SCUBA Diving Supervisor Practice Test (Sample)

Study Guide

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Questions

1. Which symptom may accompany shock?

A. Increased appetite

B. Thirst

C. Extreme fatigue

D. Sleepiness

2. What should be done first when assessing for significant symptoms of DCS?

A. Transport to the nearest hospital.

B. Initiate In-Water Recompression.

C. Monitor symptoms and prepare for recompression.

D. Conduct a rapid survey of the dive plan.

3. What is the blow out plug pressure for an aluminum dive tank?

A. 3000 psig

B. 4000 psig

C. 5000 psig

D. 6000 psig

4. In what scenario is In-Water Recompression considered?

A. As the first response to divers in distress

B. When no recompression facility is available and symptoms are significant

C. After any dive with decompression stops

D. During every returning dive

5. When is scuba authorized for enclosed space diving?

A. Under special circumstances

B. Only during training

C. Always with supervision

D. Never

6. How often must depth gauges be checked for accuracy?

- **A. Every 6 months**
- **B. Every year**
- **C. Every 18 months or when inaccuracies are suspected**
- **D. Every quarter**

7. Which of the following is NOT a method of sensory testing in a neuro exam?

- **A. Pushing against the wall**
- **B. Two lines down the front and back**
- **C. One upper each limb**
- **D. Hands and Fingers**

8. At what minimum interval should strain reliefs for scuba charging whips be secured?

- **A. Every 12 inches**
- **B. Every 18 inches**
- **C. Every 24 inches**
- **D. Every 36 inches**

9. Can a diver simultaneously experience hypercapnia and hypoxia?

- **A. No, they are mutually exclusive**
- **B. Yes, this condition is known as asphyxia**
- **C. It occurs only if the dive is too deep**
- **D. Only during rapid ascents**

10. How often must open-circuit SCUBA cylinders be visually inspected?

- **A. Every 6 months**
- **B. Every year**
- **C. Every time they are filled**
- **D. Every month**

Answers

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

Explanations

1. Which symptom may accompany shock?

A. Increased appetite

B. Thirst

C. Extreme fatigue

D. Sleepiness

Thirst is a common symptom that may accompany shock due to the body's physiological response to a decrease in circulating blood volume or insufficient oxygen reaching the organs. When a person experiences shock, particularly hypovolemic shock caused by significant blood loss or dehydration, the body realizes it is lacking adequate fluids and responds by triggering feelings of thirst. This is a survival mechanism meant to encourage the individual to replenish lost fluids and maintain blood volume. In contrast, symptoms such as increased appetite typically do not occur in shock, as the body's focus shifts towards survival rather than digestion. Extreme fatigue can result as a secondary effect of shock, but it does not specifically signify the body's immediate need for fluid replacement. Similarly, sleepiness might occur due to the body's stress response or altered mental state, but it is not a direct indication of the immediate physiological requirements during shock. Understanding these differences helps clarify why thirst is a critical symptom to recognize in situations of shock.

2. What should be done first when assessing for significant symptoms of DCS?

A. Transport to the nearest hospital.

B. Initiate In-Water Recompression.

C. Monitor symptoms and prepare for recompression.

D. Conduct a rapid survey of the dive plan.

When assessing for significant symptoms of Decompression Sickness (DCS), the first step should be to monitor symptoms and prepare for recompression. This involves carefully observing the diver's condition, evaluating the severity of their symptoms, and determining the appropriate response. Monitoring is crucial because it allows the responder to identify any progression in the symptoms and to understand the severity of the situation, which will inform the next steps in both treatment and transportation. Preparing for recompression involves getting ready to provide the necessary care that may include arranging an appropriate recompression chamber once the diver is stabilized. This ensures that the diver receives the correct medical attention in a timely manner, which is essential for the effective treatment of DCS. Other options, such as transporting to the nearest hospital or initiating in-water recompression, are important actions but they come after the initial assessment and monitoring. Conducting a rapid survey of the dive plan can provide context, but it doesn't directly address the immediate health concerns of the diver exhibiting DCS symptoms. Thus, monitoring symptoms and preparing for recompression is the most logical first action in responding to suspected DCS.

