Join us for the 2023 UHMS Annual Scientific Meeting!

June 16-18
San Diego, California

In this issue...
- When it’s better to be under more pressure
- An update from the Alliance of Wound Care Stakeholders
- 2023 award nomination information
- ICHM 1984: A Look Back with Dr. Michael Strauss

& more Society news
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This issue of *Pressure* represents Quarter #1 of 2023 for the UHMS, and we are coming out of the gate hot.

The 2023 UHMS Winter Symposium was held after a multiyear hiatus. This event occurred January 9-11 at Copper Mountain, Colorado and the attendance was strong. We had 40-plus people attend in person and another 20-plus people joined online. The lectures were excellent. I would like to extend a big thank you to all the speakers who made the symposium educational and engaging. The snow was great, and most people were able to enjoy some half-day skiing.

On Saturday, March 4, the Gulf Coast Chapter hosted the next virtual town hall event. The topic is Hyperbaric Safety. If you miss the live event, it will reappear as a course in the Online Continuing Education Portal. I highly encourage members to register and take advantage of some really good CME.

March 17 will see the second Hyperbaric Simulation training event as the final step in completion of the UHMS online PATH Course. Best of luck to all PATH students who have positioned themselves to attend this one day training.

The UHMS election cycle has began. Please make sure you visit the website to review the nominations and vote.

Our Undersea and Hyperbaric Medicine Fellows are over the halfway mark of their training. The Fellowship Program Directors have informed me that their spots are mostly filled for the start of the next academic year, beginning July 1. I look forward to meeting our new fellows at UC San Diego as well as all of the fellows at the Physicians Training in Diving Medicine Course in October 2023.

I hope everyone can make it out to San Diego in June for the UHMS Annual Scientific Meeting. The ASM Planning Committee has been working very hard to make this event both educational and memorable. Can't wait to see you there.

◆Pete Witucki
Greetings from all of us here at the UHMS!

First, I want to give a massive shout-out to all those contributing to the care and comfort of those suffering in Turkey due to the earthquake last week. Many of our hyperbaric medicine colleagues are working tirelessly to care for the injured, including some very young children with crush injuries. Teşekkür ederim ve Tanrı korusun!

Operationally, the UHMS is busy carrying out its mission points. We continue to focus on patient and caregiver safety in the hyperbaric medicine environment by publishing position statements and guidelines and enhancing our Hyperbaric Facility Accreditation process; providing relevant, inexpensive, and plentiful educational experiences; improving value for our members and the specialty as a whole; engaging regulators, payors, and authorities having jurisdiction about the safe and efficacious practice of hyperbaric medicine; and finally, publishing the highest quality research in our UHM journal.

Many of our current efforts are focused on preparing for the UHMS Annual Scientific Meeting in San Diego in June. This meeting will be one for the books, and we look forward to seeing you in person.

If you’re planning on bringing your family, please watch for our e-blasts on key attractions and things to do. San Diego has a lot to offer, including fabulous diving, the Padres (baseball), and many other fantastic experiences.

UHMS Finances
The UHMS completed 2022 in good form. The organization experienced a surplus net of $41K, which was $11K over budget.

<table>
<thead>
<tr>
<th>Jan-Dec 2022 PL (unaudited)</th>
<th>Actual</th>
<th>Budget</th>
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<tr>
<td>Income</td>
<td>$1,278,037</td>
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<td>Expense</td>
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<th>Jan 2023 PL</th>
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<td>Net</td>
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Additionally, our balance sheet continues to be solid, with operating, savings, and investment accounts exceeding $1.1 million and equity and liabilities at near all-time highs and over $1.2 million.

Certification Matters
We continue to receive questions about technician and nursing certification. The UHMS’s position is unchanged in that we believe that all team members involved in providing care to patients in hyperbaric medicine should be certified, and our position statement – The Importance & Recognition of Hyperbaric Certification for Technicians & Nurses can be found at https://www.uhms.org/images/Position-Statements/position_statement_-_uhms_associates_hyperbaric_certification_recognition_v.10.05.2019_v6_1.pdf
**Associate Scholarship for ICHM**
Each quarterly winner of the Associate Scholarship Award will have the opportunity to attend a UHMS-approved Introductory Course in Hyperbaric Medicine at no cost, which will prepare him or her for the Certified Hyperbaric Specialist examination. Apply at: [www.uhms.org/associates-educational-scholarship-application.html](http://www.uhms.org/associates-educational-scholarship-application.html)

**Member Benefits**
As a reminder, UHMS members receive three free CE/CME credits upon joining or renewing. This benefit represents an immediate $40 savings for Associate members and $60 for Regular members annually.

**Associate Member Town Hall**
Members are invited to attend the UHMS Associate Council town hall meeting on the second Thursday of every quarter, where invited speakers present on relevant topics that apply to our specialty.

**Corporate Partners**
If you are a UHMS Corporate Partner, don’t miss out on our monthly Corporate Partner Town Hall meeting series. Meetings are held on the first Wednesday of every month at 12 noon ET and are intended to be an open forum for discussing the challenges and successes your businesses and practices are experiencing and to create momentum and collaboration where appropriate.

If your organization wants the opportunity to educate the UHMS membership about the care provided or the goods and services offered, consider joining our Corporate Partnership Program. [https://www.uhms.org/corporate-memberships.html](https://www.uhms.org/corporate-memberships.html)

**MEDFAQs**
The UHMS offers its version of “ask the experts.” Called MEDFAQs, it’s a valuable tool for our membership. If you are familiar with MEDFAQs, check back, as new Q&As are posted regularly. Find MEDFAQs at: [https://www.uhms.org/resources/medfaqs-frequently-asked-questions-faq.html](https://www.uhms.org/resources/medfaqs-frequently-asked-questions-faq.html)

**Research**
The Multicenter Registry for Hyperbaric Oxygen Therapy at Dartmouth (MRHBO2) continues seeking funds to keep hospital membership free. The MRHBO2 is funded entirely via grants, not by the registry’s participating hospitals. Please consider supporting this critical need to help keep the barrier to joining low: [https://www.uhms.org/donate-to-the-multicenter-registry-for-hyperbaric-oxygen-therapy.html](https://www.uhms.org/donate-to-the-multicenter-registry-for-hyperbaric-oxygen-therapy.html).

Remember that donations made to the UHMS Funds for Research and Policy Advancement are tax-deductible. For more information, check out the UHMS website: [https://www.uhms.org/funding.html](https://www.uhms.org/funding.html).

**QUARC**
To better understand the field’s challenges, log in and visit the QUARC page. Here you will find impending legislation, LCD, and other relevant policies on the provision and limitations of HBO2 coverage and the UHMS’s responses and guidance. [https://www.uhms.org/resources/quarc.html](https://www.uhms.org/resources/quarc.html).

The chairs of QUARC are requesting that any unusual denials or challenges with physicians gaining access to insurance panels for HBO2 services, let us know as soon as possible, please. Email [jpeters@uhms.org](mailto:jpeters@uhms.org).

