

The Diving Medical Advisory Committee

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Return to Diving after Covid-19

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Supersedes DMAC 33, which is now withdrawn

1 Introduction and Scope

This guidance covers the return to commercial offshore surface supplied and saturation diving after confirmed or suspected Covid-19. It also contains recommendations for the assessment of fitness for diving duties of asymptomatic offshore commercial divers during the ongoing Covid-19 pandemic. The assessment of asymptomatic divers is necessary to identify potential pulmonary changes in those who contracted the disease but were symptom free. It is recognised that the guidance may be of interest to other diving sectors (e.g. inland/inshore, military etc.). The advice in this document is based on “expert opinion” (Oxford CEBM Level 5) of the scientific knowledge published per November 2020. We expect the advice in this document to be adjusted as knowledge is increased on the prevalence, infectivity and persistent health effects of Covid-19.

2 Short-term and Long-term Health Effects of Covid-19

The severity of Covid-19 disease is highly variable – from asymptomatic infection to death. The fraction of asymptomatic SARS-CoV-2 infection is difficult to measure but ranged 15-31% in two reviews (1, 2). Although pulmonary infection (pneumonia) with ground-glass opacities visible in chest CT scans is well recognised (3), it has been reported that, particularly in severe cases, the central nervous system and the cardiovascular system may be involved as well (4, 5). Preliminary data suggest a high incidence of pulmonary embolism in patients hospitalised for Covid-19 (6). Pulmonary changes [were reported](#) in a group of asymptomatic passengers on the cruise ship “Diamond Princess” (7). In this group of 104 patients with Covid-19 (confirmed by PCR tests), 54% of the 76 asymptomatic patients demonstrated CT findings. Similar findings (44% and 59% occurrence of pulmonary CT changes suspicious for Covid-19 pneumonia) were reported in two studies of patients with asymptomatic or mildly symptomatic Covid-19 disease (8, 9). DMAC has not identified studies characterising the progression and recovery of pulmonary CT changes in non-hospitalised patients, but there were remaining pulmonary CT changes in a small cohort of 112 hospitalised Chinese Covid-19 patients examined >28 days after initial symptoms (10). Overall, the findings suggest that there may be structural pulmonary changes in the absence of symptoms and these findings may persist for a long time.

3 Effects of Covid-19 on Fitness for Diving

In the acute phase of disease, symptoms like fatigue, malaise, dyspnoea and coughing will often preclude diving and will not be further discussed. The question arises as to the consequence for diving safety and infectivity once the diver is asymptomatic. Advice on these questions will be based on extrapolation of data and expectations based on the effects of similar infectious diseases. An example of such an assessment is the one published by the Belgian Hyperbaric Medicine Society (11). This statement discusses the potential consequences for fitness for diving after Covid-19 based on infectivity to other divers, pulmonary barotrauma, cardiac events, pulmonary oxygen toxicity and decompression sickness. The statement does not specify whether it is applicable to diving in general or whether it specifically addresses recreational or occupational diving.

It is the opinion of DMAC that the data on cardiac events, pulmonary oxygen toxicity and decompression sickness after Covid-19 currently is too scarce to support any guidance. If the chest CT is normal, the likelihood of contracting pulmonary barotrauma is probably very low in the occupational diving industry. The most significant effects of Covid-19 on divers’ fitness are probably fatigue, impaired exercise capacity and infectivity. Our recommendations in section 5 below reflect this opinion.

4 Existing Guidelines on Fitness for Diving after Covid-19

The Belgian Hyperbaric Medicine Society calls for a minimum of two, preferably three months, of abstinence from diving after Covid-19 (11). The Society recommends extensive pulmonary function testing, high resolution CT scans and cardiac evaluation before diving is resumed for divers who have been hospitalised for Covid-19. The University of California, San Diego, has issued [guidelines](#) for examination of recreational, scientific and commercial divers after Covid-19 (12). The guidelines detail requirements for clinical examination, exercise testing (with and without oximetry), chest X-ray, ECG, and echocardiogram. Similar [guidelines](#) have been issued by the US Physicians Diving Advisory Committee. The UK Diving Medical Committee (UKDMC) has published guidance on its [webpage](#) including a valuable [scorecard](#). It should be noted that UKDMC primarily supports recreational diving.

5 Recommendations for Assessment of Fitness for Commercial Diving during the ongoing Covid-19 Pandemic

DMAC advice is based upon the precautionary principle. We recommend caution and vigilance with respect to the as yet unknown consequences for diving health and safety that previous Covid-19 infection amongst divers may cause. The diving industry is international, and divers are recruited from areas where the proportions of people affected by Covid-19 in populations may be vastly different. A study of antibodies in 356 UK dialysis patients reported 36% prevalence of antibodies while 40% of these never experienced symptoms of Covid-19 disease (13). A similar work published October 2020 suggests a 9.3% seroprevalence in the US (14). These data suggest that divers may experience asymptomatic illness and potentially persistent pulmonary effects. Asymptomatic carriers present virus RNA in the same order as symptomatic patients, but data suggest that asymptomatic carriers are less contagious than symptomatic patients (2, 15).