3. What is the blow out plug pressure for an aluminum dive tank?

A. 3000 psig

B. 4000 psig

C. 5000 psig

D. 6000 psig

The blow out plug is a safety feature found in aluminum dive tanks specifically designed to prevent excessive pressure buildup that could lead to tank failure or explosion. For aluminum dive tanks, the blow out plug typically activates at a pressure of 5000 psig, which means it is calibrated to release gas when the internal pressure reaches this critical threshold, thereby ensuring that the tank does not exceed its maximum safe operating limits. This pressure ensures that if there is a failure in the tank or a rapid increase in temperature, the blow out plug will safely vent the gas rather than allowing the tank to become a projectile or rupture dangerously. Understanding the function and correct pressure rating of these safety features is vital for all divers and dive supervisors to ensure safety during diving operations. The other pressures listed (3000, 4000, and 6000 psig) do not accurately represent the standard for blow out plugs in aluminum tanks, which is specifically set at the 5000 psig threshold to maximize diver safety and minimize the risk of catastrophic failures.

4. In what scenario is In-Water Recompression considered?

A. As the first response to divers in distress

B. When no recompression facility is available and symptoms are significant

C. After any dive with decompression stops

D. During every returning dive

In-Water Recompression is considered primarily when there is no available recompression facility and the diver is experiencing significant symptoms of decompression sickness (DCS). This option highlights the critical situation in which immediate medical intervention is mandated, even when on-site hyperbaric chambers or medical facilities are not accessible. In such circumstances, In-Water Recompression can provide a temporary, yet potentially life-saving, measure. The focus of this approach is on managing the symptoms of DCS while awaiting transfer to a proper medical facility. It underscores the importance of quick decision-making in emergency situations, reflecting a deep understanding of diver safety protocols and the urgency required when faced with serious health consequences. The other scenarios do not justify the use of In-Water Recompression. Initiating In-Water Recompression as a primary response to divers in distress disregards the protocols established for medical emergencies, which focus on assessment and stabilization first. It is not performed after every dive with decompression stops, as this could be unnecessary and expose divers to risks if they are asymptomatic. Similarly, requiring it during every returning dive would be overly cautious and impractical, given that not all dives result in adverse effects necessitating such measures.

5. When is scuba authorized for enclosed space diving?

A. Under special circumstances

B. Only during training

C. Always with supervision

D. Never

Scuba diving in enclosed spaces is regarded as a high-risk activity due to the potential hazards such as reduced visibility, confined areas that can lead to entrapment, and the risk of gas toxicity in certain environments. Therefore, it is generally deemed unsafe and not authorized for standard scuba practices. Diving in such environments is not only dangerous, but it also requires specialized training and equipment to manage the risks effectively. Given these considerations, the consensus in the diving community is to prohibit the use of scuba in enclosed spaces, thus making it clear that under no circumstances should recreational scuba diving be conducted in these areas. Although there are other options that suggest certain conditions under which enclosed space diving might be permitted, they do not align with the safety standards and protocols accepted by diving organizations. Enclosed space diving may be suitable in specific scenarios with rigorous preparations, but for the purpose of standard scuba diving practices, it remains an activity that should not be attempted.

6. How often must depth gauges be checked for accuracy?

A. Every 6 months

B. Every year

C. Every 18 months or when inaccuracies are suspected

D. Every quarter

Depth gauges are critical tools for SCUBA divers as they provide essential information about the depth at which a diver is operating. Regular checks for accuracy are necessary to ensure that divers can rely on these readings for safety and operational planning. Testing depth gauges every 18 months or when inaccuracies are suspected is a sound practice because it balances the need for accuracy with practical considerations. It allows for sufficient time intervals between checks while also ensuring that divers can address any issues that arise if a gauge is suspected of malfunctioning. This approach helps to ensure that divers can perform safely without unnecessary frequency of checks that could lead to equipment neglect or build-up of complications. Utilizing a timeframe of 18 months recognizes the longevity and reliability of modern equipment, while also maintaining a benchmark for safety. It permits divers and supervisors to remain confident in their instruments without the need for overly frequent checks, making it both a practical and effective interval for ensuring equipment integrity.