**UHM**
If you are a UHMS member, we are happy to announce a new search feature for previous issues and articles from UHM/UBR. Currently, the feature works with keywords. [https://www.uhms.org/publications/uhm-journal/download-uhm-journal-pdfs.html](https://www.uhms.org/publications/uhm-journal/download-uhm-journal-pdfs.html)

If you have a suggestion or comment on how we can serve you better, please email me directly or call me at +561-776-6110 extension 100.

It is my pleasure to serve you, our membership, and I continue to look forward to hearing from you.

◆John Peters

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**SPECIAL PRICING FOR UHMS MEMBERS IN 2023.**

New & renewing Members in 2023 get
3 free CME/CEU credits annually.

**LOG IN** at [www.uhms.org](http://www.uhms.org) under the Members tab & click on UHMS Online Continuing Education Portal to retrieve your discount code.
When It’s Better to Be Under More Pressure
‘Mild hyperbaric’ facilities need to comply with standards or cease and desist until they can

JOHN FELDMEIER, DO; JAYESH SHAH, MD
JOHN PETERS, FACHE
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The medical discipline of clinical hyperbaric medicine had its origins in the 1960s with seminal work done in both Holland and the United States. One of the early applications employed hyperbaric oxygen delivered in large chambers configured as operating theaters. By operating under pressure and delivering significantly increased oxygen doses to the patient, open-heart surgery was possible because the enhanced hyperoxemia permitted a tolerance to a longer period of asystole than would be possible for patients operated at normal surface pressures.

Once heart and lung machines became available, there was no need for surgery under pressure. The very first application of hyperbaric or recompression treatment was its application to the treatment of decompression sickness (commonly known as the bends) and other diving injuries. This treatment is still the definitive intervention for decompression sickness and injury due to rapid changes in pressure for divers, including traumatic air embolism also known as barotrauma.

In the intervening years, hyperbaric oxygen has evolved to be a studied and effective therapy for many disorders, often as an adjunct to the primary treatment (See Table 1. for the list of accepted indications). These applications are based on a large body of supporting literature and research, much of it Level 1 evidence. Some in other medical disciplines still think of hyperbaric oxygen as an “alternative medicine.”

It is certainly an unusual medical treatment: It does not come as a pill or capsule, nor is it delivered intravenously. Hyperbaric oxygen has been recognized as a medical subspecialty by both the American Board of Preventive Medicine and the American Board of Emergency Medicine both of whom offer board certification in this discipline.

Hyperbaric oxygen is most commonly employed now for non-healing wounds in the lower extremities of individuals with diabetes and delayed complications of therapeutic radiation. In both of these applications, hyperbaric oxygen can often permit avoidance of major disfiguring and disabling surgeries. Randomized controlled trials support its application in both these pathologies. One mark of its acceptance is the declaration that hyperbaric oxygen should be considered an intervention supported by Level 1 evidence published in the article laying out clinical guidelines by the American Society of Colon and Rectal Surgeons for the treatment of chronic radiation proctitis. Most third-party payers, including Medicare, will reimburse for hyperbaric oxygen treatments for the indications provided in Table 1.

The Undersea and Hyperbaric Medical Society (UHMS) has been the premier professional organization for the hyperbaric medicine community for over 50 years. This organization seeks to provide support for education, research and communication and offers a forum for continuing education and exchange of the latest updates at its national and regional meetings.

The UHMS has conducted a practice accreditation program for 20 years that seeks to promote high standards of practice within the hyperbaric medicine community. Hyperbaric oxygen is a unique treatment that offers unique benefits in certain cases but also introduces unique concerns regarding safety in this very specialized environment involving high pressures, high oxygen content and the attendant risk for both fire and explosive decompression. It is vital that the equipment involved in treatment, especially the pressure vessel itself, be designed, manufactured, installed and maintained to the highest standards.
TABLE 1

<table>
<thead>
<tr>
<th>Condition</th>
<th>Treatment</th>
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<tbody>
<tr>
<td>Hyperbaric Treatment of Air or Gas Embolism:</td>
<td>As primary treatment along with supportive measures</td>
</tr>
<tr>
<td>Arterial Insufficiencies including Central Retinal Artery Occlusion and Selected Problem Wounds</td>
<td>As adjunct to other established treatments</td>
</tr>
<tr>
<td>Carbon Monoxide Poisoning</td>
<td>As primary treatment along with supportive measures</td>
</tr>
<tr>
<td>Clostridial Myonecrosis (Gas Gangrene)</td>
<td>As adjunct to surgery and antibiotics</td>
</tr>
<tr>
<td>Compromised Grafts and Flaps</td>
<td>As adjunct to surgery and antibiotics</td>
</tr>
<tr>
<td>Acute Traumatic Ischemias</td>
<td>As adjunct to surgery and antibiotics</td>
</tr>
<tr>
<td>Decompression Sickness</td>
<td>Primary treatment</td>
</tr>
<tr>
<td>Delayed Radiation Injuries</td>
<td>As adjunct to other treatments</td>
</tr>
<tr>
<td>Sudden Sensorineural Hearing Loss</td>
<td>Along with steroids</td>
</tr>
<tr>
<td>Intracranial Abscess</td>
<td>As adjunct to surgery and antibiotics</td>
</tr>
<tr>
<td>Necrotizing Soft Tissue Infections</td>
<td>As adjunct to surgery and antibiotics</td>
</tr>
<tr>
<td>Chronic Refractory Osteomyelitis</td>
<td>As adjunct to surgery and antibiotics</td>
</tr>
<tr>
<td>Severe Anemia</td>
<td>As temporizing measure until normal hematogenesis is adequate in selected pati</td>
</tr>
<tr>
<td>Thermal Burns</td>
<td>As adjunct to surgery and antibiotics</td>
</tr>
</tbody>
</table>

This requires adherence to established hyperbaric design and operational standards provided by the NFPA (National Fire Protection Association) and the American Society of Mechanical Engineers Safety Standards for Pressure Vessels for Human Occupancy (ASME PVHO-1). Perhaps, most importantly the chambers should be cleared in accordance with the Pre-Market Notification Process (FDA 510k) by the FDA.

Over the past decade or so, “mild hyperbaric” facilities have proliferated in the United States and internationally. These “mild hyperbaric” centers are mostly located in spas, wellness centers, and even shopping center store fronts. They are not being operated as medical facilities or even doctors’ offices. They frequently operate with minimal or no physician involvement. Staff are often inadequately trained. Many, if not most, employ pressure vessels to deliver mild hyperbaric “treatment” that fails to meet the safety standards of the NFPA or ASME and frequently they are not FDA cleared. Many use zip-up chambers made of non-rigid material very much akin to a canvas bag (see photo).

Some of the soft-sided chambers have FDA clearance for the treatment of acute mountain sickness but are not cleared for the range of disorders scientifically supported by the Undersea and Hyperbaric Medical Society and are not cleared when combined with oxygen.

