

Incident Reporting:

Dispelling Myths and correcting Mental Anchors

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Diving & Hyperbaric Medicine (USA, UK, Australia)

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Incident Reporting:

Dispelling Myths and correcting Mental Anchors

- ▶ **Sang Nila Utama**, or Sri Tri Buana, was once the ruler of the Srivijaya Empire at Sumatra. According to legends, **he went on an expedition** in the late 13th century, and discovered an island with white sandy shore. After learning that the place was called **Temasik (Temasek)**, Sang Nila Utama decided to cross the waters to reach this newly discovered land.
- ▶ However, **a storm appeared** out of nowhere and nearly capsized the boat. In a desperate attempt, Sang Nila **Utama threw his crown into the turbulent waters. The weather and the sea immediately became calm**, and the crew reached Teluk Belanga (present-day Telok Blangah) safely. **As they landed, a strange beast was spotted from afar.** Upon hearing that it was **a lion**, an auspicious symbol, Sang Nila Utama was overjoyed and decided to name the island **Singapura, or Lion City.**
- ▶ The discovery was said to have happened in around AD1297, and Sang Nila Utama went on to rule Singapura for 48 years before his death. His palace and burial ground was located on top of Bukit Larangan, or Forbidden Hill (present-day Fort Canning Hill)



Incident Reporting:

Dispelling Myths and correcting Mental Anchors

Myth - definition (Oxford)

- ▶ a traditional story, especially one concerning the early history of a people or explaining a natural or social phenomenon, and typically involving supernatural beings or events.
- ▶ a widely held but false belief or idea.
 - ▶ "the belief that evening primrose oil helps to cure eczema is a myth, according to dermatologists"

Incident Reporting:

Dispelling Myths and correcting Mental Anchors

Myths and Mental Anchors:

- A. OPERATIONAL/ EVENT Centric
- B. POST EVENT

Incident Reporting:

Dispelling Myths and correcting Mental Anchors

A. OPERATIONAL/ EVENT Centric Myths and Mental Anchors

Fact or ???Facts????

- ▶ Ambulance takes all diving cases to Hyperbaric Facilities
- ▶ All Diving Cases/injuries go to hyperbaric facility and receive chamber treatment
- ▶ All Medical Hospital – has hyperbaric facilities & hyperbaric trained doctors
- ▶ All Doctors know about Hyperbaric and Diving Medicine
- ▶ Diving Doctors in **Private sector** are able to admit/review Diving Accidents in
Both **Private & Government Hospital**
- ▶ Occupational First Aid is enough to Treat Diving injuries and accidents
- ▶ Knowledge of Diving First Aid is for Divers only – not Supervisors
(as Supervisors don't Dive... lah)
- ▶ One tank of Oxygen is enough... no matter how big or small the tank is.
(just to have a tick on the check list – *how much O2 is enough O2???*)

Incident Reporting:

Dispelling Myths and correcting Mental Anchors

Case-1

Mr Allen, 24yo Commercial Diver

28th Nov 2021

- ▶ Working at depth of 7mtr
- ▶ Comms issues and was pulled up by Tender
- ▶ At surface vertigo, nausea, sinus pain , ear-Right - pain
Pain - Right shoulder, Right Knee, Right elbow, Right neck area
some rashes over the cubital fossa of the right arm
- ▶ Ambulance Called and admitted to Public / Government Hospital
- ▶ Reviewed by A&E Doctor
 - ❖ MRI brain - unremarkable.
 - ❖ CXR- normal limits
- ▶ Admitted to WARD for further test and Investigation
- ▶ Was reviewed by Ward Doctor, Specialist

3rd Dec 2021

- ▶ 6 Days Later was then transferred to the Hyperbaric Chamber for Treatment
 - ❖ TT6

Incident Reporting:

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Case-1

Mr Allen, 24yo Commercial Diver

28th Nov 2021

NOTE TIMING / DAYS

- ▶ Working at depth of 7mtr
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Incident Reporting:

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Case-2 : Mr P.C , 40yo Commercial Diver, Air Dive

20th Oct 2016 – Night Operations

- ▶ Depth: 2 dives both to 24 meters,
- ▶ Topside miscalculated the resulting in diver exceeding bottom time of about 40mins
- ▶ Started Staged decompression but unable to continue as ran out of gas – gas bank depleted
- ▶ Diver had symptoms-Gave himself 100% Oxygen
 - ❖ Tingling at the fingers tips only – bilaterally
 - ❖ Lower Lumbar discomfort

0800am Called Diving Doctor

- ▶ Advice from Diving Doctor- 100% Oxygen
- ▶ Transport to Diving Medical Facility

0900am Reviewed by Diving Doctor (Diving Medical Facility)

- ▶ Neurological Examination
 - ❖ Tingling in fingers/hands with discomfort in the forearms of both upper limbs
 - ❖ Worsening Lower back pain with no pain radiating to the legs
 - ❖ Higher centers – intact
 - ❖ Cranial Nerves intact - no abnormality
 - ❖ Spinal- Tone/ Power/Reflexes/ Coordination - Rhomboids-ok, Flip flops- ok
 - ❖ Sensation Vibration, HOT/COLD/ Light Touch - ok – bilaterally

