The Diving Medical Advisory Committee

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Medical Equipment to be Held at the Site of an Offshore Diving Operation

DMAC 15 Rev. 6.1 – February 2026

Supersedes DMAC 15 Rev. 6 and all previous revisions, which are now withdrawn.

Document Summary

This document provides comprehensive guidelines on the medical equipment and supplies required for offshore diving operations, emphasising the importance of having appropriate resources readily available for medical emergencies. It outlines the responsibilities of medical personnel and the necessity of preparing for various medical scenarios that may arise during diving activities.

Version history

	Reason	Revision
February 2026	Updated guidance on Loperamide	Rev. 6.1
February 2025	DMAC contact details updated; front page added with document summary	Rev. 6
December 2021		Rev. 5
December 2014		Rev. 4
January 2012		Rev. 3
May 2009		Rev. 2
February 1995		Rev. 1
January 1985		Initial publication

The views expressed in any guidance given are of a general nature and are volunteered without recourse or responsibility upon the part of the Diving Medical Advisory Committee, its members or officers. Any person who considers that such opinions are relevant to his circumstances should immediately consult his own advisers.

Commercial diving operations include both surface supplied and saturation diving operations and cover a wide range of work activities. The appropriate medical equipment to be held at any particular site is best determined by an occupational health service with special knowledge of commercial diving operations. This document is designed to provide guidance on equipment and medical supplies to be held at the site where such advice is not available. It is recognised that in certain circumstances similar or greater facilities may be available from other sources which are sufficiently close and reliable. Geographical distances to both equipment, pharmaceutical agents and other competent personnel/specialists should be considered and evaluated before the commencement of Diving Operations (i.e. SAR helicopter capabilities). This document will use the term *Vessel Medic* for the personnel with the responsibility for medical examination and treatment of ill or injured divers. We recognize that this function in some areas will be handled by a vessel medical officer, a dedicated vessel nurse or a vessel physician, or even a DMT in surface supplied operations.

The document covers equipment and drugs suitable for the treatment of diving related disorders on the surface or in a recompression chamber and for other potential problems (e.g. trauma) which may occur during diving operations. The document takes into account situations where the diving operation may be remote from a vessel or installation sickbay and medical services. It includes equipment for use in an immediate first aid situation, equipment and drugs which may be used by personnel with advanced first aid training, as well as equipment which would almost certainly only be used by medical staff. Medical staff who attend a casualty at a dive site may not necessarily be able to bring the appropriate equipment.

Each diving contractor's Diving Medical Advisor (DMA) is responsible for a review of the equipment and drugs, as some of the drugs mentioned in this document may not be available in some geographical areas and in such cases alternative drugs to those identified and 'suggested' should be considered. Compliance with the local laws relating to pharmaceutical products will also have to be considered, as these vary in different countries. It is anticipated that except in emergency situations, equipment other than that in the bell or chamber immediate care medical kits would be for use by or on the direction of medical staff. DMAC advises that the medical emergency preparedness is regularly reviewed, and that the robustness for the defined possible scenarios is clearly defined.

Medical equipment and drugs must be sourced and purchased from reputable suppliers capable of assuring the quality and safety of the purchases made. There should be an appropriate system for the control and maintenance of this Medical Kit and responsibility for this Kit should be vested in the Diving Superintendent or vessel Medic. The respective responsibilities and authority of the parties involved need to be clearly documented and understood. This Kit should be accompanied by a list of contents. This list provides an opportunity for stock control, shelf-life control, and the recording of the use of the contents. These measures should be regarded as standard procedure. A specific logbook should be maintained with the equipment and supplies, in which these checks and all use of equipment and drugs is recorded.

The Diving Supervisor needs to have access to this Medical Kit at all times. Scheduled or Controlled drugs should be held in a dedicated and secure double locked container (with the vessel's medical supplies or in the installation sickbay).

The Medical Kit should be appropriately labelled and then inspected regularly (during each mobilisation and at least every six months) to ensure that all items are in working order (e.g. batteries) and to exchange drugs and other equipment which are nearing the end of their shelf life. These regular inspections should be recorded in the logbook. Consideration should be given to the need for pressure testing mechanical or electrical equipment. Local conditions may require a more frequent inspection regime.

