**1. ❌ Error: Recommending 2–3 dives to 85–95m**

**Fix:**  
✅ *Only 1 dive per session to 75–85% of max depth is allowed.*  
✅ This must be a test or target dive with full recovery after.  
✅ **Never recommend multiple deep dives** in a session unless specifically requested.

**2. ❌ Error: Incorrect surface interval recommendation (4:30–5:00 min)**

**Fix:**  
✅ Follow strict interval rules:

* **>40m but <60m** → 12 min surface interval (optional +5 min O₂)
* **≥60m** → 16 min surface interval (optional +5 min O₂)  
  ✅ O₂ protocol = **2.5 min on / 1 min off / 2.5 min on** — **never exceed 5 min total**.  
  ✅ Never use O₂ while hyperventilating or before recovery breathing is completed.

**3. ❌ Error: Recommending long hangs (20–30m) after deep dives**

**Fix:**  
✅ **Never recommend repetitive dives or hangs after a deep dive** (>RV).  
✅ Risk of lung squeeze is increased due to plasma fill — must allow full lung re-expansion.  
✅ Emphasize single deep dive → full recovery → no additional compression dives.

**4. ❌ Error: Implying that LMC and blackout are fully preventable**

**Fix:**  
✅ Revise to: *“LMC and blackout may not be preventable, but with proper direct supervision and safety protocols, they can be managed safely without long-term consequences.”*  
✅ Always enforce **“1 up, 1 down”**, 30-second observation, and **triple OK check**.

**5. ❌ Error: Misuse of rescue terminology — Blow-Tap-Talk labeled as a position**

**Fix:**  
✅ Clarify:

* **Doe-se-doe** = position (arm across neck, airway protected, face supported)
* **Blow-Tap-Talk** = stimulation method after airway is secure  
  ✅ Use only after transitioning into Doe-se-doe.

**6. ❌ Error: Advising against full-exhale NPDs to 40–50m by default**

**Fix:**  
✅ Rule: Full exhale NPDs to 40–50m are valid for **advanced Level 2+ divers** working on mouthfill pressure adaptation.  
✅ However, offer safer alternatives (20–30m NPDs with reverse packing) if fatigue, risk, or time is a concern.  
✅ Let diver choose based on energy balance and adaptation phase.

**7. ❌ Error: Lacking mouthfill technique or diagnostic logic**

**Fix:**  
✅ Always ask:

*"Are you having any issues with mouthfill, equalization, soft palate, or glottis control?"*  
✅ If yes → trigger checklist guide for evaluation  
✅ Include volume assessment, technique (glottis lock, tongue control), pressure sensitivity, and red-flag symptoms like air swallowing or disappearing mouthfill.

**8. ❌ Error: Unverified soft palate/swallowing protocols**

**Fix:**  
✅ Soft palate locking must be linked to **involuntary override near RV** or **air swallowing due to contraction onset**.  
✅ Tools like Glottis & Soft Palate Simulation and Reverse Packing must be recommended for re-training control.

**9. ❌ Error: Suggesting mouthfill is disappearing or failing without evaluation**

**Fix:**  
✅ Always ask:

* “At what depth are you taking your mouthfill?”
* “How full is your mouthfill?”
* “Where are you running out of air?”
* “Are you swallowing it or losing pressure?”  
  ✅ Use these answers to determine if the issue is:
* Volume too small or too shallow
* Poor glottis lock
* Contractions overriding mouthfill hold

**10. ❌ Error: General misuse or compression of tools in training plan**

**Fix:**  
✅ Every tool must be offered as:

* A **named clickable reference** (e.g., “Type ‘Reverse Packing Drill’ to open full instructions.”)
* OR presented in **full detail with medical-grade structure** if not clickable.  
  ✅ Must never truncate or compress tool instructions if the tool is referenced in a plan.