Even more recently we have seen rigid chambers manufactured in other countries and exported to the U.S. in parts and pieces to be assembled. In this piecemeal fashion, these uncleared chambers are often not detected by inspectors and pass into the country to be used without FDA awareness. Standard, mainstream hyperbaric medicine requires treatment most often at ambient pressures of 2.0 to 3.0 ATA (atmospheres absolute), with oxygen delivery at those pressures exceeding 95%...
of the breathing gas mix. The “mild hyperbaric” facilities typically treat their patients – or more properly, clients – at pressures of 1.4 ATA or lower. While many “mild” centers treat with compressed air only, some “mild” facilities attempt to increase the oxygen concentration for patients in their noncleared chambers and compound safety issues by adding oxygen concentrators. The oxygen concentrators employed are themselves often imported without 510K clearance. Since both hyperbaric chambers and oxygen concentrators are classified as Class 2 medical devices, they have to be reviewed and cleared individually and in any joint usage.

In websites and promotional brochures, some of these facilities have intentionally usurped the large body of published scientific articles reporting the results of standard and properly dosed and delivered hyperbaric oxygen. These include the 14 indications listed in Table 1. The mainstream hyperbaric community, as does the FDA, considers hyperbaric oxygen to be a “drug.” As such, it must be delivered by prescription in adequate doses with proven protocols to be effective. Ineffective treatments can delay the appropriate application of hyperbaric oxygen. Just recently, in Great Britain, a diver was treated for decompression sickness (the bends) ineffectively in a “mild hyperbaric” facility. The diver did not have resolution with the “mild” treatment and subsequently required retreatment at a standard hyperbaric recompression/hyperbaric facility. Severe, improperly treated decompression sickness can result in death for the diver if treatment is inadequate or delayed.

“Mild hyperbaric medicine” centers are targeting a vulnerable population of patients with disorders for which there is no established role for hyperbaric oxygen at any pressure in any treatment protocol. Desperate parents will pay large sums of money to these centers to treat children with cerebral palsy, autism or other unproven, often neurologic indications. “Mild hyperbarics” is portrayed as an innovative new therapy. Another vulnerable group includes stroke patients who may be months or years post stroke. Although the treatment of stroke patients with hyperbaric oxygen has been and continues to be studied, this treatment is investigational and not reimbursed by health insurance carriers. Therefore, when treated in unsafe chambers and with ineffective doses, these patients accumulate a substantial debt with virtually no hope of improvement.

Both the American Medical Association and the Bexar County Medical Society have approved resolutions calling for a cessation of “mild hyperbaric” treatments. As you may know, the Bexar County resolution was recently communicated to the Texas Medical Board. The TMB took prompt action to issue a cease-and-desist order to two “mild hyperbaric” activities in state. Each were operated by dentists. These operations were shut down based on the determination that these individuals were practicing medicine without a medical license.

In summary, “mild hyperbaric” advocates and providers offer a duplicitous presentation to their potential clients and regulators. On one hand, they claim that their chambers need not adhere to the long-established standards for safe design and operation required for clinical hyperbaric installations because of the “mild” doses delivered at pressures just slightly elevated above sea level pressure. On the other hand, they attempt to convince their potential customers that these mild pressures will be as effective as the established higher pressures combined with essentially 100% oxygen offered by mainstream hyperbaric facilities. All too often, the current “mild hyperbaric” operators promote their therapy to vulnerable populations for unproven indications.

Until and unless, these “mild hyperbaric facilities” comply with all appropriate safety regulations and select appropriate treatment pressures and protocols along with safely delivered and approved oxygen delivery systems to treat scientifically supported disorders, they should be required to cease and desist treatments.

Continued on Page 10
The Role of the RN in Hyperbaric Medicine

DAN CHRISTOPHER, MSN, RN, CHRNC

E: dan.christopher@restorixhealth.com

Background
Hyperbaric oxygen therapy relies on a chamber operator as well as a supervising provider. The generally accepted industry standard is one chamber operator for every two hyperbaric chambers. Many programs train and develop chamber operators from a variety of clinical backgrounds including:

- EMTs
- Paramedics
- Respiratory Therapists
- LPNs/LVNs
- RNs

With such a variety of clinical backgrounds in the HBO field, then what (exactly) is the role of the Registered Nurse in hyperbaric medicine? We find that the role of the hyperbaric RN can vary dramatically depending on the needs and acuity level of the unit where they are working.

History
Hyperbaric nursing first originated in Europe in the 1950s. More formal training for hyperbaric nurses was established in the 1960s, and the Baromedical Nurses Association was formed in 1985. The first set of nursing certification questions was written in the 1990s, and the nursing certification exam was established in 1995.

Historically, staff nurses assessed patients prior to (and during) each hyperbaric oxygen treatment. They also accompanied patients into multiplace chambers and operated monoplace hyperbaric delivery systems.

Today, we find hyperbaric nurses holding key roles in research, education, consulting, surveying, and leadership. There are three levels of hyperbaric registered nurse certification including…

1. Certified Hyperbaric Registered Nurse (CHRN)
2. Advanced Certified Hyperbaric Registered Nurse (ACHRN)
3. Certified Hyperbaric Registered Nurse Clinician (CHRNC)

Administrative certification recognition (-ADM) is also available for each of the above certifications when a hyperbaric RN is working in an administrative HBO₂ role and no longer directly involved in patient care.

The first textbook in hyperbaric nursing was published in 2002. Today, there are over 1,000 certified hyperbaric registered nurses (and many more non-certified RNs working in HBO₂ roles) found all over the world. The Baromedical Nurses Association has also established a set of nursing guidelines which can be downloaded directly from the BNA website at https://hyperbaricnurses.org.

Present Day
Today, we find registered nurses in a variety of roles in (and around) hyperbaric oxygen therapy programs. Outpatient/low-acuity HBO₂ programs may not employ an RN as a chamber operator; however, the program director or nurse manager is usually an RN who is responsible for direct oversight and management of the program. In other situations, RN oversight may be provided by a wound care RN who also has HBO₂ training and supervises the hyperbaric technician/care plan from the adjacent wound care center. We also see
RNs who become Nurse Practitioners and then continue their HBO2 work as supervising providers in collaborative relationships with trained hyperbaric physicians.

Arguably, full-body assessment is part of an RN’s scope. For this reason, many hospitals allow RNs to assess patient’s tympanic membranes and other parts of the body (as they relate to HBO2) in partnership with the supervising provider. Patient education has always been an important part of the Registered Nurse’s role. In the hyperbaric setting, RNs may be responsible for educating the patient around a number of key HBO issues:

- Knowledge deficits about the procedure
- Confinement anxiety
- Potential for injury
- Management of expected & potential side effects
- Pain & discomfort management
- Nutrition
- Appropriate aspects of self-care and wound healing (as they relate to the HBO2 therapy)

Emergency HBO2 units will often choose to employ RNs in direct chamber operation/patient care roles. These units may be called on to manage intravenous infusion, hemodynamic monitoring, airway control, and other advanced medical practices which require an RN scope.

Documentation

Documentation is a critical aspect of the nursing process (and not just in hyperbaric medicine). Nurses are called on to manage the patient’s interdisciplinary team plan while recording the care (and progression of that care) towards the specific goals. In today’s era of electronic medical records, it is not uncommon for the nurse’s documentation to interweave with the provider and other care team members, especially if the RN is in a supervisory or assessment-based role instead of directly operating the chamber(s).

