Navy Dive Manual Practice Test (Sample)

Study Guide

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Questions

1. What is recommended for treating mild pneumothorax?

A. Immediate insertion of a chest tube

B. Breathing 100% oxygen

C. Administration of fluids

D. Observation with no treatment

2. What should a diver do if they have not surfaced as expected?

A. Send a signal immediately

B. Panic and ascend quickly

C. Check their equipment

D. Wait for the dive supervisor to react

3. In what situation must a diver treat a previous dive with an oxygen partial pressure of 1.0 ata or higher as a closed-circuit oxygen dive?

A. When diving deeper than 100 feet

B. After any dive using mixed-gas breathing mix

C. When diving with a partner

D. After a dive with proper safety checks

4. When should divers be switched to oxygen during decompression stops?

A. Only when they reach the surface

B. As they start the ascent

C. Upon arrival at an oxygen stop

D. At the end of their dive

5. In the event of a trapped diver, what is one of the first actions the buddy diver should take?

A. Check the time they have been underwater

B. Continue diving to complete the task

C. Attach a tending line to the trapped diver

D. Signal for immediate rescue

6. When are decompression dives allowed according to policy?

A. Whenever the diver decides

B. Only if approved by the Diving Supervisor

C. Only when absolutely necessary with authorization

D. A decompression dive is never allowed

7. What should divers do to prepare for thermal-related risks like hyperthermia?

A. Increase their weight belt

B. Hydrate adequately and manage exposure time

C. Restrict their depth

D. Avoid dive buddies

8. What can serious stress from altitudes above 10,000 feet result in?

A. Decompression sickness

B. Altitude sickness

C. Hypothermia

D. Pneumonia

9. What is the oxygen exposure limit requirement for a subsequent dive after an air or pO.75 EC-UBA dive?

A. No adjustment necessary

B. Increase oxygen exposure limit by 25%

C. Decrease oxygen exposure limit by 10%

D. Consult a Diving Medical Officer

10. What dive conditions might require additional training for divers?

A. Clear, warm waters

B. Sites with strong currents and low visibility

C. Shallow, calm lakes

D. Controlled environments with no obstacles

Answers

1. B
2. A
3. B
4. C
5. C
6. C
7. B
8. B
9. A
10. B

Explanations

1. What is recommended for treating mild pneumothorax?

A. Immediate insertion of a chest tube

B. Breathing 100% oxygen

C. Administration of fluids

D. Observation with no treatment

Breathing 100% oxygen is a recommended treatment for mild pneumothorax because it helps to accelerate the reabsorption of the air trapped in the pleural space. High concentrations of oxygen assist in resolving the pneumothorax more quickly, as it increases the gradient for nitrogen to be reabsorbed into the bloodstream from the pleural cavity. This treatment is non-invasive and can effectively alleviate the symptoms without the need for more aggressive interventions. In contrast, immediate insertion of a chest tube is typically reserved for more severe cases of pneumothorax, such as a tension pneumothorax or a larger pneumothorax that causes significant respiratory distress. Administration of fluids also does not directly address the issue of air in the pleural cavity and is not a standard treatment for pneumothorax. Lastly, observation with no treatment may be appropriate for some cases, but using 100% oxygen is a proactive measure that can expedite recovery in mild cases. Thus, breathing 100% oxygen is an essential therapeutic approach to ensure effective management of mild pneumothorax.

2. What should a diver do if they have not surfaced as expected?

A. Send a signal immediately

B. Panic and ascend quickly

C. Check their equipment

D. Wait for the dive supervisor to react

If a diver finds they have not surfaced as expected, sending a signal immediately is the correct action to take. This approach is critical for ensuring the diver's safety. By signaling, the diver communicates their situation to the surface support team, which can initiate a prompt response. Quick communication allows for the implementation of safety measures, such as initiating a search or preparing emergency procedures. Having a clear protocol for signaling in such situations is paramount, as it helps in rapidly identifying and addressing potential issues, like entrapment or an equipment failure. It emphasizes the importance of maintaining contact with the surface team during a dive to ensure safety and coordination. In contrast, acting on impulse, such as panicking or ascending quickly, can lead to increased risks associated with decompression sickness or barotrauma. Checking equipment is also essential, but it should be a part of a diver's preventive measures before descending, rather than a primary reaction to an unexpected situation. Waiting for the dive supervisor to react without taking immediate action can lead to delays and worsen the diver's condition, especially in emergency scenarios.

3. In what situation must a diver treat a previous dive with an oxygen partial pressure of 1.0 ata or higher as a closed-circuit oxygen dive?

