



FITNESS TO DIVE AFTER COVID

AN UPDATE

MEDICAL ASSESSMENT OF FITNESS TO DIVE IN DIVERS WHO TESTED POSITIVE TO COVID-19 AND EVENTUALLY RECOVERED.

Please note: this document was developed by the DAN Europe Medical Team, based on information available at the time of drafting. The epidemiological situation is constantly evolving and this document may be subject to changes and updates.

Depending on the clinical manifestation of Covid-19, divers can be divided into 4 groups:

Group A

- **Asymptomatic, paucisymptomatic** (nasal congestion and/or sore throat, in the absence of fever, cough, malaise, headache and/or myalgia) with transitory clinical manifestations.
 - In such cases, returning to diving is not recommended before **7 days** after recovery.
 - A **medical check-up** with your treating doctor is recommended if you do not feel you have regained normal physical and mental capacity.

Group B

- **Mild illness** (See Table #1) where no hospitalisation and/or antiviral, antibiotic, cortisone or heparin treatment has been required.
- In these cases, we recommend a clinical assessment by the family doctor or a Diving Medicine specialist after **10 days** since recovery. The assessment should take into account the age of the diver, any condition identified as diving risk factors, vaccination status.

Group C

- Divers who have presented with **moderate illness** (See Table #1) or have otherwise required hospitalisation and/or antiviral, antibiotic, cortisone or heparin treatment due to SARS-CoV-2 infection.

Group D

- Divers with **severe or critical illness** (See Table #1).



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FURTHER DIAGNOSTIC TESTS

In Groups C and D, given the lack of solid scientific evidence on the prevalence and severity of complications affecting the various organs and systems, the following further diagnostic tests, after full clinical recovery, are recommended.

- In **Group C**:
 1. Exercise stress test with monitoring of cardiac electrical activity and assessment of O₂ saturation at rest, during and after the test
 2. Spirometry test
 3. Diffusing capacity of the lungs test

At discretion of the treating doctor, the following may be added:

 4. Colour Doppler echocardiography
 5. 24hr Holter ECG including a training session or exercise stress test
 6. Chest X-rays or HRCT
 7. Blood tests

- In **Group D** Cardiopulmonary Exercise Testing (CPET), is strongly recommended in addition to the above mentioned tests.

Table #1

CONDITION/STAGE	FEATURES
Asymptomatic infection	Diagnosis of SARS-CoV-2 in the complete absence of symptoms
Paucysymptomatic form	Presence of symptoms such as nasal congestion and/or sore throat, without fever, cough, malaise, headache and/or myalgia
Mild illness	Presence of mild symptoms (e.g. fever, cough, loss of taste and smell, malaise, headache, myalgia), without shortness of breath, dyspnea, or abnormal chest imaging
Moderate illness	SpO ₂ > or = 94% and clinical or radiological evidence of pneumonia
Severe illness	SpO ₂ < 94%, PaO ₂ /FiO ₂ <300, respiratory rate > 30/min (in adults), or pulmonary infiltrates > 50%
Critical illness	Respiratory failure, septic shock, and/or multi-organ failure