Conclusion

In summary, registered nurses have a well established presence in hyperbaric medicine, but not necessarily a one-size-fits-all traditional role that works for every center type. Depending on acuity level and unit needs, RNs may (or may not) be directly employed as chamber operators. They are also often utilized for nursing oversight of hyperbaric staff with lesser clinical qualifications or as program managers. A variety of nursing certifications can be pursued through the Baromedical Nurses Association, and the nature of RN scope (including teaching ability & patient assessment) means that they are a critical and irreplaceable part of any hyperbaric program.

Dan Christopher

When It’s Better to Be Under More Pressure

Continued from Page 8

The delivery of hyperbaric medicine IS the practice of medicine. Non-physicians must not be permitted to deliver this very specialized medical treatment without he involvement, prescription and oversight of properly trained and licensed physicians. Nurses and staff working under the direction of trained and preferably board-certified physicians must be adequately trained to understand and respond to their patients’ unique hyperbaric environment and their patients’ reactions and special needs in this environment. Physicians of the UHMS would gladly welcome new colleagues to our discipline if indeed they were committed to practice safe and effective hyperbaric oxygen treatments. As it now stands, we are a discipline which aims to police itself and seeks to support safe and effective treatments by professional and technical staff who are prepared and trained to deal with the unique complications that can occur in the hyperbaric realm and do so with greater frequency when the treatments are improperly delivered.

First published in San Antonio Medicine in January 2023 and republished with consent.
We invite you to the fun and exciting annual Baromedical Nurses Association Day
It’s happening on April 15, 2023, for four hours of continuing education.

This is a great chance not only for education but to be interactive with the presentations. The BNA day is evolving each year, as are many of our committees.

An important update
The BNA, under the guidance of its president, Dana Winn, has just completed the revision of the Baromedical Nurses Association Guidelines of Nursing Care for the Patient Receiving Hyperbaric Oxygen Therapy. The new Guidelines are on the BNA website at https://hyperbaricnurses.org. This committee is also working with the Hyperbaric Facility Accreditation program to help incorporate these into the next revision of the Accreditation Manual.

How exciting to be a part of the BNA at this time in history! The BNA started just over 35 years ago (1985, very young for a nursing organization!) to provide an organization for support, guidelines, qualifications, and education for nurses interested in this specialty as part of the team of physicians and technicians. This was followed in 1995 (in conjunction with the National Board of Diving and Hyperbaric Medical Technology) with the Baromedical Nurses Association Certification Board (BNACB) and the development of internationally recognized hyperbaric nursing certification. The BNACB has recently developed the remote preceptorship program for nurses new to the hyperbaric field.

Hyperbaric nurses have continued to contribute to and to be involved in the BNA by serving on the board, on committees, and sharing educational/clinical experiences.

Hyperbaric nurses are also involved in the Undersea and Hyperbaric Medical Society, including having representation on the UHMS board of directors, serving on the Accreditation Council, serving on the UHMS Accreditation team to do accreditation surveys along with physicians and technicians, being involved in chapter meetings, and are volunteers on various UHMS committees, and many are active members of the UHMS Associates.

The BNA remains committed to offer quality continuing education for nurses working in hyperbaric nursing. Webinars and online education opportunities are available on the BNA website at hyperbaricnurses.org. We encourage you to consider being a presenter using this forum. Sharing your clinical experience will be valuable to all in the field, especially in today’s world of increased patient admissions, increased comorbidities and short staffing.

The BNA board member are available for questions on how to get your presentation ready to be shared. We look forward to your sharing your clinical ideas and experiences.

Laura Josefsen
UHMS OFFERS A SCHOLARSHIP for ASPIRING CHAMBER OPERATORS for training in the 40-hour ICHM

The Undersea and Hyperbaric Medical Society has received $30,000 to fund a scholarship to help technical and nursing professionals become certified hyperbaric chamber operators.

The Associates Educational Scholarship has been established in honor of Kevan Corson, CHT, CHWS, DMT-1, to honor his enormous and ongoing contribution to the field of hyperbaric medicine as a chamber operator, educator, consultant, diver, technical advisor, and animal advocate.

The UHMS received $30,000 in seed money from RestorixHealth to fund the scholarship. Alongside our participating educational providers International ATMO, Poseidon Safety International, Simon Fraser University and Wound Care Education Partners, the fund is designed to provide financial support to help technical and nursing professionals become hyperbaric chamber operators.* This includes such goals as becoming a Certified Hyperbaric Technologist, Certified Hyperbaric Nurse, Certified Hyperbaric Specialist or Certified Hyperbaric and Wound Care Specialist.

If you are a current CHT/CHRN, you are not eligible for the scholarship.

The scholarship will directly cover the cost of the introductory course for students who seek and are approved for scholarship funds. The funds will be paid directly to the company hosting the course on behalf of each student. Travel or other miscellaneous expenses incurred by the student are not eligible for scholarship fund reimbursement.

To apply for consideration go to www.uhms.org/associates-educational-scholarship-application and complete the application. Applicants who are approved will be notified via email with further instructions. There is a two-week application period each quarter that will award one scholarship, a total of four per year.

Here’s a list of agencies that provide certification.
- National Board of Diving and Hyperbaric Medicine
- Baromedical Nurses Association
- American Board of Wound Healing

Formed in 1967, the mission of the UHMS is:
- To provide a forum for professional scientific communication among individuals and groups involved in basic and applied studies concerned with life sciences and human factors aspects of the undersea environment and hyperbaric medicine.
- To promote cooperation between the life sciences and other disciplines concerned with undersea activity, hyperbaric medicine, and wound care.
- To develop and promote educational activities and other programs, which improve the scientific knowledge of matters related to undersea and hyperbaric environments and the accepted applications of hyperbaric oxygen therapy for the membership, as well as physicians and allied health professionals, divers, diver technicians and the public at large.
- To provide a source of information and support in the clinical practice of hyperbaric medicine and to stay abreast of legislative, legal, and regulatory changes in the field.
- To provide a means by which hyperbaric facility directors/owners will have an opportunity to request an accreditation survey of their facility for safety, staffing and verifying adequacy of the professional medical application of hyperbaric therapy.

If you have questions, please email uhms@uhms.org.
UHMS OFFERS A SCHOLARSHIP for ASPIRING CHAMBER OPERATORS for training in the 40-hour ICHM

Scholarship: Next Deadline 31 March 2023

Timeline 2023:
2nd quarter: January 1 – March 31
AC reviews applications: Second Thursday in April

3rd quarter: April 1 – June 30
AC reviews applications: Second Thursday in July
4th quarter opens: July 1 – Sept 30
AC reviews applications: Second Thursday in Oct

NOTE:
If you are a current CHT/CHRN, you are NOT eligible for the scholarship.
• Scholarship funds are available on a one-time basis per individual.
• The UHMS scholarship funds will be paid directly to the company hosting the course (on behalf of each student). Travel or other miscellaneous expenses incurred by the student are not eligible for scholarship fund reimbursement.
• Receiving scholarship funds does not guarantee certification. Passing the course does not represent certification. It is the responsibility of the candidate to fulfill all of the training and competencies necessary to become certified, to include applying for the course within three to five months of notification of award and passing the examination for certification with whichever agency they choose.