A. When diving deeper than 100 feet

B. After any dive using mixed-gas breathing mix

C. When diving with a partner

D. After a dive with proper safety checks

Treating a previous dive with an oxygen partial pressure of 1.0 ata or higher as a closed-circuit oxygen dive is necessary after any dive using a mixed-gas breathing mix due to the physiological implications of how gases are metabolized and absorbed in the body. Mixed-gas dives often involve different gas ratios and partial pressures, which can influence the diver's residual nitrogen and oxygen loading. When oxygen is present at 1.0 ata or higher, it indicates a significant exposure to oxygen, which can create a higher risk of oxygen toxicity when reassessing the diver's condition before undertaking subsequent dives. This necessitates treating the dive as a closed-circuit dive since the diver's metabolic rate and the way oxygen is utilized can significantly change based on previous dives and the type of breathing mix used. Other situations, such as diving deeper than 100 feet, may involve different considerations such as nitrogen narcosis or pressures affecting gas absorption but do not specifically require reclassification of a dive as closed-circuit oxygen. Similarly, diving with a partner or simply ensuring proper safety checks does not change the physiological factors that need to be assessed when determining the impacts of previous dives with high oxygen levels. These factors focus on safety but do not inherently dictate the

4. When should divers be switched to oxygen during decompression stops?

A. Only when they reach the surface

B. As they start the ascent

C. Upon arrival at an oxygen stop

D. At the end of their dive

Switching divers to oxygen during decompression stops is crucial for minimizing the risk of decompression sickness and optimizing inert gas elimination. The correct answer indicates that divers should switch to oxygen upon arrival at an oxygen stop, which is strategically designed to allow for the efficient off-gassing of nitrogen accumulated during the dive. Using oxygen at these designated stops helps to enhance the effectiveness of the decompression process. By breathing pure oxygen, divers can reduce the partial pressure of nitrogen in their tissues more quickly, thereby accelerating the elimination of nitrogen from their bodies. This practice is particularly important at certain depths where the water pressure is significant, and nitrogen is more readily absorbed into the body. Choosing to switch to oxygen only when reaching the surface does not utilize the physiological advantages offered by oxygen during the critical decompression phase. Initiating oxygen use at the start of ascent may not be ideal either, as the divers would benefit more from regular air at deeper depths where the nitrogen loading is most significant. Utilizing oxygen only at the end of a dive fails to provide the necessary support during the time when divers are most at risk for decompression-related issues. Thus, the timing of oxygen supplementation is key, making the arrival at designated oxygen stops the optimal moment for this transition.

5. In the event of a trapped diver, what is one of the first actions the buddy diver should take?

A. Check the time they have been underwater

B. Continue diving to complete the task

C. Attach a tending line to the trapped diver

D. Signal for immediate rescue

Attaching a tending line to the trapped diver is a crucial first action in this scenario because it provides a secure connection between the buddy diver and the trapped diver. This line allows the buddy to maintain control and communication while potentially preventing further entrapment or injury. It aids in providing stability, which is vital in emergency situations, particularly if the trapped diver is in a precarious position or if their situation changes. A tending line also facilitates easier recovery because it can be used to guide the trapped diver back to safety without putting the buddy diver at unnecessary risk. In a rescue situation, establishing a direct line of support is often essential to ensure no further incidents happen during the rescue attempt. While checking the time underwater is important from a dive safety perspective, it doesn't directly help in the immediate actions necessary to assist the trapped diver. Continuing with the dive tasks could lead to worse outcomes, as it would neglect critical rescue efforts. Signaling for immediate rescue could be a reasonable action, but doing so without first securing the trapped diver limits the buddy's ability to provide immediate assistance.

6. When are decompression dives allowed according to policy?

A. Whenever the diver decides

B. Only if approved by the Diving Supervisor

C. Only when absolutely necessary with authorization

D. A decompression dive is never allowed

Decompression dives are conducted under strict guidelines to ensure the safety and health of divers, as the risks associated with these dives can be significant. The correct response emphasizes that such dives should only occur when absolutely necessary and with appropriate authorization. This requirement is not only a matter of operational policy but also a critical safety protocol designed to mitigate the risk of decompression sickness, which can be life-threatening. By requiring authorization for decompression dives, the policy ensures that a qualified supervisor has assessed the situation and deemed it truly necessary based on the dive parameters and conditions. This promotes a culture of safety and accountability within dive operations, aligning with best practices for underwater operations. In contrast, the other options imply a level of freedom or leniency that contradicts established safety measures. Allowing divers to proceed with decompression dives at their discretion would undermine the oversight and structured decision-making required in diving operations. Thus, it is critical that these dives are carefully controlled, only to be carried out under specific circumstances where the risks can be managed effectively.

