forced their way into the cockpits of jetliners on 9-11 and then crashed into the World Trade Center, the Pentagon and a field in Shanksville, Pa. "I figured if the federal government has people to keep planes safe, why couldn't we do that with ships?" Holmes said. "Anything that survives nine or 10 years after all the different programs we implemented after 9-11 is a measure of success in itself."

To stay sharp, the sea marshals regularly run drills on the SS Lane Victory, which ferried supplies and military personnel during World War II. The ship, now docked at the port, serves as a training tool for officers learning new maneuvers or reacquainting themselves with mandatory procedures.

While there are six core members of the sea marshals, an additional eight to 10 port police officers are trained to join the team for searches or large-scale disasters. Officer Rudy Meza, a 28-year veteran of the port’s Police Department, said he was hesitant about joining the sea marshals program when it began nearly a decade ago - but not because he was concerned about the level of work. "I don't usually like to meet..."
new people and this job required us to go on ships, get to know the crews and talk to passengers," Meza said. "But now I really enjoy that aspect of it. It's been a very pleasant surprise."

Clements and his team recently boarded the Golden Princess before it shipped off for a weeklong cruise to Hawaii. The officers usually enter through the luggage hold, but this time the team opted to board the ship from the gangway. The sea marshals greeted passengers and crew members as they headed down several flights of stairs to the cavernous engine room. After a cursory check for signs of suspicious activity, Clements made sure the ship's rotors weren't turning so that port police divers can safely examine the berthed vessel from below the water's surface.

The team members then headed to the bridge, where they kept close watch and escorted the cruise ship out of the Port of Los Angeles. "Our most precious cargo at the port are our cruise passengers," Holmes said. "Anytime you get on a ship in Los Angeles and these guys come on board, I think it really gives people a sense of security."

Although the sea marshals have not come across any explosives or illegal weapons over the past decade, the officers have inadvertently discovered drugs during their ship searches. The biggest find in recent memory involved two 8-pound balls of heroin and 32 kilograms of cocaine that were stashed on a cargo vessel, Clements said. Other than that, the port does not historically have large numbers of crimes, Clements said.

And that's how he wants to keep it. "A lot of our job involves preventing people from wanting to do any harm at this port by showing a high level of security," Clements said. "When your job involves preventative measures and you don't have a whole lot of problems, then obviously you're doing something right."

**Bus crash kills 26 wedding-goers in India**


MAY 2011 By Wasbir Hussain

A bus carrying a wedding party plunged into a large pond in India's remote northeast, killing at least 26 people, an official has stated. The bus was crossing a wooden bridge over the pond when it gave way and fell more than 4.5 metres into the water below, local magistrate S.K. Roy said.

The accident took place late Monday night near a village called Hajo, about 40km west of Gauhati, the capital of Assam state. Local villagers were the first to arrive on the
scene and they pulled out 26 bodies. Six people were rescued and are at a local hospital.

Local television reported that the bus was carrying 40 to 50 people. By Tuesday morning (local time), police divers had arrived at the accident site to continue the search, said Swapnanil Deka, a senior police official.

Thousands of villagers had gathered at the accident site.

The 26 bodies, shrouded in white cloth, had been laid out by the side of the pond, local television showed.

**Police say New Milford man drove car into river -- then swam across it -- trying to evade pursuit**


June 2, 2011 Nanci G. Hutson, Staff Writer

NEW MILFORD -- A 38-year-old local man took an unusual and difficult route in trying to evade police -- across the Housatonic River without a bridge, police said. The episode began about 8 p.m. Tuesday, police said, when they attempted to pull over Robert Schwarz, of Buckingham Lane, after he failed to stop for a red light at the intersection of Main and Bridge streets.

He stopped his car a short distance away on South Main Street, police said, but when an officer there approached, Schwarz fled the scene and sped toward Grove Street with officers in pursuit. Schwarz slowed enough to let a passenger, Irving Surles of New Milford, out of the Honda Civic, police said, before careening the car into the river at the Addis Park boat ramp on Grove Street.

Police said Schwarz got out of the car and continued to try to elude them by swimming across the 150-foot-wide river. After reaching the west bank of the Housatonic, Schwarz attempted to hide in the woods behind some railroad cars south of the Kimberly-Clark Corp. mill on Pickett District Road, police said. When officers found him, he started a foot chase, police said, and they caught up with him behind an industrial building where they used a Taser to subdue him.

Schwarz, who was treated at New Milford Hospital, faced a bevy of charges. Police charged him with driving while intoxicated, second-degree reckless endangerment, reckless driving, failure to obey a control signal, interfering with an officer, disobeying the signal of an officer, and operating a motor vehicle with a suspended license.
Surles, who was not injured, said he was unaware why Schwarz refused to stop for the police. But he said as Schwarz headed toward the river, he slowed long enough to let him out of the car. "Then he just dumped it," said Surles, who was not charged with any offense.

**Police Resuming Search in NY Serial Killer Probe**


WEST ISLIP, N.Y. June 6, 2011

Police in New York say they will resume a search for bodies in the ongoing investigation into a possible serial killer on Long Island.

State police say recent FBI aerial photography is prompting a return to the area on Tuesday. State police did not specifically say if the photos, taken in April, yielded additional evidence.

Previous searches were conducted along Ocean Parkway. The new search is eastward, along the nearby Robert Moses Causeway, which connects Long Island to the barrier island where remains of 10 people have been found since December.

Police believe a serial killer may be responsible for the deaths of at least four prostitutes whose bodies were found in the area. Authorities suspect additional killers may have also left victims along the remote parkway.
Unseen peril of 'live' pond spells death for boy
http://www.buffalonews.com/city/communities/west-side/article446422.ece
Burundi native, 9, pulled from unsupervised Squaw Island waters
June 7, 2011 By Lou Michel and Gene Warner

All the ingredients were there for a tragedy Sunday:
- The late-afternoon heat that made a swimming hole so tempting.
- A 9-year-old Burundi native -- a nonswimmer -- who wanted to explore the world on his new bicycle.
- And an unsupervised Squaw Island pond with unseen dangers below its calm surface.

Joel Rama fell victim to all those forces.

Four hours after Joel left his West Side neighborhood for a spin on his bike, police divers removed his body from a Squaw Island pond, making him the second young person to drown on that island since last spring.

"It's very sad, just very sad," his 17-year-old sister, Odette Nsaguye, said with tears rolling down her cheek. "He was so good."

The tragedy brought all kinds of advice and warnings from authorities Monday about swimming in "live" bodies of water that give no hint about dangers below, such as swift currents, undertows or frigid water.

But those authorities also sounded frustrated about trying to prevent youngsters from swimming in unpatrolled waters. "I'm not sure what more can be done," said Buffalo Common Council Member Joseph Golombek Jr. of the North District. "The city can't police every pool, every [waterway] or every dangerous spot in the city." Then Golombek referred to the two ponds on Squaw Island that have claimed two lives in just more than a year. On May 31 of last year, Diquan J. Warren, 16, of the Shaffer Village public housing project, died after being pulled from a larger pond on Squaw Island.

"If there are 'No Swimming' signs in place, people ignore them," he said. "There is a fence that separates part of the pond from the bike path, and it's been cut open so
they can get to the water easier. If kids want to get to places that are off-limits, they can get there."

Such a pond proved too tempting for Joel on the relatively hot day, leading to the tragedy for a family that had escaped a much more dangerous world. Four years ago, he, his parents and five siblings had arrived in Buffalo after leaving behind war in their native African country of Burundi.

The future seemed bright for a young boy who had received a new bicycle as a gift two weeks earlier.

At 3 p.m. Sunday, Joel hopped on the bike and rode off with two friends. "We didn't know where he was, and at 4 o'clock we started looking for him, everywhere we know," Odette said. "Then we got a call to come to the hospital at about 8 o'clock."

They went to Women & Children’s Hospital, the teenager said, "so we could see Joel" before his body was transferred to the morgue.

Members of the police Underwater Recovery Team had removed his body from the pond and tried to revive him, but he had been underwater too long.

According to statements from witnesses, Joel had waded into a shallow part of the pond, then suddenly fell into deeper water and began flailing. "Joel did not know how to swim," Odette said. "We don't know why he would go in the water. He never went swimming before."