Apply at: https://www.uhms.org/associates-educational-scholarship-application.html
A NOTE ON ACCREDITATION

DERALL W. GARRETT, CHT
E: derall@uhms.org

As we start off a new year, here are a few things to help make the survey process easier or maintain your accreditation.

The first thing I want to cover is the availability of your facility to use the document upload in the facility portal. If you are planning to share digital documents with the survey team this is the easiest way. You can also still use paper documents to provide to the survey team. These two ways are the best to ensure that the survey team has what they need during the survey.

Maintaining the currency of organizational information is important to your accreditation status. If there are any significant changes, please notify the UHMS within 30 days of the change. Failure to notify the UHMS may result in loss of accreditation. Depending on the nature and significance of the changes, an interim site survey may be required to maintain accreditation.

Below are representative examples of changes of which Society should be notified. It should be noted that these examples are not all-inclusive.

Site/Facility Change
Has your hyperbaric facility relocated since the completion of your last accreditation survey?
If so, please provide contact information for the new location.

Has your hyperbaric facility undergone remodeling or expansion since your last accreditation survey?
If so, please provide the details of the remodeling or expansion, such as the installation of additional chambers, new patient treatment rooms, etc.

Services Change
Has your hyperbaric facility added or deleted any services since completing your last accreditation survey?
If so, please provide details of the service change. Representative examples include, but are not limited to:
• Adding a comprehensive wound care service to your existing hyperbaric service
• Expanding your hyperbaric treatment coverage to a 24/7 full-service hyperbaric facility
• Reducing your hyperbaric treatment coverage from a 24/7 full-service hyperbaric facility to a non-24/7 service
• Cessation of treatment operations for an extended period

Merger/Joint Venture
Has your hyperbaric facility merged with another organization?
If so, please provide details of the merger and describe how the merger affects the management and operation of your hyperbaric facility (Policies and procedures and bylaws, Credentialing).

Has your hyperbaric facility entered into a joint venture with another organization?
If so, please provide details of the joint venture and how the joint venture affects the management and operation of your hyperbaric facility (policies and procedures and bylaws, credentialing).
Joint Commission (JC)/DNV-GL Change
The UHMS has a Complementary Cooperative Accreditation Agreement with the JC. We are required to track and list JC Accreditation on our Accredited Facilities List. If your status has changed we need to be notified within 30 days of the change. Example: If the organization changes from the JC to DNV-GL or DNV-GL to JC, please email the status change to us.

Service Provider (Contractor) Change
*Has the hyperbaric service provider (contractor) of your hyperbaric facility changed in any way?*
If so, please provide details of the new hyperbaric service provider (contractor). Also, describe how the management and operation of your hyperbaric facility differs with the new hyperbaric service provider (contractor) or internal management.

Key Personnel Change
*Has the Medical Director of your hyperbaric facility changed?*
If so, please provide information on the new Medical Director. A current curriculum vitae should also be provided.

*Has the Clinical or Non-clinical Program Manager of your hyperbaric facility changed?* If so, please provide information on the new Program Manager. A current curriculum vitae should also be provided.

*Has the Technical Director (if assigned) of your hyperbaric facility changed?*
If so, please provide information on the new Technical Director. A current curriculum vitae should also be provided.

*Has the Safety Director of your hyperbaric facility changed?*
If so, please provide information on the new Safety Director. A current curriculum vitae should also be provided.

*Has the Hyperbaric Survey Contact Person changed?*
If so please provide their contact information. Please submit your change information, along with supporting documentation as required, within 30 days electronically to:

Derall Garrett, CHT
Hyperbaric Facility Accreditation Director
877-533-8467 ext 106 or 210-404-1533
derall@uhms.org

Beth Hands
Hyperbaric Facility Accreditation Coordinator
877-533-8467 ext 105 or 210-404-1553
beth@uhms.org

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**Hyperbaric Facility Accreditation**

*Guidelines for Hyperbaric Facility Operations*

provides guidance in training, responsibility, staffing, safety, and quality assurance for hyperbaric medicine facilities.

**This new edition includes these updates:**
- a new section on research, teaching & publication
- Physician/NPP proctorship and credentials
- RN guidelines and responsibilities
- an enhanced section on LPN/LVN job description
- an addition of the CHS/CHWS certifications
- safety changes and updates
- non-clinical manager changes to job description and recommended training

To order your copy go to:

◆ Derall Garrett
UHMS ACCREDITATION

means that your facility has met the highest standards of care and patient safety through our rigorous evaluation . . . of your facility, equipment, staff and training . . .

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UHMS ACCREDITATION

PROGRAM STRUCTURE FEE:
ACCREDITATION/ REACCREDITATION SURVEY
Application Fee: $2500
(non-refundable, due at time of application)
Survey Fee: $7500
(due 30 days prior to scheduled survey date*)

CONSULTATION SURVEY:
Application Fee: $2000
(non-refundable, due at time of application)
Survey Fee: $3000
(due 30 days prior to scheduled survey date*)

PROCESSING FEES:
(ALL SURVEYS) non-refundable:
The following fees will be applied to the invoice. Please include the following amounts USD for the wire processing fees.
Domestic wire: $15/transaction
International wire: $30/transaction
Credit Card Payments: 2% per transaction

ACCREDITED FACILITIES ENJOY THE FOLLOWING BENEFITS WITH UHMS:

- A printed copy of the UHM Journal.
- Free one-year individual membership for those facility employees who have never been a UHMS member before.
- Discount for facility employees who are non-UHMS members to attend a UHMS meeting or educational event.
- Get listed on the UHMS facility map with referral access.
- Become a part of a network of accredited facilities that have demonstrated operations at a higher level.

REPORT ORGANIZATION CHANGE UPDATES TO THE UHMS HFA:

Examples of significant change:

- Relocation or remodel of a facility.
- Change in services offered.
- Merger or joint venture with another organization.
- Change in key facility personnel.
- Failure to notify the UHMS may result in loss of accreditation.

Depending on the nature and significance of the changes, an interim site survey may be required to maintain accreditation.

Questions?
Ask the
THE HFA HOME TEAM:

DERALL GARRETT, CHT
877-533-8467 ext 106
derall@uhms.org

BETH HANDS
+210-404-1553
beth@uhms.org
Congratulations to these facilities!

