

# Australian standards for occupational and recreational divers Change in the wind?

David Smart and Catherine Meehan

## Key words

Standards, occupational diving, recreational diving, medicals – diving, medical society

## Background

Prior to 2008, Standards Australia provided the front-end resourcing for development of new standards and revision of existing standards. In 2008, this model changed to require initiation and front-end payment by organisations if they wished to develop or revise a standard. For diving standards this has led to a gap whereby no individual organisation has sufficient resources to fund such development. In addition, there has been pressure from the Federal Government to accept international standards as the applicable standards for Australia where these overlap our current standards. This is of particular relevance to the recreational diving industry whereby a number of international standards in recent times have been promulgated in Australia to cover the training of the various levels of recreational divers. These standards lack detail compared with current Australian standards and also require a lesser level of medical assessment to participate in recreational diving.

A meeting for committees SF-017 and CS-086 was convened in April 2010 to try to work out a way forward under this new business model. The meeting, chaired by Dr Ian Millar (representing the Australian Medical Association), was attended by representatives of 15 interested organisations. Workplace Health and Safety was not represented.

## How a standard can be developed or revised under the new business model

New standards development has a 'front end', comprising initiation and design, and a 'back end' of implementation and finalisation. The back-end processes remain the responsibility of Standards Australia. There are several different front-end pathways by which a standard can be initiated:

- *Standards Australia driven:* This pathway primarily relies on Standards Australia's resources, project-management expertise and infrastructure.
- *Committee driven:* Under this pathway an appropriately skilled committee undertakes project management and secretariat responsibility for the project, in addition to providing the subject-matter expertise.
- *Collaborative:* The stakeholder-funded collaborative pathway offers stakeholders choice in resourcing levels and project timeframes.

For details see <[www.standards.org.au](http://www.standards.org.au)>

At the meeting, the history of Standards Australia and how it generated its income was outlined. A new business model

required assessment of existing standards to see whether or not they were active, semi-active or requiring resubmission. The only two systems likely to be used for developing or revising diving standards were the standards- or committee-driven approaches. The standards-driven budget for this year has already been approved and it would be unlikely that diving standards would get funding support. Committee-driven projects require evidence of stakeholder support, and a sponsor is expected to fund the front end of the project including administrative support, and sourcing and funding committee members and interested third parties.

The front end costs of developing a committee-driven project range from AUD10,000–\$13,000 with the back end approximately AUD8,000. Standards Australia reassured us that even if projects were funded, Standards Australia felt that they 'owned' the committee to ensure balance of committee constituency and also that the processes were appropriate and the final structure of the standard was appropriate. In other words, it would not be possible to 'buy a result'. For occupational diving, there are numerous standards, AS2299.1–6 and the 2815 standards for training of divers in the professional industry.<sup>1,2</sup> There was considerable discussion about who would sponsor any further development of these standards as many are out of date (e.g., 1992 for training standards).

## Committee SF-017 Occupational Diving

The Australian Diver Accreditation Scheme (ADAS) has indicated that it would provide sponsorship and secretarial support to continue the revisions and development of professional diving standards. This will allow standards for professional divers to continue as they previously have done with revisions every five years or so. Possible conflicts of interest for ADAS were discussed and it is unlikely they will impact upon the appointment of the Standard. However, this does have more relevance for the training standards.

## Committee CS-086 Recreational Diving

Unfortunately discussion of this topic was left until the meeting time was almost over. The impacts of ISO standards, particularly 24801.1–5, on the recreational diving industry are significant.<sup>3</sup> These standards are supported by all of the training organisations and others with an active interest in increasing participation of divers through the recreational industry. It is unfortunate that these standards have been developed mostly in Europe. Block voting from the Europeans occurred and, despite serious disquiet expressed by France and Australia, they have been brought through by the ISO and, as such, will be accepted by Australian Standards in replacing AS4005.1–5.<sup>4</sup>

It should be noted that the medical assessment component of AS4005.1 is actually a supplement and not part of the standard itself, which is more directed at training of recreational divers. These international standards contain significantly less detail and have a lower benchmark for medical fitness for recreational diving. Hence the health requirements of these standards are lower than those of the current AS4005.1. For example the health requirements of ISO 24801-1 2006 are as follows:

*“Section 5.3 Health Requirements – documented evidence shall be obtained that the student has been medically screened as suitable for recreational diving by means of an appropriate questionnaire or medical examination. In any case of doubt, or at the scuba instructor’s discretion, students shall be referred to proper medical resources. If the student is not examined by a physician, the student shall be obliged to confirm by signature that she or he has understood the written information given by the scuba instructor on diseases and physical conditions which may pose diving related risk. Students shall be advised of the importance of appropriate regular medical examinations.”*

There is no comment that the students shall be examined by a doctor who is trained in diving medicine and the requirements are well short of the position held by SPUMS that all prospective scuba divers should have medical screening prior to commencing scuba diving. From the training industry perspective, the medical assessment required in AS4005.1 is seen as posing a trade barrier to their business and, therefore, they are quite happy to see this health requirement reduced. In a way, if ISOs are adopted, it will absolve SPUMS of some responsibility for the medical examinations and throw responsibility and liability for adverse events due to health issues firmly back on the training organisations. Given the issues identified in an accompanying paper, it is possible that there may be adverse health outcomes from diving as a result of this change in process.<sup>5</sup> This will not affect Queensland, as the requirement for medical assessment is enshrined in legislation in Queensland.

Interestingly, in addition to the discussion regarding 4005.1, those present from the recreational industry also indicated that they wished AS2299.3 to be eliminated from the professional diving code as it was regarded as interfering with their work. For some reason, they do not regard scuba diving instructors and dive masters as occupational divers, and believe they should be treated with a different set of rules and regulations than other professional divers. This issue will be looked at when 2299.3 is reviewed. Their objection seems very hard to follow on safety grounds. Unless there are compelling reasons to remove the 2299.3 standards, at this point there appears to be no reason for its deletion from the professional diving code. The United Kingdom Health and Safety Executive clearly defines individuals who earn a living from the recreational industry as being governed by their diving at work regulations.<sup>6</sup>

### Where to from here?

There are three options available to SPUMS:

- Pay for and sponsor a revision of 4005.1 (of which the medical guidelines constitute two supplements rather than the full standard). This is unlikely to be supported by the recreational diving industry and, therefore, a committee would be unlikely to be convened in relation to the medical as the industry is currently happy with the international standards.
- Develop a separate medical standard. This is a reasonable option on the basis that there is protection of human health and safety, which is one of the methods by which trade restriction allegations will not be sustained. We recommend this as an option for SPUMS; it then becomes a separate medical standard. The standard may then also be applied to the commercial industry.
- Forward (as soon as possible) the new SPUMS Medical (since SPUMS is the premier advisory body in diving medicine in Australia) directly to the Queensland government, because the SPUMS Medical is referred to in its legislation. In addition, other state government occupational health and safety sections and departments of sports, recreation and tourism should receive copies. This would, at least, raise the profile of the SPUMS Medical at all governmental levels.

SPUMS and EUBS members are invited to contribute to this important debate through ‘Letters to the Editor’.

### References

- 1 Standards Australia. *Occupational diving operations*. AS 2299. (Parts 1-4). Sydney: Standards Australia Limited; 2007.
- 2 Standards Australia. *Training and certification of occupational divers*. AS 2815. (Parts 1-5). Sydney: Standards Australia Limited; 2006.
- 3 ISO 24801-2:2007 Recreational diving services - *Safety related minimum requirements for the training of recreational scuba divers - Part 2: Level 2 - Autonomous diver*. Geneva: International Organization for Standardization, 2007. [www.iso.org/iso/catalogue\\_detail?csnumber=42444](http://www.iso.org/iso/catalogue_detail?csnumber=42444) (last accessed 24 July 2010)
- 4 Australian Standard AS4005.1-2000. *Training and certification of recreational divers. Part 1: Minimum entry-level SCUBA diving*. Sydney: Standards Australia Limited; 2000.
- 5 Meehan C, Bennett MH. Medical assessment of fitness to dive – comparing a questionnaire and a medical interview-based approach. *Diving and Hyperbaric Medicine*. 2010;40(3):119-24.
- 6 Statutory Instrument 1997 No. 2776 *The Diving at Work Regulations 1997*. Norwich: The Stationary Office Ltd; 1997. Available at <http://www.opsi.gov.uk/si/si1997/19972776.htm> (last accessed 24 July 2010)

*David Smart and Catherine Meehan are the SPUMS representatives to Standards Australia on the occupational and recreational diving committees respectively.*

**For further information:**

**E-mail:** <david.smart@dhhs.tas.gov.au>