Police say Joel's two friends mistook his struggles to stay afloat as joking. "His friends thought he was goofing around, but then he went under and never came up," a police official said.

Neither of Joel's two friends had a cell phone to call 911 for help, so there was a delay -- perhaps as long as 45 minutes -- before dispatchers were called at 6:43 p.m.

Wading into such a potentially dangerous pond, in the first place, proved to be the biggest mistake.

"There are signs to remind the children not to go swimming there," said Ron Thaler, who lives near Squaw Island and is a pastoral
associate at Joel's family's West Side church. "It's like a quarry. There's a shallow part, and then it drops off and goes down. The kids have no idea how dangerous it is."

Nancy M. Blaschak, executive director of the local chapter of the American Red Cross, cited the two cardinal rules: Never swim alone, and always understand the water you're jumping into.

That includes all the variables, such as how deep the water is, how cold it is and whether there's any strong current or undertow.

Blaschak contrasted such "live" bodies of water with more consistent and transparent conditions in a backyard or municipal pool. "It's blue, it's clear, it's safe, it's not murky waters, and there are no undertows," she said of such pools. "It's relatively safe, as long as you're a capable swimmer." Ponds, creeks and rivers are different. "When you jump into live water, if you're not familiar with the area, and even if you are, you can be a strong swimmer and still have difficulties," Blaschak added.

The Buffalo area has seen two pairs of similar drownings almost exactly a year apart, all in May or early June. Besides the twin tragedies on Squaw Island, two young men in their late teens or early 20s drowned in the Buffalo River, one on May 13, the other late last May.

Why are May and June so dangerous?

Some authorities have pointed to municipal pools often not opening until July or to the colder water temperatures in late spring. But Scott R. Patronik, special services chief for the Erie County Sheriff's Office, also said that inexperienced swimmers may overestimate their capabilities in the spring. In late summer, swimmers have had a whole season to hone their swimming skills, and the water is much warmer. "They don't have the same abilities in the spring with the cold water that they had at the end of last summer," said Patronik, a diving instructor who oversees the sheriff's Underwater Recovery Team.

Patronik also cited the tendency of the larynx to close off automatically for a brief time when a person is suddenly immersed in cold water. "With a person who's not a strong swimmer, that can often cause them to panic," he said.

After Sunday's tragedy, Joel's
family tried to put on a brave face while sharing details of his brief life. Odette translated for her parents, Francois Burankabuye and Florida Niyonzima, on the front porch of their Auburn Avenue home, a couple of miles from Squaw Island.

Joel, who would have turned 10 in August, attended D’Youville Porter Campus School, and he loved going out with his friends. He was a boy who would gladly carry groceries for an ailing neighbor.

He also was remembered as a youngster who had quickly mastered the English language and had an excellent memory, which earned him a spot among the parish’s Gospel Players, an acting group.

As relatives brought memories of Joel to life, acquaintances arrived dressed in the colorful garments of their native Africa, bringing food and other provisions to help them through the painful days ahead.

Among those arriving to offer comfort was a contingent from nearby Our Lady of Hope Catholic Church. Thaler, the pastoral associate, showed a digital photo of a smiling Joel from two weeks ago, moments after he had been given his new bicycle, part of a church program for immigrants.

Oliver, Joel's 8-year-old brother, gazed at the photograph but was more interested in knowing what had happened to his brother's body.

Sister Susan Bowles, a nun from the Sisters of St. Mary of Namur, wrapped her arms around Oliver and tried to explain to the little boy that his brother was now safe in heaven. "We're the only ones who are sad," she said.

Joel McKenzie killed after joyride in stolen car in Sydney
June 13, 2011 By Rosemarie Lentinin, Neil Keene From: The Daily Telegraph

WHAT allegedly began as a joyride in a stolen car ended in the death of a teenager at the bottom of a Sydney pond early yesterday.

Police divers recovered the body of Grays Point resident Joel McKenzie, 19, after the Toyota Corolla in which he was travelling drove into the pond at Scarborough Park, Kogarah about 3am. His 19-year-old friend was also in the car but escaped unscathed. It is understood police are still trying to determine who was driving the vehicle.

St George police acting Inspector Dave Muddle alleged the car was stolen early yesterday morning. The car's
owner Carlos Barriga, 40, said he was "shocked" when police knocked on his door at 6am with the news. "I heard a car at around two in the morning driving but I was never going to think it was my car or that this would happen in my street," the Monterey resident said. "What stopped me is that a person died, a young person."

Tow truck drivers, who arrived about 7.30am, said it took emergency services about two hours to pull the car from the pond. Friends of Mr McKenzie who visited the park yesterday said he was "the happiest person you could meet", before breaking down in tears. They said Mr McKenzie, a student, and the 19-year-old man were best friends.

Mr McKenzie was the third person to die on NSW's roads this weekend. A 17-year-old girl was killed instantly after a small 4WD crashed into a tree at Balmoral in the southern highlands on Saturday night. And a 37-year-old woman died in a head-on collision involving three cars at Tahmoor, southwest of Sydney, about 10.30pm on Friday.

Meanwhile police are still searching for a 14-year-old Toronto girl who went missing after a 4m runabout capsized in "appalling" conditions on Lake Macquarie about 5pm Saturday. The teenager was with two boys, aged 16 and 17, on their way to camp on an island in the middle of the lake when the stormy swell upturned their vessel. Police said the boys were found, but the girl could not be located despite a search by water police and helicopters that lasted all day yesterday.

Police hold "grave concerns for her welfare, based on the conditions".

**Related Coverage**

- [Joyrider dumps cars in surf](http://www.couriermail.com.au) *Courier Mail*, 2-16-11
Police comb B.C. park after woman’s body found
Jun. 13, 2011 BRENNAN CLARKE VICTORIA— From Tuesday's Globe and Mail

Saanich police investigators have brought in police divers and a team of search-and-rescue volunteers to look for clues in the “suspicious” death of a young woman whose body was found in a densely wooded suburban park on the weekend.

Police sealed off most of Colquitz River Park in Saanich around 3 p.m. on Sunday, shortly after a man and his young son discovered human remains in some heavy brush a short distance from one of the area’s secluded walking trails.

Saanich police Sergeant Dean Jantzen said that officers responded to the scene and “given the manner in which the deceased was found, the death was felt to be suspicious in nature.”

“Supervisors were contacted and we’ve had a significant presence from that point on in the park, which continues today,” Sgt. Jantzen said on Monday. “We’re conducting a more detailed search of the entire area today.”

Based on a preliminary assessment from the B.C. Coroner’s Service, the woman was between 18 and 28 years old. However, police have been unable to confirm her identity or pinpoint the cause of death, he said.

The body has been in the park for “some time,” but Sgt. Jantzen declined to speculate on exactly how long, saying no further details will be released until an autopsy has been completed on Tuesday.

Colquitz River Park, a marshy expanse of winding pathways lined by thickets of willows, wild roses and blackberry brambles, is a popular sleeping spot for homeless people in the region. Wedged between Tillicum Mall and the Trans-Canada Highway, it’s also frequented by high school kids and patrons of the nearby Silver City movie theatre. Popular with families, Colquitz River Park hosted a charity fun run involving hundreds of people on Sunday morning, just hours before the body was discovered.

While police have refused to confirm whether foul play was involved, Monday’s operation had all the earmarks of a murder investigation. The park remained sealed off to the public by yellow police tape as security guards and beat officers kept watch. The Greater Victoria police dive team arrived around noon, and by 2 p.m., police had dispatched at least half a dozen volunteer searchers into the dense woods.
William Holenchuk, who has been living in Colquitz River Park for “about a year,” said there haven’t been any rumours about missing women in the local homeless community. “I walk through there every other day to pick up beer cans at the drinking spots,” he said. “I would have heard about it.”

Sgt. Jantzen said Saanich investigators have been in contact with police in other jurisdictions regarding missing women who may match the description of the woman found in Colquitz River Park.

**Police hunting missing man’s remains search river bank after discovery of leg**

http://www.yorkshirepost.co.uk/news/at-a-glance/main-section/police_hunting_missing_man_s_remains_search_river_bank_after_discovery_of_leg_1_3488466

17 June 2011

POLICE searching for the remains of Grimsby man Adam Vincent have recovered a human leg from a river bank in North Lincolnshire. The leg, which was in a large black refuse bag, was found by a dog walker at the River Ancholme, near Ancolme Leisure Centre outside Brigg town centre, on Wednesday.