7. What should divers do to prepare for thermal-related risks like hyperthermia?

A. Increase their weight belt

B. Hydrate adequately and manage exposure time

C. Restrict their depth

D. Avoid dive buddies

To prepare for thermal-related risks such as hyperthermia, divers should focus on hydrating adequately and managing their exposure time. Staying well-hydrated is crucial because dehydration can exacerbate the effects of heat on the body, leading to an increased risk of hyperthermia. Proper hydration supports the body's ability to regulate temperature and helps maintain overall physiological function during dives. Managing exposure time is equally important, as prolonged exposure to high temperatures can elevate the risk of overheating. Divers should monitor their dive duration and take appropriate breaks if they start to feel overheated. Together, these practices ensure that divers maintain a safe internal environment even when external conditions present challenges. The other choices would not effectively mitigate the risk of hyperthermia. Increasing the weight belt does not address temperature management; restricting depth may not have any direct impact on thermal stress; and avoiding dive buddies can compromise safety and support, which is essential when dealing with thermal stress or emergencies.

8. What can serious stress from altitudes above 10,000 feet result in?

A. Decompression sickness

B. Altitude sickness

C. Hypothermia

D. Pneumonia

Stress from altitudes above 10,000 feet can lead to altitude sickness, which occurs when the body struggles to adapt to reduced oxygen levels at higher elevations. This condition can manifest in a range of symptoms, including headache, nausea, fatigue, dizziness, and shortness of breath. As the altitude increases, the atmospheric pressure decreases, leading to a lower availability of oxygen, which can significantly impact individuals not acclimatized to such conditions. Altitude sickness can affect anyone, regardless of physical fitness or prior experience at high elevations, making awareness and understanding of its symptoms crucial for those operating at altitude, particularly in diving operations or high-altitude missions. While decompression sickness is a condition that can occur from rapid ascents after being underwater, it is not directly related to altitude stress. Hypothermia is caused by cold exposure rather than altitude, and pneumonia is an infection usually related to respiratory issues, not altitude exposure. Therefore, altitude sickness accurately describes the physiological response to high altitudes above 10,000 feet.

9. What is the oxygen exposure limit requirement for a subsequent dive after an air or pO.75 EC-UBA dive?

A. No adjustment necessary

B. Increase oxygen exposure limit by 25%

C. Decrease oxygen exposure limit by 10%

D. Consult a Diving Medical Officer

The oxygen exposure limit requirement for a subsequent dive after an air or pO.75 EC-UBA dive is that no adjustment is necessary. This means that the oxygen exposure limits set for the divers remain unchanged following the specified types of dives. In this context, when a diver completes an air or pO.75 exposure dive, they are generally within safe limits for oxygen exposure. The diving protocols established for these types of dives are designed to keep divers' oxygen toxicity risks manageable. Therefore, there is no need to recalibrate or reduce the oxygen exposure limits after completing such dives, enabling divers to prepare for their next dive without complication. This understanding is crucial because it helps divers efficiently plan subsequent dives while remaining compliant with safety guidelines. Adhering to a predetermined oxygen exposure limit is essential for avoiding complications such as oxygen toxicity, which can arise from excessive exposure in subsequent dives. The incorrect options may suggest unnecessary adjustments that are not in line with established diving protocols, potentially leading to confusion or safety concerns during dive planning.

10. What dive conditions might require additional training for divers?

A. Clear, warm waters

B. Sites with strong currents and low visibility

C. Shallow, calm lakes

D. Controlled environments with no obstacles

Diving in sites with strong currents and low visibility presents unique challenges that require additional training for divers. These conditions can significantly impact a diver's safety and ability to navigate effectively. Strong currents can lead to increased physical exertion, making it essential for divers to be trained in techniques such as drift diving, managing buoyancy in moving water, and executing a controlled ascent or descent against the current. Low visibility complicates the diver's ability to see potential hazards, communicate with dive buddies, and orient themselves in the environment. Divers must be trained to rely on their instruments and acknowledge the importance of maintaining proximity to each other. This also necessitates proficiency in hand signals and emergency procedures since traditional visual cues may be limited. Clear, warm waters present a more typical diving environment and do not generally require additional training beyond basic certification. Shallow, calm lakes and controlled environments likewise offer fewer challenges that would necessitate specialized training, as these settings are typically predictable and manageable. Therefore, divers should focus on enhancing their skills specifically for conditions that pose greater risks, such as those exemplified in the correct answer.