People involved in the provision of care in diving situations should be part of a system of continuous training to help prevent skill fade.

At all times, including during transit to the diving worksite or diving support vessel, this Medical Kit must be kept dry and clean, locked in an appropriately labelled and dedicated light-resistant container. Care must be also taken to ensure that this equipment is stored within a temperature range of +4° to +25° Celsius.

The kit should be packaged and labelled in a logical manner that allows easy and rapid access to the contents, specifically those contents that are often used at the same time.

This is a guidance document based on current information. This Medical Kit will not cover all the aspects of medical care in a diving system and should be used in conjunction with the installation or vessel's medical kit. DMAC 15 should also be read in conjunction with DMAC 28 "The provision of emergency medical care for divers in saturation".

There should thus always be good communication between the diving team and the Vessel Medic.

Finally, it must be addressed that this guidance note only applies to offshore remote facilities.

Audits of any DMAC 15 kits should involve a Vessel Medic with experience in the field, who understands the limitations of this guidance note, understands the diving project, and understands the potential difficulties of the procurement of certain drugs depending on the country jurisdiction where the diving is taking place. A copy of DMAC 15 should accompany each kit with the final page (Appendix 1) completed as appropriate.

1 Equipment to be Held in a Diving Bell and Hyperbaric Welding Habitat (*to be stored in a watertight bag or container*)

- 1 Emergency limb tourniquet (e.g. CAT® or MAT®)
- 3 Polythene bags – these can be used to cover burns or as waste bags
- 1 Resuscitation face mask (preferably with a silicone filled face seal and a non-return valve) or shield, for mouth-to-mouth ventilation (e.g. Laerdal pocket mask or face shield)
- 2 Oropharyngeal airways size 3 and 4 (e.g. Guedel type)
- 1 or 2 correctly sized Supraglottic airways (e.g. IGel sizes 3, 4 or 5) with catheter mounts and filters. This will require the assessment of the divers using the bell or habitat at any given time.
- 1 Tuff cut scissors
- 2 Triangular bandages
- 1 Roll of 1 inch adhesive tape
- 2 Crepe bandages – 3 inch
- 1 Hand operated suction pump
- 1 Wide bore suction catheter (for example: Yankeur)
- 1 Watertight bag
- 1 Adult adjustable cervical spine collar
- 2 Pairs of non-sterile gloves (non-latex, appropriately sized)
- 2 x small "pods/sachets" of sterile water or NaCl for eye wash
- 1 Medium dressing
- 1 Large dressing

Equipment to be available for immediate use in a living chamber (DDC)

The same equipment as for the Diving Bell, should be available for rapid use in each living chamber of a saturation system and in each air diving chamber/Deck Decompression Chamber (DDC).

In 'living' chambers a foot or gas-powered suction pump may be preferred. The watertight bag is not required within 'dry' living chambers and it is acceptable that this equipment may be stored outside the system ready to be passed in immediately, as required.

If more of specific items are required these should be found in the normal ships' medical stores.

It is not necessary to have one set per living chamber in a saturation system, but it is suggested there is 1 set per 3 chambers and that this might be stored near sat control to be easily accessible.

2 Equipment to be Held in a Hyperbaric Rescue Unit (HRU) compartment (or within the surface compartment of a self-propelled hyperbaric lifeboat):

- 1 Emergency limb tourniquet (e.g. CAT® or MAT®)
- 3 Polythene bags
- 1 Resuscitation face mask (preferably with a silicone filled face seal and a non-return valve) or shield, for mouth-to-mouth ventilation (e.g. Laerdal pocket mask or face shield)
- 2 Oropharyngeal airways size 3 and 4 (e.g. Guedel type)
- 1 Tuff cut scissors
- 1 Medium dressing
- 2 Triangular bandages
- 1 Roll of 1-inch adhesive tape
- 2 Crepe bandages – 3-inch
- 1 Hand operated suction pump
- 1 Watertight bag
- 1 Wide bore suction catheter (for example Yankeur)
- 1 Adult adjustable cervical spine collar
- 1 – 2 boxes of non-sterile gloves (non-latex, appropriately sized)

- 1 Large dressing
- 2 x small "pods/sachets" of sterile water or NaCl for eye wash

Sealable vomit and metabolic waste bags must be provided that allow for safe containment and disposal of this waste. Suggested: Absorbeze Maxi Sick Bags. Consideration should be given to the number of occupants and possible time expected before retrieval. A minimum of 15 per occupant is required.