Tests are being carried out on the leg and Mr Vincent’s family have been informed of the discovery, although it has not been confirmed as belonging to him. Humberside Police launched a murder inquiry after Mr Vincent’s torso, an arm and a leg were found at Tetney Lock, near Cleethorpes, in March. Prior to Wednesday’s discovery, the 33-year-old’s head, other arm and leg had yet to be found despite large-scale searches by three police forces and specialist search dogs in Yorkshire and Lincolnshire.

Officers had previously searched the River Ancholme area after reported sightings of a van which may have been used to dispose of Mr Vincent’s body parts. Police divers were continuing to search the River Ancholme yesterday while colleagues made fingertip searches of the river bank.

Humberside Police spokesman James Cartwright said: “Police were called just before noon on Wednesday, June 15, 2011, following a report from a member of public who had spotted a large black bin bag which appeared to have a body part inside that had been thrown into the River Ancholme, close to Ancolme Leisure Centre. “Officers
attended the scene and set up a cordon in order to recover the item, which has been identified as a human leg. "Officers are now working to identify the leg and will be looking into any possible connections to the ongoing investigation into the death of Grimsby man Adam Vincent. “Further searches are likely to take place in the area and Mr Vincent’s family have been made aware of the find.”

Five men have been charged with conspiracy to commit murder, conspiracy to pervert the course of justice and conspiracy to supply heroin in connection with Mr Vincent’s death.

A sixth man has been charged with conspiracy to pervert the course of justice.

**Severed head found in river**

http://www.marketrasenmail.co.uk/news/local/brigg/severed_head_found_in_river_1_2793974

21 June 2011 09:00

**Canyon Lake drownings update: SMART heads back to Canyon Park, issues call for eyewitnesses**


June 27, 2011  By Anita Miller News Editor

Canyon Lake — San Marcos Area Recovery Team (SMART) divers headed back to Canyon Lake today to search for the body of a 27-year-old man who was one of three people who drowned in the lake on Saturday.

Maurice Hamilton fell off an inflatable raft 300 feet from shore Saturday afternoon. SMART is asking anyone who was "visiting or camping" at Canyon Park at the time to call team spokesman Dan Misiaszek at (512) 754-1027.
The team's search for a second victim who went down across the lake near Comal Park was suspended due to hazardous conditions. Divers recovered one body at that location Saturday.

SMART said Monday morning that they had suspended the "underwater search" but was continuing topside information gathering pending additional information.

Later in the morning, Misiaszek said they team had enough "reasonable information based on electronic scans and K9 cadaver dog alerts in the area of Canyon Park" to put divers back in the water. "Many of the eye witnesses had left the park after the incident and before the dive team arrived to interview them," Misiaszek said Monday morning. "We are now asking those eyewitness to contact SMART to help in determining a more accurate point where Hamilton was last seen."

He said divers have already searched an area "larger than three football fields."

SMART returned to both scenes on Sunday, but suspended the search for 21-year-old Matthew Arzate because the area he went down has numerous underwater hazards.

Arzate had attempted a rescue after 20-year-old Chester Aguilar of San Antonio foundered and disappeared below the water between two islands off Comal Park on the south side of the lake.

Due to eyewitness accounts, divers were able to locate Aguilar's body in eight minutes, some 30 yards from where he was last seen, in 72 feet of water.

But recovering Arzate's body could be much more difficult, Misiaszek said, because that area of the lake is near the original Guadalupe River bed. Canyon Lake was built by the U.S. Army Corps of Engineers for flood control and water conservation. "We now believe Arzate is most likely in one of the many tree

(PART OF TEXT IS MISSING)

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(PART OF TEXT IS MISSING)
canopies deep underwater" in the original river channel, he said. "These canopies present an extreme hazard to divers who must battle zero visibility, tree branches, fishing lines, hooks, boat anchors, rope and debris in over 80 feet of water. "The risk in this environment outweighs the benefits to continue active searching," he continued.

Canyon Lake is 125 feet deep at its deepest point, and covers more than 8,000 surface acres. The lake and Canyon Dam are managed by the Guadalupe Blanco River Authority.

Misiaszek said the team will provide transportation back to the park for any eyewitnesses to the disappearance of Hamilton who needs it. See SMART Mission Report Pgs 44-45

Divers retrieve sunken cars
http://www.theadvertiser.com/article/20110630/NEWS01/106300336
Jun. 29, 2011  Eric Narcisse  VIDEO ON SITE

The recovery efforts of vehicles found in the Vermilion River at Rotary Point boat launch from June 13, continued Wednesday as three vehicles, a homemade utility trailer and a safe were all removed.

Two of the three vehicles were cars, a 2000 Jaguar S series and a 1998 BMW 540I, while the third was a 2004 Dodge Pickup truck. None of the vehicles came as a surprise to authorities as they discovered them two weeks ago when two others were removed from the river.

"Today was the continuatio n of the recovery from June 13," Major Art LeBreton of the Lafayette Parish Sheriff's Departmen t said. "Two weeks ago a female reported that her car accidentally went into the river and it was then that we discovered the other four vehicles. We got her vehicle and one other vehicle out that day, but it was determined the remaining three vehicles were too heavy to pull out so we rescheduled."

The Jaguar, which had a Louisiana plate, had been reported stolen out of Lafayette Parish October 30, 2007, while the BMW possessed Ohio plate and had been reported stolen out of Lafourche Parish July 8, 2006. The Dodge Pickup also had a Louisiana license plate and was reported stolen out of Lafayette Parish on September 4,
2005. "This is something that has happened in the past," LeBreton said. "The only time we'll do something like this is if it is reported to us."

According to a release issued by the Lafayette Parish Sheriff's Department, investigations are continuing into the recovered vehicles. Along with the Lafayette Parish Sheriff's Department, the Lafayette Fire Department, Lafayette and Calcasieu Parish dive teams, and CDH Crane Rentals were apart of the team recovering the submerged vehicles that began around 7:30 a.m. "It was challenging for the divers," LeBreton said. "They said the current underwater was moving."

According to one Calcasieu Parish diver, it was very dark, difficult to see and equally as hot under the water as it was standing on land. Although of the five vehicles recovered four were reported stolen, LeBreton said there are numerous reasons why vehicles can be found in rivers or lakes. "It could be that someone is trying to dispose of a stolen vehicle or a vehicle that has been involved in a crime," LeBreton said. "It can be the product of insurance fraud, where you have an owner than can't afford the car notes and drives the vehicle in the water and claim it was stolen. Or it could be a vehicle that was involved in a hit and run and again they want to dispose of the evidence. A lot of different reasons can be given for this sort of thing."

The first two vehicles recovered June 13 was a Mazda Tribute that was accidentally driven into the river and a Lincoln LS, which was reported stolen out of Lafayette Parish.

Police divers search Leeds and Liverpool canal at Shipley in bid to recover stolen items
By Kathryn Bradley 30th June 2011

Police divers were yesterday searching a stretch of canal near Saltaire for goods allegedly stolen during a house burglary. The West Yorkshire Police specialist Underwater Search Unit combed an area near Hirst Lock on the Leeds and Liverpool Canal.

A number of police frogmen spent several hours diving at the scene, close
to the weir, and were expected to continue operations at the site today. A police Land Rover and a lorry from the unit were also at the scene.

Officers were acting on a tip-off from a member of the public following a burglary in Shipley last week. Two divers conducted a fingertip search of the canal bottom, assisted by at least four police officers from the bank. A mobile phone was recovered during the search, which will be examined to establish if it is connected to the burglary.

A police diver said: “The water is quite clear and the visibility is good. It will take some time to complete.”

Divers wore drysuits and used specialist breathing apparatus during the search of the canal, which was waist deep.

Police confirmed they had been searching the canal, on the edge of Saltaire, for stolen goods in connection with a so-called Hanoi burglary in Shipley.

The burglary took place last Thursday at 3.50am at a house in Leyburn Grove, in which forced entry was made and keys were taken for a Vauxhall Vectra.

Two men have been arrested and bailed on suspicion of burglary.

