

UNDERSEA PHAS CHEATSHEET

MEDICAL FORMAT TEMPLATE

HPI

- ID: age, reg/res, trade, posting, type of/reason for medical
- Last medical type and date, category awarded, MELs
- CC if applicable
- Current Meds (incl Rx, OTC, supplements)
- Allergies
- Dates of Last
 - o Labs
 - o Audiogram & VA annually
 - o CXR q5yrs
 - o EKG q 4 yrs to age 40, then q2 yrs
 - o Framingham q4yrs <40yo, q2yrs >40yrs
 - o DON screening questionnaire yearly
- Spiro Standards (only on initial)
 - o FEV1 >80%
 - o FVC >80%
 - o FEV1/FVC >75%
 - o FEF 25-75 >50% subs, 55-60% dive
 - o ****ensure curve is adequate to assess numbers****
- Dive History
 - o Start of diving
 - o Military & Civilian Certifications (i.e tech, mixed gas, rebreather)
 - o Dive Hours last 12 months
 - o Total dive hours ever
 - o Deepest Dive past 12 months
 - o Deepest Dive ever
 - o Any previous dive injury/illness – Batrotrauma, DCI, DON
- Comment on ANY Positives from 2452/2552

DIVER ROS “big 5”

- Hx of DI (DCS or AGE), DON, Barotraumas

1. Asthma

- o asthma after age 12/wheeze/SOB
- o childhood Hx
- o ER presentations, hospitalizations
- o EIA, respiratory cold tolerance, bronchitis, pneumonia, cough (nocturnal, post URTI)
- o Puffer use
- o ILD or COPD
- o No go asthma for submariners/divers = requires ongoing use of rescue inhalers, induced by cold/exercise/anxiety, induced by exposure to airborne particulate/chemical/petroleum distillates found in the sub atmosphere

2. Pneumothorax

- hx of spontaneous or traumatic, chest tube/intervention

3. Neuro/MH

- Seizure/epilepsy
- Blackout/LOC
- Migraines
- MH conditions - claustrophobia, anxiety, PTSD, phobias, substances (CAGE positive – context and consequences)

4. Significant Head trauma

- TBI/concussion/LOC >2 mins, skull #, ANY intracranial hemorrhage, post-traumatic amnesia >30 mins, focal neuro sx, post concussive epilepsy or post concussive symptoms lasting >24 hrs
- For concussion/head injury
 - Total # of concussion or head injuries
 - interval between concussions/HIs if multiple
 - change in threshold of trauma required to induce concussion/HI sx
 - date of late concussion/HI
- assessment by neurologist/specialist & recommendations
- Imaging results

5 ENT

- sinus problems, nasal polyps, deviated nasal septum, sinusitis
- ETD problems clearing ears under pressure, flying
- chronic OM/OExt, TM perforation
- vertigo, Meniere's

General ROS examples (not exhaustive)

- CV – murmur, dysrhythmia, palpitations
- GI – PUD, Gerd, colitis, hernia
- Renal – hematuria, nephrolithiasis
- MSK – any joint pain, limitations
- HEME – anemia, thyroid
- Derm – rashes, atopic
- GU
- TMJ, dental issues
- Atmospheric sensitivities – smells, diesel, particulates

PHYSICAL EXAM HIGHLIGHTS

- HEENT – TM mobile with Valsalva, TM changes, TMJ ROM/crepitus
- CVS
- RESP
- GI – scars, hernias, masses
- MSK – document well any signs/symptoms, especially in the shoulders, elbows, hips and knees.
- Neuro – Gait, cognition, CN, pronator drift, Romberg, sharpened Romberg, bulk/tone/power/sensory/DTR, peripheral vs dermatome nerve deficits, +/- SCAT
- Anything else you feel is required to ensure Dive/Sub safety

PLAN

- Fitness to dive/disposition
- Recommended Category:
 - Min Dive: V2* CV2 H2 G2 O2 A5
 - Min Sub V3 CV2 H2(3) G2 O2 A5

- MELs – ALL communicated to CoC by chit
 - TCat – reviewed by ADMO, >12 months send to CDM
 - PCat – by ADMO for dive, SbMO for subs, to CDSM prior to sending to DMedPol

- Plan for F/U and reassessment as required
- Sign off dive log.

POLICIES SUMMARY

- Initial Dive Medical
 - 2939
 - 2452, 2552, 2033, DON Q
 - Part 1 & Part 2 – full exam
- Type 1 Dive Medical q 2 yrs
 - 2452, 2552, 2033, DON Q
 - Part 1 & Part 2 – full exam
- Type 2 Dive Medical intervening year
 - 2452, 2552, DON Q
 - Part 1
 - Part 2 = review of docs. In-person review only if requested by reviewing ADMO/CDSM
- Validity 1 year
 - Can be extended by 60d day by approving authority
 - candidates not completing initial training within one year of their Initial SWD PHA can revalidate same by completing alternating types I & II PHAs
 - 2 wks Prior to Initial dive course, require recheck

Who Can Sign? (see flowcharts)

- Approval Authorities for initial SWD PHA
 - West of Ontario – FSMO (P)
 - East of Ontario – FSMO (A)
 - Ontario – CDM Ottawa (NCR), Delegated ADMO (Petawawa), CDHM Toronto (all other locations, or if NCR/Pet unavailable)
- SAR requires aeromedical certification as well.
- CD Prelim Selection – Review by DMO/ADMO, signed off by Approval authority or CDSM as available (who will email +Tg email)
 - NO NEED to send the chart to TO anymore.