0930am Recompression Treatment

- ▶ TT6

Incident Reporting:

Dispelling Myths and correcting Mental Anchors

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0930am Recompression Treatment

- ▶ T16

**NOTE TIMING
hours- minutes**

Incident Reporting:

Dispelling Myths and correcting Mental Anchors

Workflow for onsite diving accident

Current Practical Procedure

- Most companies



Photo is for illustration purposes only

Hopefully

Dive Injury First Aid Treatment
- Divers & Supervisors

ACCIDENT / Diving Injury

Call Emergency Hotline (SCDF)

SCDF Ambulance
Activation/Despatch

Hospital ,+/- Admission (Nearest Govt Hospital)

Review by Emergency Department Doctors
Review by Ward Doctors
Review by Specialist

Treatment in Diving Chamber

CASE- 1

Case-1 : Mr Allen , 24yo Diver

Not Too Sure if he was given
Oxygen

But he was transported to the
Hospital

Mr Allen was admitted for FULL
Medical Work Up in Hospital

Mr Allen had a few consultations
with the ward Dr / Specialist - MRI
- all did not have any pathological
finding

6 Days Later

As in Mr Allen's Case-1- this was
the last resort- after 6 days - when
Doctors / Specialist could not find
anything pathologically wrong with
him

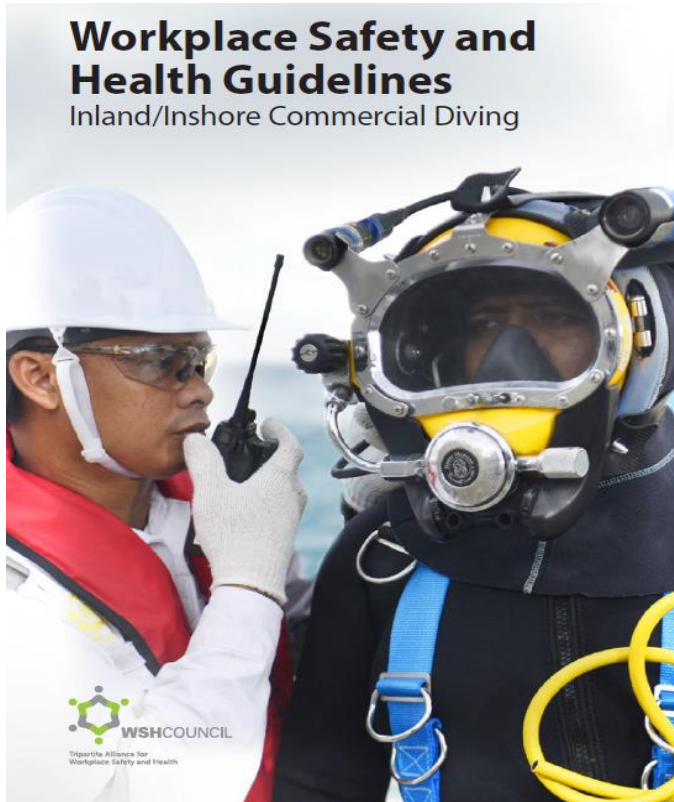
Incident Reporting:

Dispelling Myths and correcting Mental Anchors

Workflow for onsite diving accident

Practical Procedure

- Workplace Safety and Health Guidelines
- Inland/inshore Commercial Diving



ACCIDENT / Diving Injury

**Dive Injury First Aid Treatment
- Divers & Supervisors**

Call Diving Emergency Hotline (Diving Physician)

Appointed Diving Doctor

Advise, Teleconsultation, Emergency Management

Private Emergency Ambulance

Activation/Despatch

Diving Medical Facility

Diving Chamber

Hospital (Private)

CASE- 2

Case-2 : Mr PC , 24yo Diver

100% Oxygen

Activation of Diving
Emergency Hotline

Contacted Diving Doctor

- Telemed Consult
- 100% Oxygen continue

Transport to Diving Medical
Facility

Medical Examination by
Diving Doctor

Dx: DCS

Treated - TT6 Almost
Immediately

No Hospitalization Stay

Incident Reporting:

Dispelling Myths and correcting Mental Anchors

Workflow for onsite diving accident

Practical Procedure

- Workplace Safety and Health Guidelines
Inland/inshore Commercial Diving

Onsite Management:

1. Should a diver experience DCI, the diving supervisor should:

a) Review the diver for:

- Signs and symptoms of decompression illness.
- Presence of any other diving illness such as barotrauma.