The risk of virus transmission from an infected person is generally considered low from 14 days after debut of symptoms AND at least 48 hours with no fever. PCR testing should not be used to assess infectivity once Covid-19 has been confirmed, as shedding of non-viable virus can continue for many weeks after cessation of infectivity (16).

The diving contractor is advised to establish a screening procedure to identify divers potentially affected by Covid-19 health effects. The screening procedure suggested below would be in addition to any virus-testing (PCR or antigen), as discussed in IMCA D 06/20 (17). The screening procedure should be applied to all divers – saturation as well as surface oriented – independently of whether they have experienced Covid-19 infection. The reason for this is the high proportion of asymptomatic cases of Covid-19 observed. The contractor's diving medical advisor should supervise the screening, assess the screening results and establish requirements for medical contingency related to the screening. It is advised that screening should take place during mobilisation before each diving project. For surface-oriented diving, the need for repeated tests should be assessed individually by the contractor's diving medical adviser.

The further extent of screening and required medical examinations will depend on the likelihood of Covid-19 short term health effects. For this purpose, we have divided divers into three groups:

1. Asymptomatic commercial divers who have not been SARS-CoV-2 virus-tested or with a negative test.
2. Asymptomatic commercial divers with positive SARS-CoV-2 virus test and divers who have suffered Covid-19 with mild symptoms only. Chest x-rays or CT scans in this group are normal or not taken.
3. Commercial divers with moderate or severe symptoms of Covid-19. This includes (but is not limited to) all divers who have been hospitalised with Covid-19, divers who have received supplemental oxygen treatment, divers who have shown signs or symptoms of hypoxemia, any cardiac or neurological symptom, and divers with structural changes in chest x-rays or CT scans secondary to Covid-19.

For all divers (Group 1, 2 and 3) we recommend the following screening test:

- Physical fitness capacity should be tested before each mobilisation. IMCA D 061 (18) provides details of such tests, e.g. the Chester Step Test (CST), however it is expected that a maximal exercise test would have a higher sensitivity of detection of symptoms and hypoxemia.
- The diver should be monitored for SpO₂ during the test, if possible. Exercise testing should not take place if resting SpO₂<95%. In this case medical guidance on further examination is required.
- The test should be supervised by a trained medic, respiratory technician, nurse or physician and the results should be assessed by the diving contractor's medical adviser.
- The diving contractor's medical adviser should consider referral to a specialist in pulmonary medicine if a decrement of >4% in SpO₂ is observed (19) or if there is a significant decrease in physical capacity compared to previous tests.

For divers in group 2 we recommend:

- Divers in this group should not be permitted to dive for a period of at least one month after cessation of symptoms. In the case of asymptomatic divers, a one-month absence from diving after the first positive virus test (PCR or antigen) should be respected.
- The diver should be assessed by a Medical Examiner of Divers (MED) before resumption of diving. The extent of examination is left to the discretion of the MED. The MED may allow the diver to return to diving under special circumstances and after detailed investigations, sooner than one month after a positive virus test.
- When a diver in group 2 has been examined as described above and considered fit to dive, later screening should be done as per group 1 guidance.

For divers in group 3 we recommend:

- All divers should be assessed by specialists in pulmonary medicine and cardiology. This should be done in close cooperation with the diving medical examiner or the diving medical advisor.
- The diver's medical fitness for diving should be reassessed by a Medical Examiner of Divers. The examination should comply with the appropriate standard for medical examination and assessment of working divers, and a new certificate of medical fitness should be issued.
- A chest X-ray or CT should be completed in all cases when previous imaging has identified structural changes secondary to the infection, or the diver wants to return to diving earlier than 3 months after being asymptomatic. Abnormal findings on the CXR should be followed up with a chest CT.
- A pulmonary function test, as a minimum including conventional dynamic spirometry, should be completed. Any clinically relevant deterioration from previous measurements should be reviewed by a specialist in pulmonary medicine.
- When a diver in group 3 has been examined as described above and considered fit to dive, later screening should be done as per group 1 guidance.

6 Participation in Commercial Offshore Diving Operations after Vaccination for Covid-19

At the time of writing, two Covid-19 vaccines have been given emergency authorisation for use in the USA and one in the UK. Public vaccinations have just started. Data from phase 3 studies of the vaccines (20, 21) indicate that they are effective and generally well tolerated. However, mild to moderate local side effects are common, specifically local reactions at the injection site and systemic effects like fatigue, headaches and chills. Systemic side effects are more common after dose 2 of the vaccine. The median onset of systemic side effects was 1-2 days after injection and duration generally 1-2 days. Side effects may reduce the work ability of the diver and may also be confused with symptoms of decompression illness. The risk of side effects should therefore be considered for divers participating in commercial offshore diving operations shortly after vaccination. As other vaccines are approved and become available their safety profiles should be assessed separately.

It should be noted that even though the vaccines have been shown to prevent Covid-19 effectively, it is currently not known whether they also prevent human-to human transmission of the SARS-CoV-2 virus.

7 References

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