4000-04 Table 2: Diver PHA Investigation Requirements

Item	Initial PHA	Type I PHA	Type II PHA	Details
Height, Weight, Blood Pressure	•	•	•	
Visual acuity	•	•	•	Measured and graded IAW CFP 154
Colour Vision	•			Confirm CV was tested on enrolment medical. Colour vision examination only if clinically indicated or clearance diver selectees at CFEME.
Audiogram	•	•	•	Measured and graded IAW CFP 154
Chest X-ray (insp/exp and lateral)	•	See Details	See Details	Every 5 years
ECG	•	See Details		Every 4 years to age 40, then every 2 years
Fasting blood glucose	•	See Details		Every 4 years to age 40, then every 2 years
HbA1c	•	See Details		Every 4 years to age 40, then every 2 years
Lipid Profile	•	See Details		Every 4 years to age 40, then every 2 years
Complete Blood Count	•	•		
Liver function tests: to include GGT, AST, ALT, Alk phosphatase	•	•		
Electrolytes and Creatinine	•			Initial Diver PHA only, then as clinically indicated
Urine: dipstick (micro as clinically indicated)	•	•		
CVS risk assessment	•	See Details		Every 4 yrs to age 40, then every 2 yrs. To include: <ul style="list-style-type: none"> • Resting ECG • Lipid profile • Fasting Blood Glucose, HbA1c • Smoking history • Fam Hx CAD before age 60 yrs • CVS risk profile (using tool at Ref G, H or I)
Screening Spirometry	•			Screening spirometry only. If clinically indicated or abnormal screening spirometry, full PFT with flow volumes +/- methacholine (or exercise) challenge is performed. Full PFT for Clearance Diver Selectees at CFEME
Transthoracic Echocardiogram (bc-TTE)				Only at CFEME for Clearance Diver Selectees after CDAC

Dental Examination (through CF Dental Services)	•	•	•	IAW CFHS 1023-06 (Ref C). Divers are responsible for booking initial and annual diver dental examinations.
Any other tests	See Details	See Details	See Details	As/if examining HCP feels clinically indicated

4000-04 Table 3: Examining, Reviewing and Approval Clinician Requirements

Exam Type	Examining Clinician	Reviewing MO	Consultant DMO Review	Approval
Initial Diver	DMO (see notes 1 and 2)	ADMO or Approval Authority (see note 3)	CDHM, regional CDSM (as clinically indicated) Exceptions: 1. CI Div/CLDO (note 7)	CDHM, regional CDSM or CDM delegated ADMO (see Table 4 for details)
Type I PHA	DMT/DMO (see note 4)	ADMO (see note 6)	Not required (see note 7)	Reviewing MO (see note 10)
Type II PHA	DMT/DMO (see note 4)	Not required	Not required (see note 7)	Examining Clinician
TCAT applied <12 months	DMT/DMO	ADMO (see note 6)	Not Required (see note 7)	Reviewing MO (see note 10)
TCAT removal <12 months	DMT (see note 5) DMO	ADMO (see note 6)	Not Required (see note 7)	Reviewing MO (see note 10)
TCAT >12 months or PCAT	DMO	ADMO or CDM (see note 9)	CDM	D Med Pol Exceptions: see notes 8 and 9

Note 1: Clearance Diver Initial PHAs are conducted and approved by CDHM Toronto after successful completion of CDAC.

Note 2: A CDM may permit specific experienced ADMTs to be the examining clinician for Initial Diver PHAs.

Note 3: If there is no ADMO available, or at the discretion of the Approval Authority or CDM, the file may proceed directly to the next level of review/approval.

Note 4: See para 57 for exceptional circumstances a BAvMed provider or Flight Surgeon may be the Examining Clinician for Diver Type I or II PHAs.

Note 5: A DMT may be the examining clinician for removal of temporary diving restrictions less than 12 months if the medical condition and management is within their scope of practice.

Note 6: If the examining clinician was an ADMO, the reviewing officer may be a BDMO (at the discretion of the regional CDSM) (para 60 refers).

Note 7: Although not required for routine PHAs and TCAT <12 months, the reviewing officer may request CDM review if there are any questions or concerns

Note 8: CDM may approve without DMedPol Review if the following conditions are met:

Diving is a secondary duty (i.e. not PID or CI Div);

No Geographical or Operational medical category changes; and

Vision, Colour Vision, and Hearing categories remain within MOSID standard

Note 9: For TCAT MELs totaling 12 to 18 months (i.e. 3rd TCAT), following CDM assignment/approval of diving related MELs, the Base Surgeon is authorized to provide final approval of the overall TCAT.

Note 10: Only ADMOs specifically authorized by a CDM (email is adequate) may review and approve Diver PHAs IAW with the table above.