

Classification of divers based on severity of COVID-19 suspected illness

Category 0 <i>NO history of COVID-19 suspected illness</i>	Category 1 <i>MILD COVID-19-suspected illness</i>	Category 2 <i>MODERATE COVID-19-suspected illness</i>	Category 3 <i>SEVERE COVID-19-suspected illness</i>
<p>Definition: Divers who have no history of COVID-19 suspected illness should proceed with normal evaluations. Additionally, we would use these criteria in those who may have had a positive screening PCR or antibody test, but without any history of illness or symptoms consistent with COVID-19.</p>	<p>Definition: <ul style="list-style-type: none"> ● Did not seek health care or received outpatient treatment only without evidence of hypoxaemia. ● Did not require supplemental oxygen ● Imaging was normal or not required </p>	<p>Definition: <ul style="list-style-type: none"> ● Required supplemental oxygen or was hypoxic ● Had abnormal chest imaging (chest radiograph or CT scan) ● Admitted to the hospital but did NOT require mechanical (intubation) or assisted ventilation (BIPAP, CPAP) or ICU level of care. ● If admitted, had documentation of a normal cardiac work up including normal ECG and cardiac biomarkers e.g. troponin or CK-MB and BNP </p>	<p>Definition: <ul style="list-style-type: none"> ● Required mechanical (intubation) or assisted ventilation (BIPAP, CPAP) or ICU level of care. ● Cardiac involvement defined as abnormal ECG or echocardiogram, or elevated cardiac biomarkers; e.g. troponin or CK-MB and BNP (or absence of documented work up) ● Thromboembolic complications (such as PE, DVT, or other coagulopathy) </p>

Recommendations for evaluations of divers or diving candidates

Category 0 <i>NO history of COVID-19 suspected illness</i>	Category 1 <i>MILD COVID-19-suspected illness</i>	Category 2 <i>MODERATE COVID-19-suspected illness</i>	Category 3 <i>SEVERE COVID-19-suspected illness</i>
<ul style="list-style-type: none"> ● Initial/periodic exam per ADCI guidelines ● Chest radiograph only if required per professional group ● No additional testing required 	<ul style="list-style-type: none"> ● Initial/periodic exam per ADCI guidelines ● Spirometry ● Chest radiograph (PA & lateral); if abnormal, obtain chest CT ● If unknown (or unsatisfactory) exercise tolerance*, perform exercise tolerance test with oxygen saturation 	<ul style="list-style-type: none"> ● Initial/periodic exam per ADCI guidelines ● Spirometry ● Chest radiograph (PA & lateral); if abnormal, obtain chest CT ● ECG ● Echocardiogram (if no work up was done as an inpatient. Can forgo if had negative work up) ● If unknown (or unsatisfactory) exercise tolerance*, perform exercise tolerance test with oxygen saturation ● Investigation and management of any other complications or symptoms per provider and professional group or RSTC guidelines 	<ul style="list-style-type: none"> ● Initial/periodic exam per ADCI guidelines ● Spirometry ● Chest radiograph (PA & lateral); if abnormal, obtain chest CT ● ECG ● Repeat cardiac troponin or CK-MB and BNP to ensure normalization ● Echocardiogram ● Exercise Echocardiogram with oxygen saturation ● Investigation and management of any other complications or symptoms per provider and professional group or RSTC guidelines

** If the physician is not assured the diver's self-reported exercise level meets appropriate criteria or is concerned it would not reveal underlying cardiac or pulmonary disease, further testing is warranted.*

Adapted from : Charlotte Sadler, Miguel Alvarez Villela, Karen Van Hoesen, Ian Grover, Michael Lang, Tom Neuman, Peter Lindholm. Diving after SARS-CoV-2 (COVID-19) infection: Fitness to dive assessment and medical guidance. Diving and Hyperbaric Medicine. 2020 30 September;50(3). doi: 10.28920/dhm50.3

ADCI COVID-19 DIVER QUESTIONNAIRE

NAME: _____ **DOB:** _____ **DATE:** _____

COVID-19 SYMPTOMS:

Please circle

Since January 2020:

- | | | |
|--|----|-----|
| 1. Have you had a positive swab (PCR) or blood (antibody test) for COVID-19? If YES, date of test(s): _____ | No | Yes |
| 2. Have you had any of the following symptoms? (circle all that apply) cough, shortness of breath, difficulty breathing, fever, chills, shivering, muscle aches, headache, sore throat, loss of taste or smell, diarrhea | No | Yes |
| 3. Did you miss any days of work due to the above symptoms? | No | Yes |
| 4. Have you had severe respiratory illness with clinical or x-ray evidence of pneumonia, or acute respiratory distress syndrome? | No | Yes |
| 5. If YES to question 2-4, were you diagnosed with any respiratory illness other than COVID-19? If YES, what illness: _____ | No | Yes |
| 6. Are you having any symptoms currently? | No | Yes |
| 7. Do you feel anxious or depressed about the COVID-19 pandemic or working? | No | Yes |

EXERCISE TOLERANCE:

1. What is your normal exercise routine? - _____

2. Any change in your ability to do your normal exercise or exertion? No Yes

3. If YES to question 2, why can't you do your normal exercise? _____

Stop here if you answered no to all above questions.

HEALTHCARE:		
1. Did you seek healthcare related to the symptoms you experienced above?	NO	YES, what level of healthcare? <input type="checkbox"/> Outpatient <input type="checkbox"/> Hospital admission <input type="checkbox"/> Intensive Care Unit
2. Did you have a low blood oxygen level or require supplemental oxygen?	NO	YES
3. Was a chest x-ray or CT scan done?	NO	YES, it was: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
4. Did you require assisted ventilation (BiPAP, CPAP, ventilator)?	NO	YES
5. Was an evaluation of your heart done (EKG, echocardiogram, blood tests)?	NO	YES, it was: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
6. Did you have any blood clots or blood clotting problems?	NO	YES