7. Which of the following is NOT a method of sensory testing in a neuro exam?

A. Pushing against the wall

B. Two lines down the front and back

C. One upper each limb

D. Hands and Fingers

In the context of a neuro exam, sensory testing is designed to assess a patient's ability to perceive different types of sensory stimuli. This may include light touch, pain, temperature, and proprioception. The method that involves "pushing against the wall" does not directly evaluate sensory perception but instead assesses strength and motor function. Sensory testing typically focuses on evaluating sensory modalities through specific techniques and areas, such as the "two lines down the front and back," which likely refers to the two-point discrimination test, or "hands and fingers," which can involve tactile sensation testing on the digits. "One upper each limb" suggests assessing sensory function in the upper limbs, which is a standard part of a neurological examination. Therefore, the method that is not associated with sensory testing is pushing against the wall, as it does not relate to sensory perception but rather to strength and stability in a physical context.

8. At what minimum interval should strain reliefs for scuba charging whips be secured?

A. Every 12 inches

B. Every 18 inches

C. Every 24 inches

D. Every 36 inches

Securing strain reliefs for scuba charging whips at a minimum interval of every 18 inches is essential for ensuring the durability and safety of the charging equipment. Proper strain relief helps to prevent excessive stress on the cables, which can lead to wear and potential failure over time. By adhering to the 18-inch guideline, you create a balance between maintaining flexibility and providing adequate support. This interval helps to accommodate movement while minimizing the risk of cable damage from bends or pulls that could occur during diving operations or when handling the equipment. Using a shorter interval, like every 12 inches, might be considered excessive for many applications, potentially adding unnecessary complexity and cost without substantial benefit. Conversely, longer intervals, such as 24 or 36 inches, may increase the risk of strain on the charging whips, which could result in malfunction or dangerous situations when the equipment is in use.

9. Can a diver simultaneously experience hypercapnia and hypoxia?

A. No, they are mutually exclusive

B. Yes, this condition is known as asphyxia

C. It occurs only if the dive is too deep

D. Only during rapid ascents

Diving physiology teaches us that hypercapnia (an excess of carbon dioxide in the bloodstream) and hypoxia (a deficiency of oxygen) can occur simultaneously. This condition is often referred to as asphyxia, which essentially describes a state where the body is deprived of sufficient oxygen while also having increased carbon dioxide levels. In the context of diving, several factors can contribute to both hypercapnia and hypoxia at the same time. For instance, if a diver is using inadequate breathing gas, has insufficient ventilation, or is in a high CO_2 environment, they might experience both conditions together. This can happen irrespective of the depth of the dive or the speed of ascent, as the body's response to these gas levels can be influenced by a variety of factors such as the diver's overall health, activity level, and the surrounding environment. Understanding this interaction is vital for dive safety, as recognizing the signs of asphyxia can help prevent serious incidents. Thus, the idea that these conditions are mutually exclusive is incorrect, underscoring the importance of proper training and awareness for divers.

10. How often must open-circuit SCUBA cylinders be visually inspected?

A. Every 6 months

B. Every year

C. Every time they are filled

D. Every month

Open-circuit SCUBA cylinders must be visually inspected every 6 months to ensure their integrity and safety for diving operations. This regular inspection is critical because it allows for early detection of any issues, such as corrosion, deformation, or faulty valves, that could compromise the cylinder's function. Routine inspections also help to maintain compliance with safety standards set by organizations such as the Occupational Safety and Health Administration (OSHA) and the Department of Transportation (DOT). By adhering to this frequent inspection schedule, divers can minimize the risk of equipment failure underwater, enhancing both their safety and that of their dive companions. While cylinders may also be checked for initial condition and during refilling processes, these checks do not replace the necessity for the comprehensive visual inspection every 6 months. Regular visual inspections help to ensure that all components of the cylinder are in good condition, and any potential issues can be addressed proactively.