Two discharged over jetski death
http://www.rotoruadailypost.co.nz/have-your-say/news/two-discharged-over-jetski-death/3957814/
1st July 2011 Cherie Taylor

Two Rotorua high school students charged in connection with the death of their mate in a jetskiing tragedy on Lake Okareka have been convicted and discharged.

Seventeen-year-old Bishop Thompson died after being flung from a jetski being driven by his uncle, 18-year-old Ricardo Maaka, and was then struck by a jetski being driven by his friend, 18-year-old Teimana Harrison.

Bishop sustained serious head injuries in the crash on January 8. Family and friends kept vigil on the shores of the lake until his body was found by police divers five days later.

Maaka and Harrison were charged with operating a ship in a manner likely to cause unnecessary danger to persons or property and pleaded guilty in March. Yesterday they were sentenced in the Rotorua District Court by Judge Phillip Cooper, who told them they would have to deal with the tragedy for the rest of their lives.
Outside court, members of Bishop’s family told The Daily Post they were pleased with the outcome. They had never wanted Maaka or Harrison to be charged.

Since the tragedy both teenagers have taken part in restorative justice meetings and have spoken to other young people about water safety and put together a presentation on the issue to be used by schools.

They wore Rotorua Boys' High School blazers in the dock at yesterday's court appearance.

The court heard the two did all they could to try to find Bishop when he went under the water and had acknowledged responsibility from the start.

Judge Cooper said they had done everything possible to right the wrong done. "You will both have to carry the burden of this tragedy with you for the rest of your life," he said.

During their court appearance, the young men were supported by their families, Bishop's family and their school.

Rotorua Boys' High School principal Chris Grinter told the court the two were academic achievers who would do well in the future. Maaka was planning a future in the New Zealand Navy while Harrison had been offered a chance to go to England to play rugby. Both had faced the tragedy front on, accepting responsibility for their part, Mr Grinter said. "I don't think it will be easy for them. They are decent, fine young men," he told the court.

Maaka's lawyer, Harry Edward, and Harrison's lawyer, Moana Dorset, asked the court to consider discharging them without conviction. "[They] have insight into their offending ... and display victim empathy," Mr Edward said.

One of Bishop's aunts, Myra Iraia, told the court it was difficult watching the two young men deal with her nephew's death. "They are grieving," she said.

Following sentencing Maaka thanked the court, lawyers, his school and families and Bishop's family for their support. "We love you all," he said.

Outside court Bishop's uncle, Mana Witoko, said the sentence was acceptable to the family. "We are very happy. We didn't want them convicted at all but this is a good outcome. While this might have torn a family apart, it has pulled us closer together. We have lost one boy but gained two in return," Mr Witoko said.

Bishop's family could finally move on now the court process was finalised, Mr Witoko said. "They have continued to mourn every day they have had to
return to court. "It was a horrible thing to happen but there are lots of positives. We just have to support these boys. We love them."

**Girl rescued from propeller in Va. Beach had been tubing**


July 1, 2011 By Kathy Adams The Virginian-Pilot

**VIRGINIA BEACH** - Amy Mack bobbed in the Chesapeake Bay Thursday afternoon, holding up the head of a scared 12-year-old girl. "It hurts," Mack later recalled the girl telling her. "I don’t want to drown."

"We’ve got you," the firefighter paramedic responded. "We’re not going to let anything else happen to you."

The girl, whose name has not been released, is recovering today after her leg became caught between two boat propellers about 2 p.m. Thursday, police said this morning. She underwent surgery at Sentara Norfolk General Hospital, and it is believed that doctors were able to save her impaled leg, said Officer Jimmy Barnes, a police spokesman.

The girl had been tubing in the Chesapeake Bay with five friends and an unrelated adult, Barnes said. She went to climb aboard the recreational craft after taking a tube ride with two friends when her leg got caught in between the boat’s two propellers, Barnes said.

Mack was among those who responded to help, holding the girl’s head above water while below police divers puzzled over how to free her impaled leg. Mack said she’d never seen anything like it.

Neither had police diver George E. Yates.

Yates had been home relaxing for his birthday, with his police scanner on as always, when he heard the news and gone flying from his house, diving gear in tow.

When he arrived – about 200 to 300 yards offshore from the beach access at Ocean Shore Avenue and West Great Neck Road – he found medics, firefighters and police in a handful of boats. They were working to keep the pre-teen’s head out the water while trying to free her leg from the recreational craft.

The boat was a 24-foot Grady-White with a cabin, Barnes said. Click here for an example of what the dual propeller on the boat looked like.

Yates pulled on his gear and dove into the murky water. When he finally got a good look at the girl’s leg, propeller embedded deep inside, he knew immediately it wasn’t going to come free, he said later.
Police took the girls’ friends from the boat to a nearby marina, while Yates, three other police divers and two civilian mechanics devised a way to remove the propeller from the boat’s hull.

They gave the girl a diving mask so she could breathe while rescue efforts continued. Mack stayed by her side in the water.

The minutes crept by, punctuated by swells that rocked the boat every 30 to 40 seconds, endangering the divers and evoking a fresh cry of pain from the girl, her rescuers recalled. They knew they had to move fast, but didn’t want to risk more damage to her leg.

Finally, after about 90 minutes, the mechanics and divers unbolted the propeller and pulled the girl from the water. Rescuers rushed her, propeller still embedded, to a waiting ambulance, which took her to a nearby field to be picked up by Sentara’s Nightingale air ambulance.

The Police Department’s Marine Patrol Unit is investigating the incident.

Yates said it was one of the most difficult rescues he’s ever undertaken. “I’ve freed lines, ropes, buoys from propellers, but not a person,” he said. “We were just afraid for her because we could hear her pain.”

Yates, who’s also a dive instructor for the Police Department, said he’ll likely add training on freeing swimmers from boat propellers after Thursday’s rescue.

It wasn’t exactly how he expected to spend his birthday, but he didn’t care, he said. “I’m glad I could help somebody.”

Despite drowning, no plan to add lifeguards
July 4, 2011 Associated Press

BORDEN, Ind.— Several people have drowned in Indiana lakes since lifeguards were eliminated at many beaches in 2001, including two Kentucky residents who died at southern Indiana’s Deam Lake in less than a week.

Still, park officials told The Courier-Journal of Louisville, Ky., they don’t plan to change their policy and add lifeguards. For the time being, despite this tragedy, we feel that the current policy on lifeguards is the best balance of safety, risk, the wishes of our patrons, supply of lifeguards and budget,” said Marty Benson, spokesman for the Department of Natural Resources.

Until last week, Benson said, a 2007 death in Lake Monroe near Bloomington was the only drowning to occur at state swimming beaches since 2001.
However, the drowning of a 28-year-old Louisville, Ky., man at Deam Lake in Clark County was the second at that state-run beach in less than a week. Indiana State Police divers recovered the body of Miguel Ramirez on Monday afternoon about an hour after he jumped out of a rented rowboat. After jumping, he lost his grip on a life jacket he had been holding.

A 13-year-old Louisville boy, Da'Quan Yewell, drowned there Wednesday.

Bill Ramos, director of the Indiana University Bloomington Aquatic Institute, said it can be difficult and expensive to keep lifeguards at recreational beaches, and there can still be drownings even if lifeguards are on duty. But, "it certainly is your best bet" to reduce the risk of drownings, he said.

Some parents said they would prefer to have lifeguards at Deam Lake, about 15 miles north of Louisville, as an extra set of eyes on their children and others in the lake. "It would be nice to have lifeguards," said Betsy Kleehamer of Sellersburg, who was at Deam Lake on Friday with her sons A.J., 7, and Toby, 5.

Justis Shircliff of Louisville, who was at Deam Lake with his daughters Alyssa, 4, and Siarah, 3, said people simply need to watch their kids closely. "I don't let my kids get out of my sight," Shircliff said.

Benson said the state's decision to eliminate lifeguards in 2001 was based partly on budget and partly on an inability to find enough lifeguards to staff all the state beaches.

In 2000, the department was able to staff only eight of the 21 beaches in use because so few lifeguards were available, Benson said. Academic research also suggested that it could be safer to not have lifeguards because parents would be more attentive, Benson said.