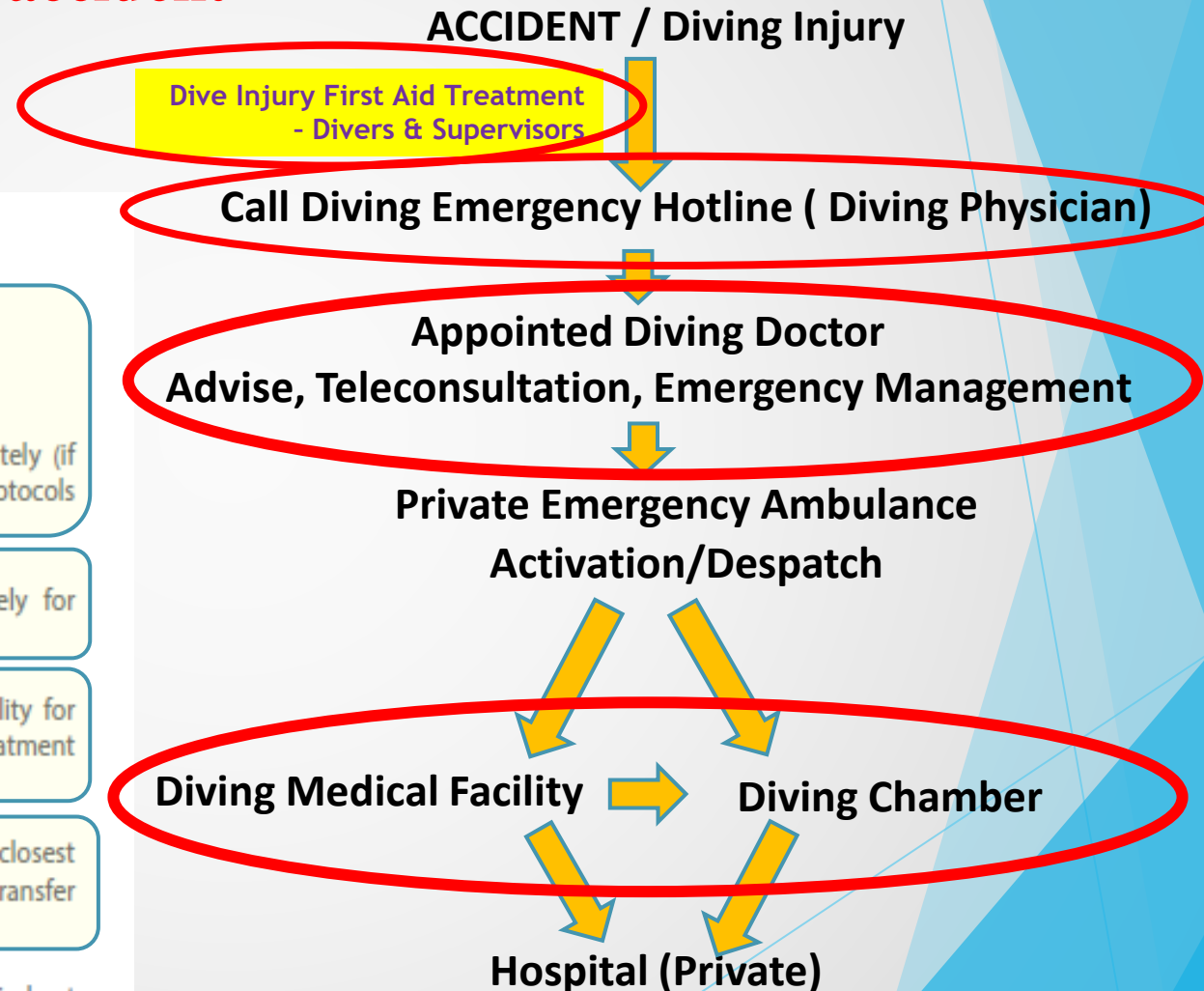
b) Ensure that the injured diver is provided with 100% surface oxygen immediately (if available), delivered in accordance with emergency diving first aid guidelines/protocols for either conscious or unconscious diver.

c) Contact the Appointed Hyperbaric and Diving Specialist/Physician immediately for medical assistance.

d) Arrange to evacuate the injured diver to the nearest appropriate medical facility for urgent medical review by the appointed diving doctor and recompression treatment if necessary.

- The diving vessel which is in anchorage or outside port limits must head for the closest port such as Marina South Pier, West Coast Pier or Tanah Merah Ferry Terminal to transfer the injured diver to the appointed diving doctor.

e) If a deck decompression chamber is available, recompression treatment can be carried out after review and as instructed by the appointed diving doctor.