Given the confines of the evacuation unit and the potential for contamination, anti-diarrhoeal preparations such as Imodium should be considered.

Fluid replacement supplies which can be primarily water, to allow approx. 100-150mls per man per hour, must be available. Rehydration preparations to maintain electrolytic balance should also be considered as essential to augment the fluid balance of both the dive and surface crew.

In the event of the requirement for hyperbaric evacuation, the following need to be available for immediate passing into the chamber prior to the divers entering the HRU. The surface support crew also need to be given the same medication:

Each team member (both divers and surface support crew) should chew 2 x 300µg tablets of hyoscine hydrobromide and have a Scopolamine dermal patch placed behind one ear prior to evacuation into an HRU. The 2 hyoscine hydrobromide tablets will take effect within 30mins and last approximately 7-8 hours, after which the dermal patches will become effective and last approximately 72 hours.

The number of tablets and patches required depends on the number of people within both the dive team and surface support team and will need to be calculated prior to each mobilisation.

There should be extra tablets and patches available for the dive and support team in case of failure of the adhesiveness of the dermal patches.

3 Equipment to be held for a Hyperbaric Reception Facility

A full DMAC 15 kit, excluding the drugs, should always be deployed with the HRF.

Arrangements should be in place as part of any project specific Hyperbaric Evacuation Plan with a local hospital or medical supplies facility to provide further medical equipment and the drugs as needs be, within an appropriate timescale. This requires prior preparation and planning.

A risk assessment should be undertaken to assess what drugs and extra equipment may be needed and ensure that they will be available from the local supplier, at short notice.

4 Equipment to be Held at the Dive Site

Diagnostic Equipment

- 1 Pencil torch
- Electronic Thermometer(s) to cover the range 26^0C to 43^0C
  - This could be one or 2 thermometers
  - Sheaths to allow multiple use.
- 1 Stethoscope
- 1 Aneroid sphygmomanometer
- 1 Reflex hammer
- 1 Tape measure
- 2 Tuning forks (128Hz and 256Hz)
- Pins for testing sensation (e.g. Neurotips)
- Blood sugar testing equipment.
- Tongue depressors
- Urine testing strips
- 1 Otoscope (with spare bulb and batteries and disposable ear pieces)

Thoracocentesis / Chest Decompression

- 2 Intercostal drain and drainage kits – preferably those without sharp metal 'trocar' introducers (e.g. Portex flexible introducer type) *Primarily for use by suitably trained doctors.*
- 4 x devices for emergency needle Chest Decompression
- 2 Heimlich Valves
- Suitable strapping/fixing to secure the system appropriately

Urinary Catheterisation

- 2 Urinary catheters (preferably non latex) sizes 14 and 16 or 18 (e.g. Foley type)
- 2 Urine collection bags
- 2 Catheter spigots (optional)
- 2 x 20ml sterile water
- 2 Urethral anaesthetic gel
- Suitable strapping/fixing to secure the system appropriately

Dressings

- 10 Packets gauze squares 10 x 10cm
- 5 Packets cotton wool balls
- 4 Triangular bandages
- 4 Trauma care bandages
- 12 Safety pins
- 2 Adhesive bandage 75mm x 3m
- 2 Adhesive bandage 25mm x 3m
- 2 Crepe bandages 6 inch
- 2 Crepe bandages 3 inch
- 2 Large dressings
- 2 Medium dressings
- 40 Adhesive plasters
- 2 Dressing bowls
- 4 Eye pads
- 1 Eye wash kit
- 5 x Soft silicone primary wound dressing (8cm x10cm) (e.g. Mepitel)

Equipment to immobilise fractured/sprained limbs (e.g. a 36 inch SAM splint, which can be cut to size as required)

Sterile Supplies – General.