Lynn Jamieson, a professor of park, recreation and tourism studies at Indiana University, said she can understand the DNR's reasoning in not providing lifeguards at beaches other than the Indiana Dunes on Lake Michigan, but she disagrees with the policy. Jamieson said it can be even more important to have lifeguards at lakes than at other swimming facilities. "Lake swimming can be more dangerous because you don't have good visibility and you can have drop-offs," she said.

Ramos said there was a serious shortage of qualified lifeguards five to eight years ago. But since then, he said, the Red Cross has lowered the age at which lifeguards can get certified, and more people are seeking jobs these days.
The Incident – The new captain jumped from the cockpit, fully dressed, and sprinted through the water. A former lifeguard, he kept his eyes on his victim as he headed straight for the owners who were swimming between their anchored sportfisher and the beach. “I think he thinks you’re drowning,” the husband said to his wife. They had been splashing each other and she had screamed but now they were just standing, neck-deep on the sand bar. “We’re fine, what is he doing?” she asked, a little annoyed. “We’re fine!” the husband yelled, waving him off, but his captain kept swimming hard. “Move!” he barked as he sprinted between the stunned owners. Directly behind them, not ten feet away, their nine-year-old daughter was drowning. Safely above the surface in the arms of the captain, she burst into tears, “Daddy!”

How did this captain know? – from fifty feet away – what the father couldn’t recognize from just ten? Drowning is not the violent, splashing, call for help that most people expect. The captain was trained to recognize drowning by experts and years of experience. The father, on the other hand, had learned what drowning looks like by watching television. If you spend time on or near the water (hint: that’s all of us) then you should make sure that you and your crew knows what to look for whenever people enter the water. Until she cried a tearful, “Daddy,” she hadn’t made a sound. As a former Coast Guard rescue swimmer, I wasn’t surprised at all by this story. Drowning is almost always a deceptively quiet event. The waving, splashing, and yelling that dramatic conditioning prepares us to look for, is rarely seen in real life.

The Instinctive Drowning Response (IDR) – so named by Francesco A. Pia, Ph.D., is what people do to avoid actual or perceived suffocation in the water. And it does not look like most people expect. There is very little splashing, no waving, and no yelling or calls for help of any kind. To get an idea of just how quiet and undramatic from the surface drowning can be, consider this: It is the number two cause of accidental death in children, age 15 and under (just behind vehicle
accidents) – of the approximately 750 children who will drown next year, about 375 of them will do so within 25 yards of a parent or other adult. In ten percent of those drownings, the adult will actually watch them do it, having no idea it is happening (source: CDC). Drowning does not look like drowning – Dr. Pia, in an article in the Coast Guard’s On Scene Magazine, described the instinctive drowning response like this:

“Except in rare circumstances, drowning people are physiologically unable to call out for help. The respiratory system was designed for breathing. Speech is the secondary or overlaid function. Breathing must be fulfilled, before speech occurs.

Drowning people’s mouths alternately sink below and reappear above the surface of the water. The mouths of drowning people are not above the surface long enough for them to exhale, inhale, and call out for help. When drowning people’s mouths are above the surface, they exhale and inhale quickly before their mouths start to sink below the surface again.

Drowning people cannot wave for help. Nature instinctively forces them to extend their arms laterally and press down on the water’s surface. Doing this permits drowning people to leverage their bodies so they can lift their mouths out of the water to breathe.

Throughout the IDR, drowning people cannot voluntarily control their arm movements. Physiologically, drowning people who are struggling on the surface of the water cannot stop drowning and perform voluntary movements such as waving for help, moving toward a rescuer, or reaching out for a piece of rescue equipment.

From beginning to end of the IDR people’s bodies remain upright in the water, with no evidence of a supporting kick. Unless rescued by a trained lifeguard, these drowning people can only struggle on the surface of the water from 20 to 60 seconds before submersion occurs”.

Source: On Scene Magazine: Fall 2006: 14
This doesn’t mean that a person that is yelling for help and thrashing isn’t in real trouble – they are experiencing aquatic distress. Not always present before the instinctive drowning response, aquatic distress doesn’t last long – but unlike true drowning, these victims can still assist in their own rescue. They can grab lifelines, throw rings, etc.

Other signs of drowning on the water:
- Head low in the water, mouth at water level
- Head tilted back with mouth open
- Eyes glassy and empty, unable to focus
- Eyes closed
- Hair over forehead or eyes
- Not using legs – Vertical
- Hyperventilating or gasping
- Trying to swim in a particular direction but not making headway
- Trying to roll over on the back
- Ladder climb, rarely out of the water.
So if a crew member falls overboard and everything looks OK – don’t be too sure. Sometimes the most common indication that someone is drowning is that they don’t look like they’re drowning. They may just look like they are treading water and looking up at the deck. One way to be sure? Ask them, “Are you alright?” If they can answer at all – they probably are. If they return a blank stare, you may have less than 30 seconds to get to them. And parents – children playing in the water make noise. When they get quiet, you get to them and find out why.

FOUND ON THE WEB

Study: Reduce Pause Between CPR Chest Compressions
6/22/11  BY ANNE-MARIE TOBIN *
The Canadian Press

TORONTO - More lives can be saved if rescuers reduce the time between chest compressions and delivering a shock to people suffering cardiac arrest, suggests a new study of Canadian and U.S. patients.

Researchers examined the files of 815 patients at five sites who had an out-of-hospital cardiac arrest and were treated by paramedics or firefighters between December 2005 and June 2007. Bystander and home use of defibrillators was not included. "The longer that pre-shock pause, or the pause between completing CPR and delivering a shock - the longer that is, the lower the chances are of survival to discharge," said lead author Dr. Sheldon Cheskes of St. Michael’s Hospital in Toronto. "So I think certainly we felt that has significant ramifications for particularly professional providers who are doing cardiac arrest resuscitation on a regular basis, such as paramedics, firefighters."

Cheskes said if the pre-shock pause is over 20 seconds, chances of surviving to reach a hospital, be treated and discharged are 53 per cent less than if the pause is less than 10 seconds.

The study was published Monday in Circulation: Journal of the American Heart Association, and used data from the Resuscitation Outcomes Consortium - clinical centres that carry out research on cardiac arrest.
and traumatic injuries.

Cheskes recommended that less than 10 seconds should elapse from the time of CPR to shock using a defibrillator. His EMS team is aiming for less than five seconds between completing cardiopulmonary resuscitation and a decision to shock using a defibrillator, he said.

Changes to defibrillator software are also being urged. When defibrillators are in automatic mode, the time frame can be about 18 seconds from when someone finishes CPR, the defibrillator analyzes a rhythm, determines if it's shockable and charges up and tells the provider to deliver a shock, Cheskes explained.

In manual mode, he said the median pre-shock pause is 10 seconds. Trained providers should work in manual mode as opposed to automatic to shorten the pre-shock pause time, he said.

Cheskes said bystanders who see someone having a cardiac arrest should perform cardiopulmonary resuscitation because without it, chances of patient survival decrease significantly. "But once a bystander uses an automatic defibrillator, which is what most of the pad defibrillators are, that's where we want the defibrillator manufacturers to improve that analysis and charging phase, so it doesn't take so long to deliver a shock, whether you're a firefighter, paramedic, or just a lay person using a pad defibrillator," he said. "It shouldn't take 18 seconds - that's the point we have for the defibrillator manufacturers."

The Heart and Stroke Foundation of Canada and the Canadian Institutes of Health Research are among the main funders of the resuscitation consortium.

Dr. Jean Rouleau, scientific director of the Institute of Circulatory and Respiratory Health, said in a statement that when the findings of the resuscitation study are translated into practice, "they will have the potential to save countless lives in Canada and throughout the world."

Letters To The Editor

I am in unfamiliar waters if I have to quote percentages and averages. I am just a mom of a First Responder Fireman and a PSD and, as such, an observer of how PSDs operate.

Speaking as an observer, I wonder about all our first responders’ training and honing of skills. I am aware that we have Police Academies and Fire Academies where our first responders first learn their trade and practice their skills. And I know that from time to time, veteran first responders take refresher courses and practice their skills to keep themselves sharp and prepared. Their very lives, and the lives of their buddies, depend on their ability to use learned skills to the best of their abilities.