Incident Reporting:

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Workflow for onsite diving accident

Non-Workplace Safety and Health
Guidelines (Inland Diving)

ACCIDENT / Diving Injury



Call Emergency Hotline (SCDF)



SCDF Ambulance
Activation/Despatch



Hospital (Nearest Govt Hospital)



Review by Emergency Department Doctors
Review by Ward Doctors
Review by Specialist



Diving Chamber

www.femaglobal.com

Dive Injury First Aid Treatment
- Divers & Supervisors

ACCIDENT / Diving Injury



Call Diving Emergency Hotline (Diving Physician)



Appointed Diving Doctor



Private Emergency Ambulance
Activation/Despatch



Diving Medical Facility



Diving Chamber



Hospital (Private)



Workplace Safety and Health
Guidelines
Inland & Inshore Diving

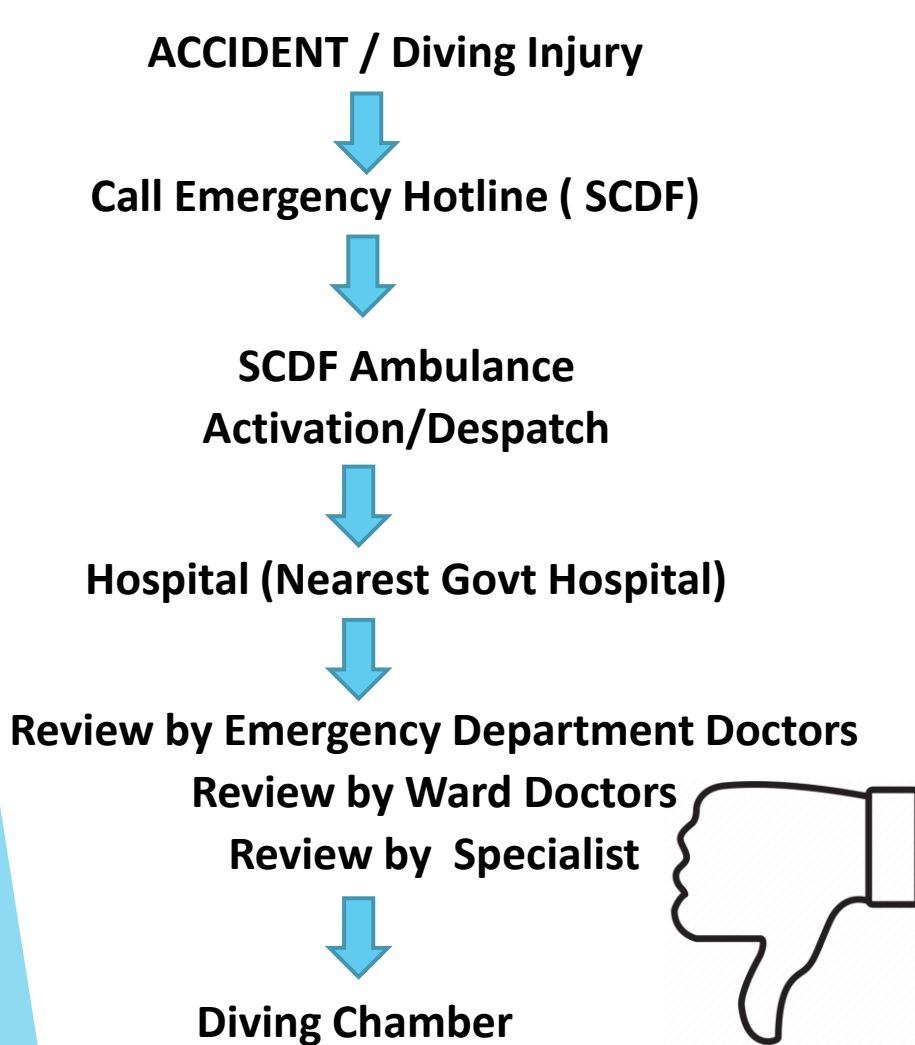
24 Hrs Emergency Tel:(65) 9069 4307

www.flindersema.com

Incident Reporting:

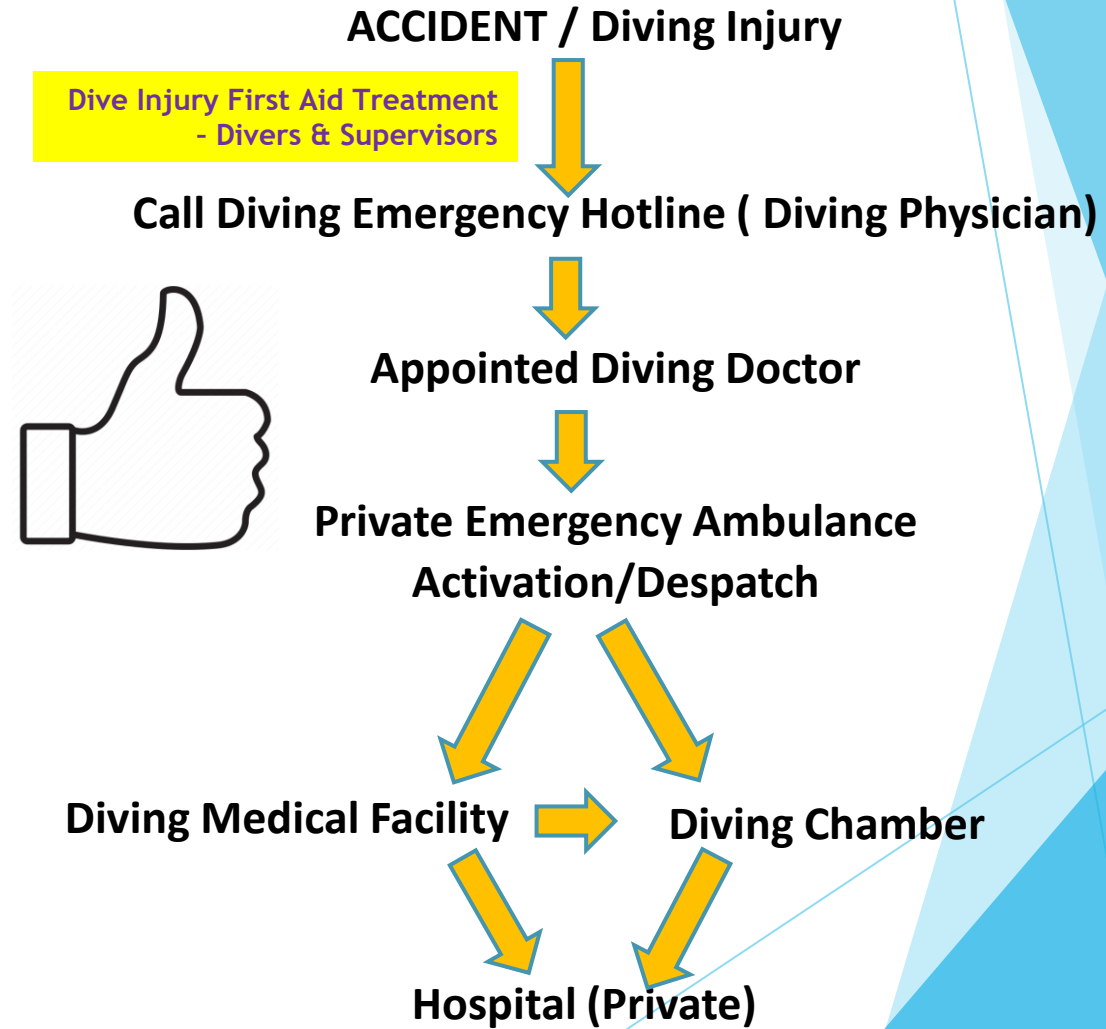
Dispelling Myths and correcting Mental Anchors

Work flow for onsite diving accident



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Incident Reporting:

Dispelling Myths and correcting Mental Anchors

Work flow for onsite diving accident

Non-Workplace Safety and Health
Guidelines (Inland Diving)

ACCIDENT / Diving Injury



Call Emergency Hotline (SCDF)



SCDF Ambulance
Activation/Despatch



Hospital (Nearest Govt Hospital)



Review by Emergency Department Doctors

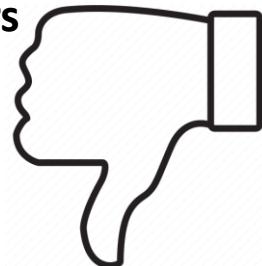
Review by Ward Doctors

Review by Specialist



Diving Chamber

www.femaglobal.com



24 Hrs Emergency Tel:(65) 9069 4307

ACCIDENT / Diving Injury

Dive Injury First Aid Treatment
- Divers & Supervisors



Call Diving Emergency Hotline (Diving Physician)



Appointed Diving Doctor



Private Emergency Ambulance
Activation/Despatch



Diving Medical Facility

Diving Chamber



Hospital (Private)



www.flindersema.com

Workplace Safety and Health
Guidelines
Inland & Inshore Diving

Incident Reporting:

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A. OPERATIONAL/ EVENT Centric Myths and Mental Anchors

Fact ????:

- ▶ Ambulance takes all diving cases to Hyperbaric Facilities
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 - ▶ All Medical Hospital – has hyperbaric facilities & hyperbaric trained doctors
 - ▶ All Doctors know about Hyperbaric and Diving Medicine
 - ▶ Diving Doctors in **Private sector** are able to admit/review Diving Accidents in
Both **Private & Government Hospital**
- ▶ Occupational First Aid is enough to Treat Diving injuries and accidents
 - ▶ Knowledge of Diving First Aid is for Divers only – not Supervisors
(as Supervisors don't Dive... lah)
 - ▶ One tank of Oxygen is enough... no matter how big or small the tank is.
(just to have a tick on the check list – *how much O2 is enough O2???*)

Incident Reporting:

Dispelling Myths and correcting Mental Anchors

- ▶ Diving First Aid vs Occupational First Aid
- ▶ Who makes up the DIVE TEAM
 - ❖ Divers
 - ❖ Supervisors
- ▶ Oxygen- how much is enough

Incident Reporting:

Dispelling Myths and correcting Mental Anchors

Occupational First Aid

Management of Injury based on Body Systems:

- ▶ Circulatory System
- ▶ Respiratory System
- ▶ Muscular Skeletal System
- ▶ Nervous System

Practical Aspects:

- ▶ CPR / EAR performance
- ▶ AED use

Occupational First Aid Topics (OFA)