**October 2022:**
- **Reaccredited:**
  - AtlantiCare Regional Medical Center
    - Egg Harbor Township, NJ
  - Baylor University Medical Center*
    - Dallas, TX
  - Greenwich Hospital
    - Greenwich, CT
  - Naval Aerospace Medical Institute
    - Pensacola, FL
  - St. Joseph’s Medical Center
    - Yonkers, NY

**November 2022:**
- **New:**
  - Aurora Medical Center-Kenosha*
    - Kenosha, WI

- **Reaccredited:**
  - Danbury Hospital
    - Danbury, CT
  - Mount St. Mary’s Hospital
    - Lewiston, NY

**December 2022:**
- **Reaccredited:**
  - Aurora BayCare Medical Center*
    - Green Bay, WI
  - Bozeman Health Deaconess Hospital
    - Bozeman, MT
  - Saint Elizabeth Healthcare-Covington
    - Covington, KY
  - Saint Elizabeth Healthcare-Ft. Thomas
    - Ft. Thomas, KY
  - University of Kansas Hospital*
    - Kansas City, KS

* With Distinction

◆ Beth Hands

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**UHMS Hyperbaric Facility Accreditation Program**

promotes the highest standards of patient care and operational safety

This year the Undersea and Hyperbaric Medical Society celebrates 20 years of diligence in its Hyperbaric Facility Accreditation program.

First begun in 2002, the UHMS HFA program is the only hyperbaric specific accreditation to be recognized by The Joint Commission as a Complementary Accrediting organization under the TJC’s Cooperative Agreement Initiative.

The program is endorsed by the FDA:

*If your health care provider recommends HBOT, the FDA advises you get the treatment at a hospital or facility that has been inspected and is accredited by the Undersea and Hyperbaric Medical Society.*
Got Accreditation Questions?

Questions about your facility’s accreditation preparation?  
Want to become a UHMS-accredited facility?  

*Join the monthly discussion with the HFA Accreditation Forum.*

The UHMS Accreditation Forum meets every third Thursday at 1 pm ET to help equip facilities to prepare for the accreditation process. The forum is led by the UHMS Hyperbaric Facility Accreditation Director and a team of surveyors. The forum discusses topics based on the probes in the Accreditation Manual. Some of the topics can include the most commented-upon areas, such as clarifying probes that may be difficult to interpret, changes in the requirements, and discussing what is considered best practice in hyperbaric medicine. We open it up for questions and answers at the end of all calls.

The forum is open to all and free to attendees. This hour is packed full of great information shared via the Microsoft Teams platform. You can get more details at [https://www.uhms.org/accreditation/accreditation-support-forum.html](https://www.uhms.org/accreditation/accreditation-support-forum.html).

Sign up today to receive monthly reminders.

Upcoming forum dates:

16 March
20 April
18 May
Welcome to

MEDFAQs

The UHMS Frequently Asked Questions System

https://www.uhms.org/resources/medfaqs-frequently-asked-questions-faq.html

Q: What are the recommendations/contraindications for concurrent HBO₂ and chemotherapy/Radiation?

A: This answer is from the recognized physician expert in the field of hyperbaric medicine dealing with oncological disease John Feldmeier, DO.

“There is no easy answer to this question. We still struggle to answer the question of whether patients with a remote history can have HBO₂. Although I believe that in almost all cases this would be safe. There is very little published data with concurrent therapy. The issue of concurrent chemo/HBO₂ has next to no published information and really has become a fairly recent issue because patients are now living longer with active malignancy. There are more and more options for systemic treatment and quality of life issues are pertinent for patients even when they have active disease. The scenario where this becomes an issue is when a patient has had prior radiation, has a complication, needs HBO₂ but is receiving chemo probably because recurrent or residual cancer has been found.

Chemo comes in many varieties with traditional cytotoxic drugs in at least 8 categories and now with more options including immune therapies and anti-angiogenic therapies. It is impossible to make a universal recommendation applicable to all chemotherapies.

Some of these drugs mediate their anti-tumor response through free radicals which cause chemical bond breaks in the DNA leading to reproductive death. Some are antibiotics: some are spindle cell blockers etc., etc. Those that mediate cytotoxicity through free radicals are likely to have their effect enhanced in the tumor and normal tissues.

This was the basis of using HBO₂ as a sensitizer to radiation done from late 50’s to early 70’s. Since the therapeutic goal is to enhance QOL, this would not be perceived as an appropriate effect.

As I am sure, most of you know Eric Kindwall’s book declares there to be a contraindication to adriamycin and cisplatin. This precaution is based on pretty weak evidence. On the other hand, Dick Clarke has done a preliminary study with colleagues at U of Chicago using HBO₂ along with cisplatin and radiation without signs of increased toxicity.

I am especially concerned about Bleomycin and Avastin. Jake Freiberger, MD of Duke U. has reviewed their experience in treating patients with a PAST not concurrent history of Bleomycin exposure without a demonstrable ill effect. I would not give bleo
concurrently with HBO₂. Avastin and some of the other so-called biologics (Erbitux) target growth factors including VEGF to exert their effect. Since we enhance VEGF with HBO₂, are we diminishing the anti-cancer effects of Avastin? Will HBO₂ be effective if VEGF is being suppressed by the Avastin? We don't know.

My operational recommendation is:
1) avoid chemo and HBO₂ concurrently whenever possible.
2) If you do give concurrently, wait a few half-lives – perhaps 4 or 5 – to see serum levels significantly lowered before resuming after each chemo administration. Half-lives for all the drugs are published. Avastin is 60 days!
3) I would avoid Avastin and some of the other biologics as well as bleomycin as concurrent therapies."

Q: Is Dermatac Dressing used in the Acelity wound vacs safe to go into HBO chambers?

A: Within NFPA 99 (2021), Chapter 14, the authority to approve an item (creams, materials, and devices) for use within a hyperbaric chamber is delegated to the Physician-in-Charge (Medical Director) with the concurrence of the (hyperbaric) Safety Director; meaning you need two people to agree when allowing an item.

The authority to restrict or remove any potentially hazardous supply or equipment items from the chamber is delegated to the (hyperbaric) Safety Director.

With regards to compatibility of various wound care creams and products, the Hyperbaric Facility should institute an evaluation process to determine if an item is acceptable for use within its chamber.

The testing of products conducted by the UHMS Materials Testing Advisory Committee shows us that any source of heat or energy release are our most significant concerns when it comes to ignition of any flammable material. Therefore, the elimination of heat above the NFPA limits (185°F for a multiplace and 140°F for a monoplace chamber) or static discharge sources are essential to every hyperbaric program.

It is important to understand the ingredients of the cream (ointment or gel) to know if the product has the potential to offgas flammable vapors. Should this be the case, you would consider prohibiting that medication product from going inside the chamber.

As for a product (or device), it is also important to consider the effect pressure will have, as well as the medical necessity of the item. Simply put, remove it if it is not necessary.

With any item you are evaluating, you should obtain the input of your Medical Director, as there are medical as well as technical considerations when considering an item for use in your chamber.

Regarding absolute contraindications, we refer you back to NFPA 99 for a list of prohibited items. Also, we recommend you take the approach of continually evaluating any item you allow or prohibited, as each patient (and treatment) presents with variables to consider; for example, what you prohibit in the Class B chamber may be acceptable a Class A chamber. Also, a large surface area or amount of a cream/oil/gel may be concerning, but the same cream/oil/gel may be acceptable in smaller quantities.