But what about the Public Safety Diver? How much specialized training do they receive? Who funds this training? Does it come from training budgets given to all first responder departments as a whole? Are PSDs low men on the totem pole when it comes to disbursing funds for training?
Anyone who comes from a large family knows about the trickle down system – the older child’s clothing passes to the next in line, and so forth and so on. Seems to me that is the way PSD training in our first responder system works. Our PSDs get very limited financial help for the latest skills training and the most up to date equipment available.

And yet, unlike other first responders, when they are called out it is usually to dive for a body in the worst of waters and circumstances. They face zero visibility most of the time, strong currents, much submerged debris that can entangle their gear. They must be trained to handle all of these emergencies and their on shore backup divers must also be adequately trained. Their lives and the lives of others depend on this.

Not to take away from the jobs performed by all the other first responders, I just feel that more awareness should be made of what is involved in the PSDs job. I believe we, as laymen, should know what is entailed when our husband, son, or daughter is required to respond to a life or death situation involving diving rescue.

Perhaps with more public awareness, more funding would be made available for public safety diving, more lives could potentially be saved. I, personally, think it is worth a shot!

If you want to share a thought or comment, send an email to PSDiverMonthly@aol.com. Subject Line – Letter To The Editor

Diving Medicine Online
Ernest Campbell, MD, FACS
Comprehensive information about diving and undersea medicine for the non-medical diver, the non-diving physician and the specialist

Fitness to Dive:
Eye Problems and the Instructor

THE EYE AND DIVING

Ocular and Periocular Barotrauma
The eye is normally filled with noncompressible fluid and solid tissues and is therefore protected from barotrauma. However, once a mask is placed over the face, a different circumstance exists. The face mask is an air-filled space bounded on one side by the eyes and ocular adnexa. As a diver descends, if he or she does not expel gas through the nose into the airspace of the face mask, a relative negative pressure develops in this space. If this negative pressure becomes great enough, the eyes and ocular adnexa are drawn towards the space. Marked lid edema
with ecchymosis and subconjunctival hemorrhage may develop as tissues and blood vessels are disrupted by this distention. These signs may be alarming to the diver but typically resolve without sequelae. In a more severe case, such as that which may occur when an unconscious diver sinks a significant distance in the water column, more serious injury, including hyphema, may occur.

Barotrauma is also possible in persons with gas bubbles in the anterior chamber or vitreous cavity. Pressure-induced changes in the volume of this bubble may result in retinal, uveal, or vitreous hemorrhage, as well as partial collapse of the globe. Permanent loss of vision may ensue. Persons with intraocular gas should not be allowed to dive as long as the bubble remains in the eye. The necessity of adding extra gas to the face mask during descent makes it obvious that swim goggles, which cover only the eyes and not the nose, should never be used for diving.

Facemask barotraumas may also result in damage to the periocular tissues. There are reports of numbness and paresthesias in the distribution of the infraorbital nerve that resulted from maxillary sinus barotrauma and diplopia with orbital hemorrhage.

Barotrauma of the Eye

- A mask has air filled space that is compressible, affecting the eye and surrounding tissues.
- If the diver does not expel gas through the nose into the mask on descent, negative pressure develops inside this space, sucking the eyes and lids toward this space.
- This negative pressure results in marked lid edema and bruising as well as bleeding under the conjunctivae of the eyeballs. These changes look a lot worse than they really are but can be disconcerting to the diver and his buddy.
- Hyphema [marked swelling with bleeding], a more serious injury, can occur in the eyes if the diver becomes unconscious and sinks to a greater depth without being able to equalize the mask. This can also result in bleeding under the periosteum of the bones of the orbit.
- Vitreoretinal surgery with air placed in the eye contraindicates diving so long as any of the bubble remains. Pressure induced changes in the volume of these bubbles may result in hemorrhage inside the eye and also may result in partial collapse of the eyeball.

Decompression Sickness

Ocular involvement in decompression sickness (DCS) are infrequently reported in the ophthalmic literature, but there are a number of reports of ocular involvement with DCS in the diving medical literature. Reported manifestations include eye flicking, double vision, visual
field defects, blind spots, half visual field blindness, muscle pain, cortical blindness, crossed eyes, inflamed optic nerve, and central retinal artery occlusion. The incidence of visual symptoms in patients with DCS was found to be 7% in one large series.

DCS is treated with oxygen breathing and recompression on an emergent basis. Ophthalmologists seldom encounter this disease in an acute setting because most divers know to seek recompression therapy for signs or symptoms of DCS. Since treatment generally results in resolution of all symptoms, most persons with visual symptoms before treatment are asymptomatic after recompression treatment and are therefore not referred to ophthalmologists.

Incomplete response to treatment or recurrence of symptoms after treatment may bring a victim with ocular DCS to the ophthalmologist on a less emergent basis. The victim should be managed in conjunction with a diving medicine specialist. Recompression therapy and hyperbaric oxygen should be administered even when a significant delay has occurred between the onset of symptoms and initial evaluation of the victim, since treatment may be effective despite delays of up to several weeks.

Ocular Fundus Lesions in Divers
Fluorescein angiography of divers has documented changes that were attributed to decompression-induced intravascular gaseous microemboli. The incidence of these lesions was related to the duration of diving and a history of DCS. Other abnormalities noted more frequently in divers were low retinal capillary density at the fovea [blind spot], microaneurysms [small dilations], and small areas of capillary non-perfusion. Studies show that adherence to safe diving practice confers some protection against the macular abnormalities known to occur in divers with a history of DCS.

Arterial Gas Embolism
Blockage of larger arteries to the eye with blindness is found with arterial gas embolism. Management is similar to that for DCS, with emergent recompression and hyperbaric oxygen therapy indicated in all cases.

Hyperoxic Myopia [nearsightedness]
Individuals who undergo prolonged exposures to hyperoxic gas mixtures may experience lens changes from oxygen toxicity that is manifest initially by nearsightedness. This myopic shift is progressive and is usually reversible if the hyperoxic exposures are discontinued. Although this condition is most common in patients undergoing repeated hyperbaric oxygen exposures in a chamber for medical conditions, it has also been reported in a SCUBA diver doing a series of prolonged dives using a gas mix with a constant partial pressure of oxygen of 1.3ata. And occurs in caisson workers.

The Effect of Oxygen Toxicity on the Eye
Manifestations of Oxygen Toxicity
Eyelid twitching is the most commonly seen manifestation of O2 toxicity and usually is a warning that a full-blown seizure is imminent. In addition, there can be blurred vision, visual field constriction, visual hallucinations, transient one-sided loss of vision. All of these are reversible after termination of the O2 exposure. Treatment is removal of the O2 source immediately. No residua occur unless secondary trauma or near-drowning occur from a convulsion. Oxygen toxicity can be prevented by using appropriate O2 concentrations at proper depths.

Ocular jellyfish stings
Divers and swimmers may occasionally be stung by jellyfish on and around the eyes. Signs and symptoms are painful but typically self-limited, usually resolving within 24-48 hours. There are reports of unusually severe and prolonged eye problems and elevation of intraocular pressure, with glaucoma and persistent inflammation. All patients with ocular jellyfish stings that do not resolve with 24-48 hours should be seen urgently by an ophthalmologist.

Decreased Vision after Diving
A frequent complaint is of diminished vision after diving. DCS and arterial gas embolism should be considered whenever vision is acutely decreased after diving because of the possible emergent need for recompression therapy, especially if any other manifestation of DCS or arterial gas embolism are present.

Other disorders may also affect vision after a dive. Corneal edema resulting from the formation of gas bubbles under polymethylmethacrylate and rigid gas-permeable contact lenses may cause decreased vision. A soft contact lens wearer who complains of blurred vision after a dive may have a lost or displaced lens.

Recurrent mild ocular irritation and blurring of vision can occur after dives on which soft contact lenses were worn. The lenses have been noted to be tightly adherent to the cornea, probably as a result of a decrease in water content in the lens after contact with hypertonic sea water. Symptoms are relieved with a few drops of isotonic artificial tears. Decreased movement of soft contact lenses on the cornea has been reported to occur from exposure to swimming pool water as well.

Another possible cause of nondysbaric decreased vision after a dive is inflammation induced by chemical agents used to reduce face mask fogging. Improper use of commercial antifog agents chemicals can result in blurred vision, sensitivity to light, tearing, and spasm of the eyelids that may not develop until several hours after the dive.