COURSE TOPICS

- LESSON 1 PRINCIPLES AND PRACTICE OF FIRST AID & Management of Medical Emergencies
- LESSON 2 THE RESPIRATORY SYSTEM and causes of breathing difficulties including choking
- LESSON 3 The CIRCULATORY SYSTEM , shock, bleeding, management of wounds, eye injuries and CPR
- LESSON 4 THE MUSCULOSKELETAL SYSTEM, Fractures and Soft Tissue Injuries, Handling and Transportation of the Injured, Management of Bites and Stings
- LESSON 5 THE NERVOUS SYSTEM, Unconscious Casualty, Burn Injuries and Heat Disorders
- LESSON 6 AUTOMATED EXTERNAL DEFIBRILLATOR
- LESSON 7 SAFETY TOPICS of First Aid Requirements in Workplaces, Chemicals in Workplaces, Occupational Safety & Accident Prevention

Reference: Singapore Red Cross Academy - website

Incident Reporting:

Dispelling Myths and correcting Mental Anchors

Diving First Aid

Management of Injury from the *Interaction of Gas Laws on Body Systems*:

Gas Laws

- ▶ Boyles Law
- ▶ Daltons Law
- ▶ Charles Law
- ▶ Gay Lussac's Law etc

Body Systems

- ▶ Cardiovascular System
- ▶ Respiratory System
- ▶ Muscular Skeletal System
- ▶ Nervous System

Incident Reporting:

Dispelling Myths and correcting Mental Anchors

Diving First Aid

1) Recognition of the various types of Diving Injury / Accidents

- ❖ Clinical Signs and Symptoms – Barotrauma, DCI/DCS, Saltwater Aspiration, CO & CO2 Toxicity etc
- ❖ Management of the various diving injuries/accidents

2) Oxygen

- ❖ 100% Oxygen with CPR, EAR, AED
- ❖ Efficacy of Delivery
 - BVM with PEEP attachment for Drowning victims
 - Gudels, LMA, Chin Lift, Jaw Thrust
 - Needle Chest Decompression
- ❖ Onsite Management of worsening of diving injury in Diver & its Treatment en-route to Pier

3) Fluids

- ❖ Ensure adequate fluids for hydration
 - Oral Fluids
 - IV Fluids

Some Pointers

Incident Reporting:

Dispelling Myths and correcting Mental Anchors

Diving First Aid

1) Recognition of the various types of Diving Injury / Accidents

- ❖ Clinical Signs and Symptoms – Barotrauma, DCI/DCS, Saltwater Aspiration, CO & CO₂ Toxicity etc
- ❖ Management of the various diving injuries/accidents

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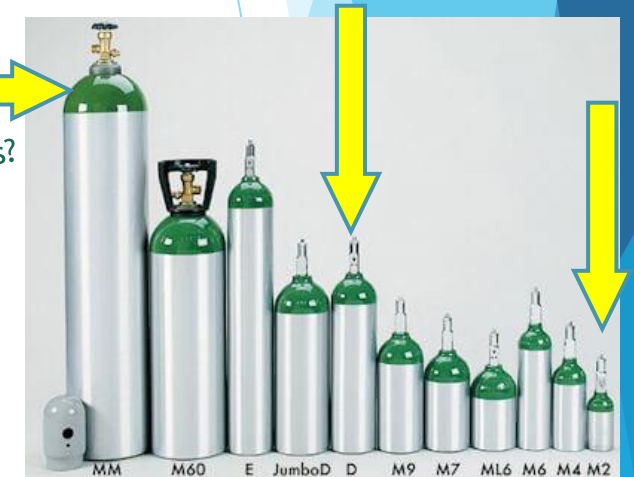
3) Fluids

- ❖ Ensure adequate fluids for hydration
 - Oral Fluids
 - IV Fluids

Who needs to get Trained
Divers
Diving Supervisors
HSE personnel

HOW MUCH O₂ IS ENOUGH ??

- Tank size matters ?
- Tank numbers ?? 1 tank enough?
- Volume of oxygen in the tank matters?



Incident Reporting:

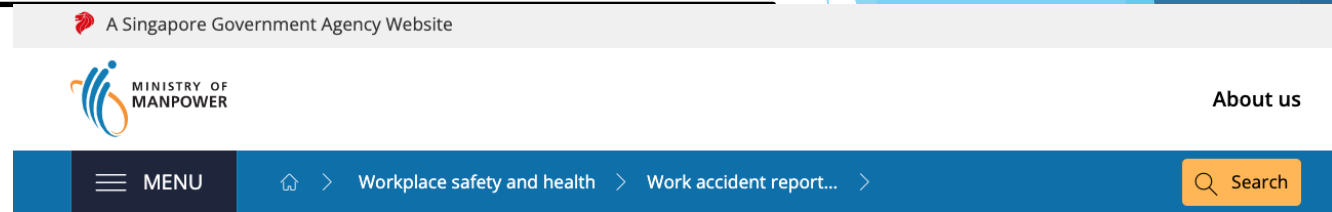
Dispelling Myths and correcting Mental Anchors

B. POST EVENT Myths & Mental Anchors:

- ▶ Only the large incidents must be reported
- ▶ A near miss does not require reporting
- ▶ If I Keep Quiet **No BODY** will know

From the MOM Website:

Work-related accidents, workplace accidents, Dangerous Occurrences and Occupational Diseases must be reported to MOM.