There are many options of disposable sterile supplies which can be considered but should contain at least the following.

- 4 Universal containers
- 2 Drapes 60 x 90cm
- 10 non-alcohol swabs or sachets of skin disinfectant (e.g. Cetrimide solution)
- 10 pairs of sterile gloves (selection of sizes, preferably non-latex)
- 6 Sutures non-resorbable (e.g. nylon) (3/0 and 4/0), preferably with cutting needles attached
- 1 Medium sized sharps bin
- 5 x 20ml syringes
- 5 x 10ml syringes
- 5 x 2ml syringes
- 10 x 18g needles
- 10 x 21g needles
- 4 packets of Steri-strips (paper stitches)
- One bottle of antimicrobial surgical skin cleanser (e.g. Hibiscrub, similar chlorhexidine based cleansers)

Sterile Supplies – Specific

Disposable sterile procedure packs should be obtained to lock into the chamber for specific procedures such as Minor operations, Urinary Catheterisation, Thoracocentesis and Suturing procedure packs for example. To contain the equivalent of:

- 1x Kidney Dish
- 1x 60-100 ml bowl (Gallipot)
- 10 sachets of skin disinfectant (e.g. Cetrimide solution)
- 10 x 7.5cm 4ply Non Woven Cotton Swabs
- 4 x Dressing Forceps
- 2 x Tissue Backed Drapes 60 x 90cm
- 1 x Yellow Bag (for disposal of used items)

Sterile Instruments

- 2 Spencer Wells forceps 5 inch
- 1 Mosquito forceps
- 1 Dressing forceps
- 2 Disposable scalpels
- 1 Forceps – fine toothed
- 1 Dressing scissors
- 1 Scissors – fine pointed
- 1 Stainless steel ring cutter (for removal of rings and other piercings) – this does not need to be sterile

Intravenous Access

- 1 Tourniquet to aid venous access
- 3 IV/IO Giving sets
- 4 IV cannulae 16g
- 4 IV cannulae 18g
- 4 Butterfly infusion sets 19g (optional)
- 2 Magnetic hooks
- 4 x 3-way IV taps
- 10 x IV cannula dressings
- A pressure bag for rapid infusion of fluids.
- Intraosseous (IO) infusion system.

A minimum of 2 sets of devices are required.

It is suggested that manual or spring loaded placement systems are used.

If used, the DMTs must be appropriately trained in and up to date with the system chosen and used by each diving company. The use of battery operated placement systems in a hyperbaric chamber environment is contraindicated

Resuscitation

- Self-inflating bag-valve-mask / Resuscitator to include reservoir and connection for BIBS gas (e.g. Laerdal type)*
- 3 Resuscitation masks with silicone face seals (varied sizes)
- 1 Pocket resuscitator with one-way valve (e.g. Laerdal pocket mask with a silicone face seal and non-return valve) or face shield for mouth-to-mouth ventilation
- 3 Supraglottic airways sized for adult males (e.g. IGel sizes 3, 4 and 5) with catheter mounts and filters – if female divers on board ensure there are correctly sized airways for them
- (optional) Endotracheal tubes (ET tubes) (e.g. sizes 7, 8 and 9) with catheter mounts and filters and an Intubation Stylet**
- (optional) Laryngoscope and batteries and spare bulbs. The use of Laryngoscopes with fibre optic disposable blades is encouraged. This is required if ET tubes are stored
- 1 Automated external defibrillator.

If this is to be used inside the chamber or hard wired into the chamber it should be appropriately tested for such use.