Divers sometimes use a transdermal scopolamine patch (placed behind the ear) to prevent motion sickness. This may result in dilated pupils, decreased accommodation, and blurred vision. Hyperoxic myopia may be a possible etiology for the vision loss if the diver has had recurrent or prolonged exposures to elevated partial pressures of oxygen. Divers often use oxymetazoline nasal spray to
assist in equalizing the pressure in their ears. The vasoconstriction caused by this medication has been reported to cause temporary vision loss.

Migraine-like phenomena have been reported after hyperbaric exposures. Flashing blind spots have been noted shortly after surfacing with no other manifestations of decompressions sickness. These events may represent only a migraine event temporally associated with diving or they may be an atypical manifestation of decompression sickness.

Finally, the loss of vision may be caused by ocular disorders that occurred during or shortly after the dive, but were not a direct result of the dive itself.

Click for REFERENCES

**EVENTS***

**DUI RISK MANAGEMENT**

**2011 TRAINING PROGRAM**

Aug 19 Tacoma, WA Les Davis Park
Sept 16 Ottawa, OH Gilboa Quarry
Oct 21 Rawlings, VA Lake Rawlings
Nov 11 Chiefland, FL Manatee Springs

Nov 18 Terrell, TX Clear Springs Scuba Park
**TEST DIVE THE WHITES FUSION DRY SUIT**
To attend a Fusion Demo Day, you have to register and pay the applicable fee.
Click HERE for REGISTRATION INFO

**Sept 10th Gloucester, MA Stage Fort Park**
**Sept 17th-18th Prince William County, VA Millbrook Quarry**

**July 11-15, 2011**
Inter/Micro: 62nd Annual Applied Microscopy Conference Chicago, IL

**July 20-22, 2011**
NAFEA Annual Meeting
College Station, TX

**Forensic Science Educational Conference**
Sponsored by: AAFS  July 25 - July 27
The goal is to increase science teachers' knowledge of the forensic sciences and to assist them as they enrich and/or develop challenging and innovative curricula.

**July 25-27, 2011**
Green Mountain DNA Conference
Burlington, VT
Crime Scenes in the Classroom
Sponsored by: Imprimus Forensic Services LLC
July 27 - August 3
For educators who want to use crime scene investigation content material to engage their students in the science curriculum. This program will help educators understand the tools, techniques, and scientific principles of crime.

Jul 31 - Aug 2, 2011
International Homicide Investigators Association
Napa, CA

The Science of Wound Care, Diving & Hyperbaric Medicine CME Symposium
August 4-7, 2011 Palm Beach, Florida

Annual Educational Conference
Sponsored by: IAI August 7 - August 13
The main professional association for those engaged in forensic identification, investigation and scientific examination of physical evidence. World renowned professionals will present the most current scientific educational sessions, utilizing the most efficient methodologies and technical products and advances in the identification field.

August 9-10, 2011
Trace Evidence Symposium
Kansas City, MO

Sheraton Myrtle Beach Convention Center
Myrtle Beach, South Carolina
October 31- November 1, 2011
http://www.techno-forensics.com/


Global Security Workshop - November 11-19, 2011 - Tel Aviv, Israel

SWAT Counter Terrorism Operations - November 15-18, 2011 - Yakima, WA

MISSION REPORT
San Marcos Area Recovery Team
June 27, 2011 3:48pm Dan Misiaszek

SMART Divers again returned to Canyon lake today to search an area at Canyon Park for a missing man.

Maurice Hamilton, 28, disappeared below the surface early Saturday evening while on an inflatable alligator raft with his 5 year old son.

The team had previously suspended dive operations due to a lack of credible information to narrow down the search area.
Today, with the aid of underwater digital scanning equipment provided by Game Wardens with Texas Parks and Wildlife, a target location was narrowed. Cadaver dogs brought in specially trained to find missing individuals in water were also on the boats assisting in the search area.

With the aid of the scanners and K9’s alerting in a particular area, a likely target location was determined. Divers placed a dive flag and anchor in the area and Hamilton’s body was located approximately 75 feet away from the marker at 11:08AM. Depths in this area of the lake range from 17 to 21 feet.

Family members were present on shore during the recovery and later provided a positive identification. Hamilton’s body was brought a nearby boat ramp where he was pronounced dead by the justice of the peace. He was then transported to a funeral home.

SMART is grateful we were able to bring closure to the family and friends of Maurice Hamilton.

Dan Misiaszek
PIO/SMART Divers

Follow SMART on Facebook
San Marcos Area Recovery Team - S.M.A.R.T.

1) Regardless of diving standards or exemptions to diving standards, divers performing in PSD applications must have as a minimum a diving physical every 12 months.
   a. True
   b. False

2) A person who suffers a burst lung regardless of whether it occurred during a dive or for some other surface activity should be revoked from diving for 6 months.
   a. True
   b. False

3) Currently, conversion from a new scuba diver to a PSD diver only requires that the diver successfully complete an open water course.
   a. True
   b. False

4) The first mandate in emergency care is that the rescuer ensures his own safety.
   a. True
   b. False
5) All medication taken prior to diving in any amount or time must be cleared by a diving physician.
   a. True
   b. False

6) External pressure _____________ while descending.
   a. Decreases
   b. External pressure is constant
   c. Increases
   d. Only effects the lungs by decreasing

7) Lung expansion injuries occur more commonly at ___________ depths.
   a. Deep
   b. Midrange depths
   c. Shallow
   d. Depths below 130 FWS

8) Doctors trained in diving medicine generally recommend a diver take a medication for at least 30 days before considering diving with it. This is because.
   a. Ensure dosage is correct
   b. Ensure symptom are adequately controlled
   c. To determine side effects
   d. All of the above

9) The number 2 cause for child death is_______:

10) A diver should never hyperventilate more than _______ breaths.
    a. 4
    b. 5
    c. 6
    d. 8

11) A drowning victim generally struggles ____ to _____ seconds before submerging.
    a. 20 to 60
    b. 45 to 60
    c. 2 minutes
    d. 5 minutes

12) Except in rare circumstances, drowning people are physiologically unable to call out for help.
    a. True
    b. False

13) An 80cf AL Luxfer cylinder with 1500 PSI will contain __________ cubic feet of air?

14) A 19 CF Luxfer pony cylinder with 2000 PSI will contain __________ cubic feet of air?
**Team Discussion:**

1. Discuss with your team the need for a “medical advisor” as a position on the team.
2. Review your teams SOG/SOP for diver fitness assessment and the application of when to dive or not with respect to medical concerns.
3. Review your teams SOG/SPO as it pertains to diver medication or usage and identify what medication(s) would preclude or suspend a diver from diving.

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**Life of a Crime Trivia Game**  
Test your crime IQ and see how you rank among other users.  

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**Calculating Cylinder Volume Based on Gauge Pressure**

To calculate volume in a cylinder at pressure  
For Luxfer Cylinders multiply gauge pressure by the number below for the cylinder size.

<table>
<thead>
<tr>
<th>Cylinder Size</th>
<th>Multiplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>80 cf</td>
<td>.0259</td>
</tr>
<tr>
<td>50 cf</td>
<td>.01613</td>
</tr>
<tr>
<td>40 cf</td>
<td>.01333</td>
</tr>
<tr>
<td>19 cf</td>
<td>.0066</td>
</tr>
<tr>
<td>13 cf</td>
<td>.0044</td>
</tr>
</tbody>
</table>

**Example:**

80 cf  
**Gauge pressure is 1800 psi.**

\[
\text{Volume} = \text{Pressure} \times \text{Cylinder Size} \\
= 0.0259 \times 1800 \\
= 46.63 \text{ cf of air}
\]

---

These training agencies have recognized PSDiver Monthly as a valued addition to their programs and Continuing Education requirements.

**Public Safety Diving Association (PSDA)** recognizes and approves the PSDiver CE program. Each month’s Q&A program credits 1 CEU for renewal up to a maximum of 3 CEUs from this source for each year’s renewal.

**ERDI** Recognizes and supports the PSDiver Monthly CE Program. Contact your ERDI Instructor for details.

**Life Saving Resources**  
Lifesaving Resources advocates the need for Public Safety and Rescue personnel to be trained in Water and Ice Rescue and recognizes the PSDiver Monthly CE Program for continuing education training and credits.