Work-related accidents: what and when to report

Work-related accidents, workplace accidents, Dangerous Occurrences and Occupational Diseases must be reported to MOM. The reporting requirements differ depending on the type of accident. If there is doubt after you have completed investigations, please report.

At a glance

Who should report	Employer, workplace occupier or doctor, depending on the type of accident.
When to report	Within 10 days of an accident or diagnosis.
Relevant legislation	<ul style="list-style-type: none">• Workplace Safety and Health (Incident Reporting) Regulations • Work Injury Compensation Regulations

Note

- As an employer, if you don't report an accident, it is an offence and you'll be fined up to \$5,000 for the first time.
- For second or subsequent offences, you'll be fined up to \$10,000, jailed up to 6 months, or both.

Incident Reporting:

Dispelling Myths and correcting Mental Anchors

- ▶ MOM iReporting
 - ▶ See MOM website
- ▶ Who can Report
 - ▶ You can use WSH Incident Reporting eService if you are one of the following:
 - Employer
 - Occupier
 - Insurer
 - Treating doctor
 - Injured employee
 - Injured employee's next-of-kin
 - Injured employee's legal representative

<https://www.mom.gov.sg/eservices/services/wsh-incident-reporting#how-do-i-file-ireport-using-wsh-incident-reporting>

The screenshot shows the MOM WSH Incident Reporting eService website. At the top, it says 'A Singapore Government Agency Website' and 'MINISTRY OF MANPOWER'. The main heading is 'WSH Incident Reporting'. Below this, it states: 'Employers or occupiers can submit a work-related incident report. Doctors can notify MOM for employees who have Occupational Diseases. You can also amend, purchase or download iReport. Find out more on [what else you can do with this eService](#).' There is a 'Log in to WSH Incident Reporting' button and a status indicator showing 'Service is online' and 'Availability 24 hours'. A 'Tip' section advises downloading the 'glossary of terms' and reading 'related questions on WSH Incident Reporting'. A table lists availability: 'Not available due to maintenance' and 'Every day between 3am - 4am', 'Every Tuesday and Thursday between 10pm - 11pm'. A list of frequently asked questions is provided, including 'Who can use WSH Incident Reporting eService?', 'What can I do?', 'What do I need?', 'What if I don't have Corppass or Singpass?', 'How do I get workplace number for my construction worksite to carry out WSH transaction?', and 'How do I submit incident report using WSH Incident Reporting?'. At the bottom, there are social media links and a footer with 'MINISTRY OF MANPOWER' and 'About us Careers Feedback Share your views @ Reach'.

Incident Reporting:

Dispelling Myths and correcting Mental Anchors

- ▶ Occupiers **don't need to report for accidents involving employees of other companies but should inform the employer of the injured employee to file an incident report.**
- ▶ Occupiers must report for fatal accidents involving member of public, student or a self-employed person.

<https://www.mom.gov.sg/eservices/services/wsh-incident-reporting#how-do-i-file-ireport-using-wsh-incident-reporting>

The screenshot shows the 'WSH Incident Reporting' page on the Ministry of Manpower website. The page header includes the Ministry of Manpower logo and navigation links. The main heading is 'WSH Incident Reporting', followed by a description: 'Employers or occupiers can submit a work-related incident report. Doctors can notify MOM for employees who have Occupational Diseases. You can also amend, purchase or download iReport. Find out more on [what else you can do with this eService](#).' Below this is a large orange button labeled 'Log in to WSH Incident Reporting'. To the right, a status indicator shows 'Service is online' and 'Availability 24 hours'. A 'Tip' section advises downloading the 'glossary of terms' and reading 'related questions on WSH Incident Reporting'. A table lists maintenance periods: 'Not available due to maintenance' (Every day between 3am - 4am, Every Tuesday and Thursday between 10pm - 11pm). A list of frequently asked questions is provided, including 'Who can use WSH Incident Reporting eService?', 'What can I do?', 'What do I need?', 'What if I don't have Corppass or Singpass?', 'How do I get workplace number for my construction worksite to carry out WSH transaction?', and 'How do I submit incident report using WSH Incident Reporting?'. The footer includes social media links and the website URL.

A Singapore Government Agency Website

MINISTRY OF MANPOWER

About us

MENU eServices Search

WSH Incident Reporting

Employers or occupiers can submit a work-related incident report. Doctors can notify MOM for employees who have Occupational Diseases. You can also amend, purchase or download iReport. Find out more on [what else you can do with this eService](#).

Log in to WSH Incident Reporting

Service is online
Availability 24 hours

Tip
Download the [glossary of terms](#) to guide you in your reporting.
Read our [related questions on WSH Incident Reporting](#) if you face difficulty with using the eService, or have questions on incident reporting.