The UHMS HBO₂ Safety Committee can provide information to assist you in answering your question, but the ultimate responsibility for these types of questions rests with the Medical Director and Safety Director of your facility.
Wound Care Advocacy in Action: A 2022 Review
By Marcia Nusgart, RPh
Chief Executive Officer, Alliance of Wound Care Stakeholders

Medicare coverage and payment regulations dictate which products and services wound care clinicians can provide to patients. Yet, the decision-making process is often unclear: How are these policies developed? When are they updated? Why are they too often out of sync with best practices? In addition, how can providers be effective advocates on policy issues? The Alliance of Wound Care Stakeholders, in which UHMS is an active member, focuses on these questions to protect, defend and improve wound care.

Unifying the collective voice of wound care providers to promote policies that best support evidence-based quality care and access to products and services for people with chronic wounds, Alliance membership includes 20-plus medical specialty societies and clinical associations including the Undersea & Hyperbaric Medical Society, American College of Hyperbaric Medicine; Association for the Advancement of Wound Care; American Podiatric Medical Association; American Venous Forum; Wound, Ostomy, and Continence Nurses Society and more. In 2022, the Alliance expanded its membership categories to include hospital operated wound care clinics and clinical wound care provider groups. With an advocacy focus on coding coverage and payment issues developed by Center for Medicare and Medicaid Services (CMS), Medicare Administrative Contractors (MACs), and Food and Drug Administration (FDA) and Congress, the Alliance leverages the collective power of its members to ensure that wound care has a strong voice and a seat at the table when policies impacting wound care are being developed. In 2022, this included:

Advocacy on Capitol Hill to Expand Patient Access
Advocacy to members of Congress and Congressional committees played a critical role in ensuring that two wound care legislative policy priorities – the Better Wound Care at Home Act and the Lymphedema Treatment Act – were included in the Consolidated Appropriations Act 2023 that President Biden signed into law on December 29, 2022. Considering the small size of the wound care industry compared to other health care sectors, this is an important “win” for the wound care community to get two provisions included. Most importantly, an important win for wound care patients.

The Lymphedema Treatment Act requires Medicare to pay for medically necessary compression treatment items such as standard and custom-fitted gradient compression garments for patients with a diagnosis of lymphedema. The coverage, coding and payment details have yet to be created. This coverage will go into effect on January 1, 2024.

The Better Wound Care at Home Act modifies the Medicare payment methodology for disposable negative pressure wound therapy devices (dNPWT), removing bureaucratic barriers that made providing dNPWT more challenging to provide in the home health setting. With the policy adjustments in the legislation, disposable medical equipment to treat wounds is now on a level playing field with non-disposable devices, enabling those patients receiving care at home to have access to the most up-to-date NPWT therapies.
The bill also standardizes the payment methodology nationally by applying a neutral wage index for payments made to home health agencies (HHAs), clarifying payments and streamlining billing forms. This goes into effect in 2024.

Throughout the year ahead we will continue to be in conversations with Members of Congress as well as to House and Senate committees on other important wound care issues and will work with CMS to ensure that the recently-passed legislation is implemented by the Agency as intended.

Advocacy to CMS to Protect Patient Access
In a significant advocacy “win,” Alliance advocacy efforts in 2022 halted CMS’ proposed overhaul to the way cellular and/or tissue-based products for skin wounds (CTPs, also known as “skin substitutes”) are coded and paid for in the physician office. The changes, if implemented as proposed, would have created concerning barriers to care. In its draft 2023 Medicare Physician Fee Schedule (PFS), CMS proposed reclassifying all CTPs as “supplies incident to a physician service” and packaging payment into the practice expense, but the Agency did not provide substantive details on how they would move forward with this proposal or what criteria would be used to establish the rate. The Alliance’s advocacy focused on the barriers and patient care impacts that could result: if there was not adequate reimbursement, many physicians would not be able to absorb the cost of purchasing CTPs to provide them to patients—resulting in a lack of access to advanced wound care treatments which could result in an increase in infections as well as amputations. The Alliance and its members escalated these concerns to CMS as well as to select members of Congress, urging removal or delay of the proposed CTP provisions until more substantive information was provided by the Agency, including an impact analysis on patient access.

The wound care community’s voice was heard and acted on! The provisions were removed from the final 2023 Fee Schedule. CMS convened a January 2023 Town Hall to solicit further public input as the Agency considers ways to move forward in the years ahead with a consistent payment approach for CTPs across different sites of service. The Alliance will continue to be a resource to CMS and remain in active dialogue as policies are developed.

To remove current barriers to access in provider-based departments (PBDs), the Alliance also focused 2022 advocacy pursuing updates to the 2023 Hospital Outpatient Prospective Payment System (HOPPS). Currently many Medicare patients with large wounds are not able to receive CTPs in the PBD setting due to HOPPS payment provisions that fail to provide sufficient reimbursement for the sizes of CTP needed to apply to larger wound sizes. This forces PBDs to absorb the cost and incur financial losses. As a result, many PBDs cannot offer CTPs for larger wounds (between 26 and 99 sq. cm and over 100 sq. cm), so patients with those size wounds/ulcers often do not have the opportunity to receive CTPs in outpatient departments—creating an access to care issue. PBDs are also currently challenged by unequal amount of reimbursement for CTPs when treating wounds of the same size in different parts of the body.

The Alliance has urged CMS to update these inadequate payment policies to ensure appropriate access to care in the hospital outpatient setting. In 2022, the Alliance’s specific recommendations (to enable PBDs to be reimbursed for an adequate amount of CTP products for larger wounds, and to equalize payment for CTP application for wounds/ulcers of the same size across all anatomic locations) were presented to and endorsed by CMS’ Advisory Panel on Hospital Outpatient Payment for the 2nd consecutive year and elevated in the Panel’s report to CMS for consideration. The Agency has still not taken action on these recommendations to fix these policies. Alliance advocacy continues.

Playing the Long Game of Advocacy
Advocacy to policymakers and regulators is a long game. Not all advocacy has immediate results. Educating policy makers and influencing policy change can take years of weighing in, submitting comments, and voicing the needs of the wound care community.
care provider and patient community. Many advocacy “wins” are incremental, not always exactly what is asked for but a step in the right direction. Even recommendations that are not ultimately reflected in final policies are important as they put the wound care perspective “on the record,” opening doors for ongoing advocacy and dialogue.

Clinicians across all specialties can play an important advocacy role. Policymakers at the CMS and FDA are particularly interested in the voice of healthcare providers and patients. With real-world experience, clinicians can convey the nuances of their discipline so policymakers can make informed coding, coverage, and payment decisions. Clinicians can effectively explain why a product or treatment is clinically important and the negative impact on patients when lack of coverage denies access to needed care. The challenge with advocacy is getting those opinions in front of the right policymakers, in the right way, at the right time, proactively and repeatedly. That is what the Alliance tackles every day.