- 2 Oropharyngeal airways sizes 3 and 4 (e.g. Guedel type)
- 1 Foot operated or gas powered suction device
- 2 Endotracheal suction catheters
- 2 Naso gastric tubes size 16
- 2 Wide bore suckers
- (optional) 2 Nasopharyngeal airways e.g size 6 and 7 with flange,
- 1 Magill Forceps
- A nebuliser mask and associated tubing

* *Resuscitators may require modification to gas inlet to ensure adequate filling at pressure*

** *Endotracheal tubes should be provided for use by doctors only*

For Surface Supplied diving there should be oxygen delivery systems available to enable normobaric oxygen therapy for each diver for the time required to reach any therapeutic facilities. As an absolute minimum there should be capacity for 4hrs treatment with $F_IO_2 \approx 1,0$.

Rebreather systems such as the "Wenoll emergency oxygen rebreather" system should be considered to extend the life of any oxygen cylinder.

5 Drugs

These drugs should be present on the vessel (DSV) or installation and stored within the sick bay or medical facility. There is no requirement to have a specific set of DMAC 15 drugs completely separate from the vessel's or installation's normal inventory. However, the below drugs should be auditable as present prior to each diving operation in sufficient quantities to support the diving operations. There should be an appropriate system in place to replenish used items in a timely fashion.

A risk assessment must take place prior to any diving operation to consider the risks involved, the location and the time it would take to get any sick or injured diver to a place of definitive medical care. Thus, for example, for Saturation diving the type of work being performed (E.g. risk of trauma), the depth of the diving and the time for decompression are amongst the issues that need to be considered. This risk assessment may guide the choice of drugs required.

The drugs mentioned below are suggestions and the Diving Medical Advisor can always make appropriate changes and document these in Appendix 1 as needed. There are some drugs (IM or IV) that now come in prefilled syringes which may be a more suitable alternative to glass filled vials.

Anatomical Therapeutic Chemical (ATC) codes are provided in brackets for guidance.

Anaesthesia

Lidocaine injection (N01B B02)

Suggested: Lidocaine 10mg/ml or 20 mg/ml ampoules 5 x 10ml
Indication: Lidocaine is a useful local anaesthetic

Analgesia

Soluble aspirin tablets (N02B A01)

Suggested: Soluble aspirin, 20 x 300mg or 20 x 500mg tablets

Indication: Mild to moderate pain, pyrexia, chest pain of suspected cardiac origin

1 to 2 tablets every 4 to 6 hours

Paracetamol tablets (N02B E01)

Suggested: Paracetamol, 25 x 500mg tablets

Indication: Mild to moderate pain, pyrexia (fever)

1 to 2 tablets every 4 to 6 hours to a maximum of 8 tablets in 24 hour period

Non-Steroidal Anti-Inflammatory Drug (NSAID) (M01A XXX)

Suggested: Ibuprofen 30 x 400 mg tablets

Indication: Mild to moderate pain and musculoskeletal inflammatory disorders

1 tablet every 6 hours.

Codeine or dihydrocodeine tablets (N02A A08 or R05D A04)

Suggested: Codeine or dihydrocodeine, 20 x 25-30mg tablets

Indication: Moderate to severe pain

1 x 25 or 30mg tablet every 4 to 6 hours when necessary

Morphine injection (N02A A01)

Suggested: Morphine, 5 x 10mg ampoules

Indication: Severe and acute pain

Patients should be closely monitored for pain relief as well as for side-effects especially respiratory depression.

It may be appropriate to consider the use of an antiemetic after administration of Morphine.

Other Opioids or Ketamine could be considered following a risk assessment by the companies Diving Medical Advisor.

Naloxone injection (V03A B15)

Suggested: Naloxone, 0.4mg/ml ampoules – 2 x 1ml

Indication: Opioid (morphine) overdose, respiratory depression due to administration of opioid (morphine) analgesia

Respiratory depression is a major concern with opioid analgesics and it may be treated by artificial ventilation or be reversed by naloxone. Naloxone will immediately reverse opioid-induced respiratory depression but the dose may have to be repeated because of the short duration of action of naloxone; however, naloxone will also antagonise the analgesic effect

NSAID injection (M01A B05)

Suggested: Diclofenac 4 x 75mg Ampoules

Indication: Severe and acute pain

Can be given IM or IV (as a continuous infusion according to pharmaceutical protocols)

Resuscitation Drugs (refer to the appropriate resuscitation guidelines)

