

**Flight Surgeon Interview – 10 Dec 2015 (via telephone at 1115)**

**CAPT [REDACTED]** – D1: The call came in and woke me up, already asleep. Right away the case seemed confusing to me. In this case, people already committed, doing things, etc. When I tried to get clarifying answers from others, so many people on the phone. At least 5 parties on the phone, all talking at the same time.

Basic story, F/V disabled, in tow, towing didn't go well, MLB decided to tow, at some point something happened. Going to take everyone off the vessel, I heard there was a helo moving in that direction, but don't know if they were on scene or not. Doing CPR and has a pulse... became confusing does he need CPR or not. One unresponsive, not breathing, no pulse, doing CPR. Discussion about hoist and interrupting CPR, for survival that's a bad thing to do, survival becomes less. Discussion about rescue swimmer with AED, add capability to where victim is, rather than interrupting CPR. Minutes went by, no pulse or is there a pulse and connected to CPR or not. Talked about time distances, helo vs. boat. Greatest chance for survival uninterrupted CPR and get them to shore. At this point no return to spontaneous circulation, stop CPR.

Don't remember how many times I was called, maybe 2 or 3. 2<sup>nd</sup> call whether or not to continue CPR, pulse present or not present. Multiple people on the phone. Did they ask for permission to stop CPR, no we don't give permission to do anything... we give recommendations. I recommended Swimmer w/AED if it was safe, that makes more sense than interrupt CPR for any unnecessary reason. Alluded to policy of 30 min rule of higher level of care, policy says keep doing CPR.

Was not aware that swimmer was lowered. Did not see swimmer for any potential injuries after the case.