Not available due to maintenance	<ul style="list-style-type: none">Every day between 3am - 4amEvery Tuesday and Thursday between 10pm - 11pm
----------------------------------	--

- Who can use WSH Incident Reporting eService?
- What can I do?
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- What if I don't have Corppass or Singpass?
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Incident Reporting:

Dispelling Myths and correcting Mental Anchors

- ▶ Incident reports from the Company can be uploaded
- ▶ Medical Reports from the Appointed Diving Doctor can also be uploaded

<https://www.mom.gov.sg/eservices/services/wsh-incident-reporting#how-do-i-file-ireport-using-wsh-incident-reporting>

The screenshot shows the 'WSH Incident Reporting' dashboard. At the top, there are logos for the Ministry of Manpower and the Singapore Government, along with navigation links like 'User Guide', 'CHAN U-JYN KEVIN', and 'Logout'. A prominent orange button labeled 'Create report' is in the top right. Below this, an information box states: 'You can file incident report, check work injury claim status and upload documents related to claims (WicSubmit) within this dashboard.' The dashboard is divided into three main sections: 'Draft incident reports' (with a note about a 14-day discard period and a '+ Draft record(s)' button), 'Submitted incident reports' (with a note about a 30-day edit period and a '+ Submitted record(s)' button), and 'WicSubmit & check claim status' (with a note about viewing case status and a '+ Work injury compensation record(s)' button). The footer contains a dark bar with links for 'Report Vulnerability', 'Copyright © 2017 Government of Singapore', and other legal notices.

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User Guide CHAN U-JYN KEVIN Logout

WSH Incident Reporting

Create report

i You can file incident report, check work injury claim status and upload documents related to claims (WicSubmit) within this dashboard.

Draft incident reports

Check out what and when to report. Draft application will be discarded after 14 days from the creation date.

+ Draft record(s)

Submitted incident reports

You can edit accident reports within 30 days from the date you submitted it. You can amend the medical leave days within one year from the date you submitted it.

+ Submitted record(s)

WicSubmit & check claim status

You can view the case status related to you/your organisation. You can use 'Select action' to access WicSubmit to upload documents or submit objections to notice of computation/notice of assessment. If the case you are searching is not listed below, please click [here](#).

+ Work injury compensation record(s)

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Incident Reporting:

Dispelling Myths and correcting Mental Anchors

Post incident Reporting

Usually MOM will:

- Interview the Diver
- Review the Medical Report
- Discuss with an Appropriate Diving & Hyperbaric Physician

Outcome:

- Review of Data to see what when wrong
- How to prevent subsequent injuries
- Issues could be due to

- ❖ Diver
- ❖ Diving Supervisor
- ❖ Diving Procedures
- ❖ Environmental
- ❖ Medical
- ❖ Training- diving, First Aid etc
- ❖ Other (case dependent)



Trust me its NOT a BOY's CLUB

Myths & Mental Anchors

Its not always the Company's Fault

Incident Reporting:

Dispelling Myths and correcting Mental Anchors

Sang Nila Utama

Folklore - passed down from history

It is important to note that we should look at how we have done things from **before** and until **now**.

We need to know the old methods of doing things (in the Diving Industry) **their values (good or bad), their strenghts, their inefficiencies and their dangers.**

With this knowledge we should **change and adapt our Company Systems , Diving Training, First Aid Training for Divers, Medical Management for Treatment Divers and Diving Injury Prevention**

<https://remembersingapore.org/2012/06/29/singapore-legends-and-myths/>

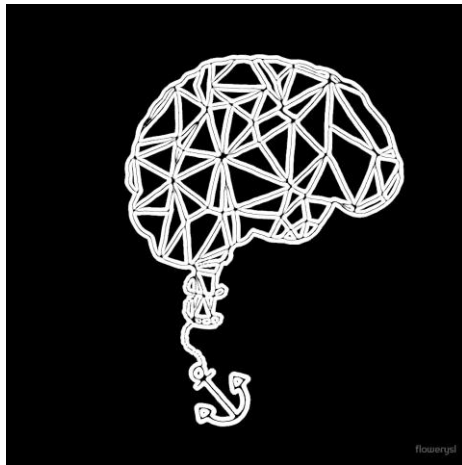


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Know the Myth and adapt to Reality

Mental Anchors OUT , Dynamic Positioning IN



<https://www.redbubble.com/people/flowerysl/works/23479305-youre-the-anchor-that-i-tied-to-my-brain>

www.femaglobal.com



<https://www.kongsberg.com/maritime/products/positioning-and-manoeuving/dynamic-positioning/>

24 Hrs Emergency Tel:(65) 9069 4307

www.flindersema.com

Thank you

Dr Kevin U Chan

MBBS (Australia), Diploma Occupational Medicine (Singapore)
Designated Aviation Examiner (CAAS, Singapore)
Aeromedical Transport Physician (USA, UK)
Diving, Hyperbaric Offshore Physician Level 2D (USA, UK, Australia)
Member of UHMS, SPUMS, IBUM, IMCA, OGUK, AMPA

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