**Lifeguard Systems – TEAM LGS**

We welcome all training agencies and organizations to participate. For details, email PSDiverMonthly@aol.com

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PSDiver Monthly Issue 85 47
RECALLS

RECALL - Edge and HOG Buoyancy Control Devices

DETAILS AND PICTURES ONLINE AT:

FOR IMMEDIATE RELEASE
May 3, 2011
Release #11-212
Firm's Recall Hotline: (888) 370-3483
CPSC Recall Hotline: (800) 638-2772
CPSC Media Contact: (301) 504-7908
HC Media Contact: (613) 957-2983

WRK Enterprises Recalls Edge and HOG Buoyancy Control Devices Due to Drowning Hazard

WASHINGTON, D.C. - The U.S. Consumer Product Safety Commission and Health Canada, in cooperation with the firm named below, today announced a voluntary recall of the following consumer product. Consumers should stop using recalled products immediately unless otherwise instructed. It is illegal to resell or attempt to resell a recalled consumer product.

Name of Product: Edge and HOG (Highly Optimized Gear) Buoyancy Control Devices (BCD)

Units: About 750 in the U.S. and 20 in Canada

Importer: WRK Enterprises dba Edge Dive Gear of Macon, Ga.

Hazard: The spring in the over pressure valve can corrode and break preventing the buoyancy control device from retaining air, posing a drowning hazard to consumers.

Incidents/Injuries: None

Description: This recall affects Edge Freedom and Stealth

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PSDiver Monthly is the magazine for PSDiver and is edited and published by Mark Phillips

Assistant Editors:
Lynn Wright
Dominique Evans-Bye

Continuing Education Editor: Chuck Elgin

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models, and the HOG 32lb Wing model.

The Freedom is a jacket-style BCD made of heavyweight nylon. It is black and has a blue arch on the lower right side. The word "Freedom" is printed in white letters on the right front and the word "Edge" is located on a flap over the corrugated hose. Freedom BCDs with the serial numbers in the table below are affected. The serial number is printed on a tag that is located in the front right zipper pocket.

Edge Freedom BCD Serial Numbers
000524 to 000551 001003 to 001022
000553 to 000554 001024 to 001103
000773 001106
000775 to 000873 001125 to 001149
000881 to 000890 001151 to 001160
000892 to 000911 001162 to 001186
000913 to 001001 001188 to 001228

The Stealth is a back flotation-style BCD made of heavyweight nylon. It is black and gray with the word "Stealth" printed in white letters on the right-hand strap, and the word "Edge" on a flap over the corrugated hose. Stealth BCDs with serial numbers 000658 to 000697 are affected by this recall. The serial number is printed on a tag that is located in a small zippered pocket under the left weight pocket.

The HOG 32lb Wing is an oval-shaped, donut-style BCD made of heavyweight black nylon. It is designed for single-cylinder diving with a back plate or soft pack harness system. The HOG logo, a picture of a wild boar with the words "Highly Optimized Gear" and "HOG" inside an oval, is on the top strap of the device. HOG 32lb Wing BCDs with serial numbers 9042101 to 9042128 are affected by this recall. The serial number is inside a zippered compartment on a tag attached to the inner bladder of the wing.

Sold at: Authorized Edge and HOG dealers nationwide, and in Canada from May 2009 through October 2010 for $199 to $250.

Manufactured in: China

Remedy: Consumers should immediately stop using the BCDs and return them to an authorized Edge dealer for a free spring replacement at no charge.

Consumer Contact: For additional information, contact Chris Richardson at 1-888-370-3483 between 9 a.m. and 5 p.m. ET, Monday through Friday, or visit the firm's website at www.edge-gear.com


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CPSC is still interested in receiving incident or injury reports that are either directly related to this product recall or involve a different hazard with the same product. Please tell us about it by visiting www.saferproducts.gov
RECALL: Sea Elite Systems Recalls Buoyancy Control Devices

RECALL INFORMATION, INCLUDING PHOTOS CAN BE FOUND AT:

May 3, 2011 FOR IMMEDIATE RELEASE
Release #11-209
Firm's Recall Hotline: (888) 370-3483
CPSC Recall Hotline: (800) 638-2772
CPSC Media Contact: (301) 504-7908
HC Media Contact: (613) 957-2983

Sea Elite Systems Recalls Buoyancy Control Devices Due to Drowning Hazard

WASHINGTON, D.C. - The U.S. Consumer Product Safety Commission and Health Canada, in cooperation with the firm named below, today announced a voluntary recall of the following consumer product. Consumers should stop using recalled products immediately unless otherwise instructed. It is illegal to resell or attempt to resell a recalled consumer product.

Name of Product: Sea Elite Systems Buoyancy Control Devices (BCD)

Units: About 405 in the U.S. and 48 in Canada

Importer: WRK Enterprises dba Edge Dive Gear of Macon, Ga.

Hazard: The spring in the over pressure valve can corrode and break preventing the buoyancy control device from retaining air, posing a drowning hazard to consumers.

Incidents/Injuries: None

Description: This recall affects Sea Elite Scout and Profile model BCDs.

The Scout is a jacket-style BCD made of lightweight nylon and is foldable. It is black with blue accents on the lower sides. The word "Scout" is printed in white letters on the right front and the words "Sea Elite" are on a flap over the corrugated hose. Scout BCDs within the following serial number ranges are affected by this recall: 001229 to 001244 and 001246 to 001489. The serial number is printed on a tag in the front pocket.

The Profile is a jacket-style BCD made of heavyweight nylon. It is black with blue on the lower sides. The word "Profile" is printed in white letters on the right front and the words "Sea Elite" are on a flap over the corrugated hose. Profile BCDs with serial numbers in the table below are affected by this recall.

Sea Elite Profile BCD
Serial Numbers
000700 to 000729
000733 to 000763
000765 to 000772
000879
The serial number is printed on a tag in the front pocket.

Sold at: Divers Supply Store locations nationwide and online at [www.divers-supply.com](http://www.divers-supply.com) in Canada from May 2009 through October 2010 for about $199 to $250

Manufactured in: China

Remedy: Consumers should immediately stop using the BCDs and return them to an authorized Sea Elite Systems dealer for a free spring replacement at no charge.

Consumer Contact: For additional information, contact Chris Richardson at 1-888-370-3483 between 9 a.m. and 5 p.m. ET, Monday through Friday, or visit the Edge Dive Gear website at [www.edge-gear.com](http://www.edge-gear.com)


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CPSC is still interested in receiving incident or injury reports that are either directly related to this product recall or involve a different hazard with the same product. Please tell us about it by visiting [www.saferproducts.gov](http://www.saferproducts.gov)

FROM THE DUI WEBSITE AT:
[http://www.dui-online.com/weight_trim_system.html](http://www.dui-online.com/weight_trim_system.html)

**CE 85 Answers**

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Life Explained

On the first day, God created the dog and said, "Sit all day by the door of your house and bark at anyone who comes in or walks past. For this I will give you a life span of twenty years."

The dog said, "That's a long time to be barking. How about only ten years and I'll give you back the other ten?"

So God agreed...

On the second day, God created the monkey and said, "Entertain people, do tricks, and make them laugh. For this, I'll give you a twenty-year life span."

The monkey said, "Monkey tricks for twenty years? That's a pretty long time to perform. How about I give you back ten like the dog did?"

And God agreed...

On the third day, God created the cow and said, "You must go into the field with the farmer all day long and suffer under the sun, have calves and give milk to support the farmer's family. For this, I will give you a life span of sixty years."

The cow said, "That's kind of a tough life you want me to live for sixty years. How about twenty and I'll give back the other forty?"

And God agreed again...

On the fourth day, God created humans and said, "Eat, sleep, play, marry and enjoy your life. For this, I'll give you twenty years."

But the human said, "Only twenty years? Could you possibly give me my twenty, the forty the cow gave back, the ten the monkey gave back, and the ten the dog gave back; that makes eighty, okay?"

"Okay," said God. "You asked for it."

So that is why for our first twenty years, we eat, sleep, play and enjoy ourselves. For the next forty years, we slave in the sun to support our family. For the next ten years, we do monkey tricks to entertain the grandchildren. And for the last ten years, we sit on the front porch and bark at everyone.

And that my friends ... is life.