Adrenaline/Epinephrine injection (C01C A24)

Suggested: Adrenaline, 10 x 10ml ampoules. 100µg/ml ampoules (1 in 10,000)

Indication: Emergency treatment for cardiopulmonary resuscitation

Important: Intravenous route or intraosseous route to be used in resuscitation, during CPR only

Amiodarone injection (C01B D01)

Suggested: Amiodarone, 6 x 150mg ampoules

Indication: Amiodarone is used for the treatment of arrhythmias particularly during CPR

In some countries Amiodarone is sold as a powder – ensure the correct amount of the appropriate solute is included if this is the case

Important: Intravenous route or IO route to be used in resuscitation during CPR only

Furosemide injection (C03C A01)

Suggested: Furosemide, 5 x 40mg ampoules

Indication: Oedema, pulmonary oedema, resistant hypertension

Nausea, Vomiting and Diarrhoea

Fentiazin or prochlorperazine injection (preferred) or oral (optional) (N05A B)

Suggested: Prochlorperazine, 5 x 25mg ampoules or Prochlorperazine, 20 x 5 mg tablets

Indication: Severe nausea, vomiting, vertigo, labyrinthine disorders (not for use in motion sickness)

Where available, prochlorperazine in 3mg buccal tablets (dissolves sublingually) is a good choice as opposed to the tablets as such as there is no need to swallow a tablet; 10 x 3mg tablets

See notes on equipment to be held in HRU above. **These are additional:**

Hyoscine hydrobromide (Scopolamine) tablets/dermal patches (A04A D01)

Suggested: Hyoscine, 40 x 300µg tablets (e.g. Kwells)

Indication: Short acting drug for sea sickness and hyperbaric evacuation. These tablets are chewable

Suggested: Scopolamine, 20 x dermal patches (e.g. Scopoderm plasters)

Indication: Long acting slow release drug for sea sickness and for hyperbaric evacuation. One patch to be placed behind one ear.

Loperamide (A07D A03)

Suggested: Imodium 100x2 mg tablets

Indication: Symptomatic treatment of diarrhoea. Start with 2 tablets, then take 1 tablet after each loose stool for up to 5 days. The usual dose is 3 to 4 tablets daily, with a maximum of 8 tablets per day.

Allergic Reactions

Antihistamine for injection (R06A B)

Suggested: Chlorpheniramine, 2 x 10mg ampoules or dexchlorpheniramine, 2 x 5 mg ampoules
Indication: Symptomatic relief of allergy, urticaria, emergency treatment of anaphylactic reaction

Oral antihistamine (R06A E)

Suggested: Cetirizine, 20 x 10mg tablets

Indication: Symptomatic relief of allergies – non-sedating

There are different types of non-sedating oral antihistamines that can be substituted as needs be

Corticosteroid for injection (H02A B)

Suggested: Hydrocortisone 5 x 100mg ampoules

Indication: Hypersensitivity reaction e.g. anaphylaxis, angioedema, asthma

Adrenaline/epinephrine autoinjector (C01C A24)

Suggested: Epinephrine autoinjector (for example: Emerade autoinjector) 0.5mg of 1 in 1000 (1mg/ml) adrenaline (giving 500µg) Indication: Emergency treatment of acute anaphylaxis

Drugs Various

Glucose injection (B05B A03)

Suggested: Glucose 2 x 500mg/ml 50ml

Indication: Hypoglycaemia

Glyceryl trinitrate sublingual tablets (C01D A02)

Suggested: Glyceryl trinitrate sublingual tablets x 10 tablets

Indication: Cardiac chest pain

Intravenous fluids (B05B B01)

Suggested: Crystalloid Infusion – 6 litres

Sodium Chloride Infusion 0.9% and/or Hartman's or Ringers lactate.

