



## **Freediving New Zealand**

### **Pool-Based Apnea - National Safety Standards**

#### **Introduction**

Any activity where a person holds their breath while submerged in water is subject to significant risks. The potential for these risks to be realised is dependent on a number of factors, the most significant being the presence of competent supervision.

Understandably, freediving is often misunderstood as a dangerous or 'extreme sport'. When conducted with appropriate safety controls it is quite the opposite, and has an enviable long term safety record. Freediving as a sport, when undertaken following the guidance of AIDA International (AIDA) has however been shown to be safe, with AIDA instructors providing education, AIDA Judges overseeing competitions and AIDA providing good practice guidelines.

Freediving New Zealand (FDNZ, Incorporated as AIDA NZ) represents the participants in freediving as a sport in New Zealand and promulgates AIDA good practice. As part of this role FDNZ has recognised the potential for inconsistency in the application of AIDA practice within clubs running training throughout NZ. In particular clubs without resident AIDA Instructors or Judges. FDNZ has prepared national standards, based on AIDA education principles, to provide guidance on risks and recognised good practices for freediving activities.

These National Standards have been reviewed and endorsed by New Zealand Recreation Association. NZRA is a charitable body that works at an agency, industry and professional level to build, develop partnerships and equip individuals and organisations with the skills they need to deliver high quality recreation experiences that engage participants. Specifically NZRA plays a vital part in keeping aquatic facilities around the country safe, well-maintained and enjoyable for the people who use them.

#### **Aim**

The aim of the FDNZ National Standards is to set out the minimum standards of risk identification and mitigation.

## Applicability

This standard is applicable as follows:

- These standards are mandated for Clubs affiliated with FDNZ.
- For commercial operators and those not affiliated to FDNZ, we encourage such organisations to reference these documents in their risk mitigation plans.

## Definitions.

Freediving: The organised sport of aquatic apnea.

Diver: A person conducting an aquatic apnea activity.

Supervisor: A person nominated to monitor and if required assist a diver during an aquatic apnea activity. This person must understand the signs of hypoxia, and able to actively monitor and recover a diver if they were in distress.

Instructor: A person trained to an internationally recognized standard in the instruction of aquatic apnea activities.

AIDA International: The international governing body for competitive freediving of which Freediving New Zealand is a member.

## Pool Standards

1. When organizing or conducting a pool based aquatic apnea activity an Incident Response Plan (IRP) must be completed with a copy held on-site. It is recommended that this has been reviewed with, and that a copy is held by, the management of the pool where the activity is held. An example IRP is available for download at [www.freediving.co.nz](http://www.freediving.co.nz)
2. When conducting pool-based aquatic apnea, details of those involved as divers must be available at the site of the activity. These details must include the name and contact details of an emergency contact for the divers. Note that this could be an electronic database accessible remotely.
3. Every new diver, in their first pool based sessions must be given basic safety training during their induction. This training should include:
  - How to recognise the common signs of hypoxia
  - Basic recovery protocols, including removal of facial equipment and the 'Blow tap-talk' procedure
  - To agree with the supervisor the scope of the dive in particular if a diver intends to test their limits in any way, so the dive can be appropriately monitored.
  - These safety protocols must be practiced regularly and modelled by supervisors, so they inculcated are normalised into the training group's culture.
4. Any aquatic apnea activity involving a maximum breath hold dive must be directly

supervised by a nominated supervisor who remains within visual and close (<5 metres) contact of the diver or divers at all times. Dynamic apnea must have a maximum ratio of diver to supervisor of 1:1. Static apnea must have a maximum ratio of diver to supervisor of 2:1.

5. Aquatic apnea training where maximum breath hold is not being exercised requires one diver to be surfaced and recovered at all times to act as supervisor. This diver may be part of a drill but in any case there must be a maximum ratio of diver to supervisor of 6:1.
6. Any loss of consciousness during an aquatic apnea activity is to exclude the diver from all aquatic apnea and scuba diving activity for the remainder of the day.
7. There is a preference for clubs to have access to medical oxygen and delivery apparatus however it is not mandatory as this can be cost prohibitive for smaller clubs. The use of medical oxygen is not required for the immediate recovery of a diver that has lost consciousness but will expedite their longer-term recovery. The application of oxygen is not an indication for the application of higher medical care. It may be used without further treatment being required if the symptoms are minor. Any requirement for higher health care should be based on the symptoms as detailed in the IRP. The following rules apply in regards to medical oxygen:
  - 7.1.1. If a club has medical oxygen a certificate of competency must be held for those who will be administering the medical oxygen. All equipment must be checked prior to the event.
  - 7.1.2. If a club does not have medical oxygen then the club must have knowledge of the quickest access to medical oxygen if required in an emergency. This may be with pool management or external emergency services.