Company doctor to advise on exact make up

Antipsychotic drug for injection (N05A H03)

Suggested: Olanzapine, 2 x 10mg

Indication: For relief of acute symptoms, schizophrenia and other psychoses, mania short-term adjunctive management of severe anxiety, psychomotor agitation, excitement, and violent or dangerously impulsive behaviour

Anxiolytics for oral use (N05B A)

Suggested: Diazepam, 10 x 5mg tablets

Indication: Short-term use in anxiety or insomnia, status epilepticus

Anxiolytics for injection (N05B A)

Suggested: Diazepam, 5 x 10mg ampoules

Indication: Short-term use in anxiety or insomnia, status epilepticus and for muscle relaxant effect where indicated

Anticonvulsant for nasal or buccal use (N05C D08)

Suggested: Midazolam 10mg in 2ml with the administration device (for example nasal atomiser or oro-mucosal solution)

Indication: Short-term use in status epilepticus

Treatment of Burns

Sulfonamides for topical use (skin) (D06B A01)

Suggested: Silver sulphadiazine cream, 1 tube of 1%
Indication: for example, prophylaxis and treatment of infection in burn wounds, as an adjunct to short-term treatment of extensive abrasions; for conservative management of finger-tip injuries

Antibiotics

Broad spectrum antibiotic for parenteral administration (J01D D04)

Suggested: Ceftriaxone 3 x 2g vials (1-2g once daily Intravenously or by deep intramuscular injection.)

Indication: For treatment of sepsis or other serious infections in patients unable to receive oral treatment.

Broad spectrum antibiotics for oral use (J01C A, J01C F, J01C R02 or J01M A02)

It is important to have antibiotics from both of the following 2 categories available on saturation diving projects.

1) Co-amoxiclav, 21 x 625mg tablets (1 tablet 3 times per day for 7 days) **OR** dicloxacilline 30 x 500 mg tablets

Indication: A broad spectrum antibiotic useful in the treatment of Gram-negative bacterial infections

If this drug is not available, the company doctor may choose to recommend a similar penicillinase resistant antibiotic.

2) A Quinolone, for example:
    - Ciprofloxacin, 20 x 500mg tablets (1 tablet 2 times per day for 10 days) **OR**
    - Levofloxacin, 20 x 500mg tablets (1 tablet 2 times per day for 10 days)

Indication: A Quinolone antibiotic is useful in the treatment of Pseudomonas infections

Macrolide antibiotic for oral use (J01F A09, J01F A10)

Suggested: Clarithromycin 14 x 250mg tablets (1 – 2 tablet(s) twice daily for 7 days) or Azithromycin 10 x 500mg tablets (1 tablet daily for 5 days)

Indication: Susceptible infections

Antibiotic ear drops with (S03C A) or without (S02A A) corticosteroids

Suggested: Sofradex (framycetin sulphate/ dexamethasone/gramicidin) ear drops or hydrocortisone/ polymyxine B ear drops one bottle 2–3 drops 3-4 times daily. May be substituted by other ear drops containing combinations of antibiotics (e.g. Polymyxine B, Neomycine, a.o.) and corticosteroid (hydrocortisone, dexamethasone a.o.)

Sofradex drops can also be used for eye infections

Recommended additional antibiotic ear drops for saturation diving operations

Suggested: Ciprofloxacin ear drops (S02A A15)

There should be a sensible supply of therapeutic ear drops as ear infections are common.

Antibiotic eye drops/ointment (S01A A01)

Suggested: Chloramphenicol eye drops or ointment

Indications: Eye infections

An antifungal drug
Suggested: Clotrimazole cream (D01C A01)
Indications: For fungal skin infections
An Antibacterial ointment
Suggested: Bactroban / Bacitracin (D06A X05)
Indications: For skin infections

Company		Vessel	
Project (if relevant)		Dive site (if relevant)	
Vessel Medic's name		Vessel Medic's signature	

The following table is for the company Diving Medical Advisor to note down any variations from the DMAC 15 document, with the reason. This allows for the detailing of any geographical difficulties with drug or equipment supply. Any additional equipment or drugs required by the medical adviser or details of equipment issues should be noted here with the required remedial actions.

Name of DMAC 15 drug	***Replacement drug or "omitted"***	***Reason for this action***	***Doctor's initials***
Equipment issues			***Doctor's Initials***

Name of Company Diving Medical Advisor *Signature:* *Date:*