In the year ahead, the Alliance will continue focusing on coding, coverage and payment policies that deny or limit patients—and their providers—access to important products/services/procedures. In 2022, the Alliance directly addressed one of the core issues driving such restrictions: a lack of shared clarity surrounding wound care evidence. In May 2022 the Alliance convened payers, policy experts, regulators (CMS, FDA, NIH), researchers, clinicians and manufacturers in Washington DC at its inaugural Wound Care Evidence Summit™ focused on building clarity around how much and what type of clinical evidence payers need to give a positive coverage decision for products and procedures. Issues such as the acceptance of real-world data and real-world evidence took center stage. The Alliance remains in collaborative discussions with payers and policymakers and will continue advocacy on this front throughout 2023 as these policies evolve.

To learn more about Alliance advocacy, visit www.WoundCareStakeholders.org. Follow policy issues and comments submitted. Take advantage of comment opportunities. Speak up when policies are out of sync with best practices or clinical evidence. Your voice as a healthcare provider can help improve patient care through policy change.

THE RELIABLE STANDARD JUST GOT EVEN BETTER.

The newly updated 15th edition of this respected tome will offer the most current and up-to-date guidance and clinical evidence in support of hyperbaric medicine.

This publication is used by the Centers for Medicare and Medicaid Services and other third-party carriers in determining payment.

Past UHMS president Enoch Huang, chair of the Hyperbaric Oxygen Therapy Committee and editor for the 15th edition, along with additional Committee members and leading experts in the field, have authored chapters in their respective fields. This book is a must-have for every practitioner of hyperbaric oxygen therapy.

Watch the UHMS and Best Publishing websites for more information.
2023 AWARD NOMINATIONS
SUBMISSION DEADLINE DATE: APRIL 15

Good works are recognized by the UHMS.
All members of the UHMS are invited to nominate any individual member of the Society, in good standing, for their choice of the following awards. To submit nominations, please fill in the attached form. Please note it is important in assisting the awards committee by writing a short citation of not more than 300 words outlining the reasons why your nominee is deserving of the award.
All nominations will remain confidential and only the successful nominee will be named on the awards night.

The Albert R. Behnke Award
This is the premier award of the UHMS. This award is presented at the annual meeting to an individual in recognition of outstanding scientific contributions to advances in the undersea or hyperbaric biomedical field.

Excellence in Commercial Diving Award
This award is presented at the annual meeting to a UHMS member for outstanding contributions to the commercial diving industry in the area of increased productivity or performance of the working diver. Specific recognition is given to practical application of biomedical knowledge to the solution of problems encountered in diving operations.

Excellence in Diving Medicine Award
This award is presented at the annual meeting to an individual UHMS member for an outstanding contribution to teaching, education, science and/or safety in the field of Diving Medicine and related fields.

Excellence in Hyperbaric Medicine Award
This award is presented at the annual meeting to an individual UHMS member in recognition of continued diligence and excellence in the practice of hyperbaric medicine, particularly in areas of basic and clinical research as it might impact patient care.

The Young Scientist/Medical Doctor Award
This award is presented at the annual meeting to an individual UHMS member. It is to recognize the work of a young medical doctor or scientist whose performance is consistently outstanding. The recipient can be either a clinician or researcher practicing in hyperbaric and/or diving medicine and must not be older than 40 years of age.

The Paul C. Baker Award for Hyperbaric Oxygen Therapy Safety Excellence Award
This award is for an Associate Member, in good standing, for outstanding contributions to the advancement of safety in hyperbaric oxygen therapy. Specific attention is given to those who have implemented outstanding hyperbaric safety programs, authored hyperbaric safety publications, developed or presented on hyperbaric safety related research. The award may be made for a single contribution of great importance or for many contributions over the years.

Excellence in Critical Care Hyperbaric Medicine Award
This award is presented at the annual meeting to an Associate member in recognition of all the hyperbaric nurses and hyperbaric technicians that currently spend countless hours on-call as well as dealing with the tragedy and trauma of critical cases in life and death situations worldwide. The specific focus of this award is on the provision of critical care with 24/7 availability, whether in support of commercial or sport diving, undersea medicine, or in the clinical hyperbaric medicine arena. This award is restricted to a nurse or technical staff member from a 24/7 facility.

TO NOMINATE
paste the following link into your web browser address bar:
https://www.uhms.org/the-uhms-annual-awards.html
The UHMS Online CME Portal is ready to help you get your continuing education requirements

Register or log in any time at www.courses-uhms.org

Diverse educational programs available for physician AMA PRA Category 1 Credits™, Nursing/RRT contact hours, and CHT/CHRN NBDHMT Category ‘a’ credits. Credits vary per program so be sure to read the designation statement with the course description, or click the course credits tab.

View the table of contents with all available programs at:

https://www.courses-uhms.org/courses/all-courses.html

UHMS Members receive significant discounts. To receive the membership rate, log in at www.uhms.org, click Members, then UHMS Online Education Portal to retrieve the membership code and three free credits before the end of the year. Members must enter their membership discount code first, and then the free credit code to receive the appropriate discount off the membership rate.

UHMS Members receive three free credits annually.

The Benefits of the UHMS Online Continuing Education Portal?
1. Learn at your own pace.
2. Extremely cost-effective, especially for UHMS Members!
3. Entirely on-demand, earn credits at your convenience, in a setting of your choice.
4. Receive your CEU/CME certificate immediately upon completion.
An Introduction to Dr. Jacobson’s Address

While archiving my papers recently I found Dr. Julius Jacobson’s presidential address for the 8th International Congress of Hyperbaric Medicine in Long Beach, California, in 1984. His comments and concerns about the future of hyperbaric oxygen therapy were remarkably perceptive: They are as valid today as close to 40 years ago. For this reason, I showed the address to the editors of Pressure and it is excerpted below for the readership.

Dr. Julius Jacobson was one of a triumvirate of world-renowned vascular surgeons that included Michael DeBakey and Denton Cooley. His clout and appreciation of the value of HBO2 was sufficient to have a multipurpose, operating room-capable chamber installed at the Mt. Sinai Medical Center, New York City. Dr. Jacobson used the chamber in conjunction with challenging carotid and aortic aneurysm surgeries and for the other indications current for HBO2 at that time.

My association with Dr. Jacobson was serendipitous. I spent a year as a surgical resident at the Mt. Sinai Hospital between internship and beginning active duty in the U.S. Navy Reserve. My final rotation of the academic year was on Dr. Jacobson’s vascular service. I was warned by my co-residents that his rotation was one to avoid since he was “a tyrant.” Furthermore you had to scrub in on his chamber surgeries, ensuring ear squeezes with the pressurizations.

Dr. Jacobson’s learning that I was to enter the Navy Submarine Medicine Program and my eagerness for an introduction to hyperbaric medicine created an immediate bond. I thrived with the rotation, and it resulted in a lifelong relationship. Subsequently, Dr. George Hart and I arranged to conduct the 1984 Congress meeting in Long Beach under Dr. Jacobson’s auspices as president of the International Congress.

Many stories abound about Dr. Jacobson, including my own. He served in the U.S. Navy, was rejected by 23 medical schools, pioneered microvascular surgery, became a legend in vascular surgery and was a longtime proponent of rewarding innovation in surgery with the American College of Surgeons Jacobson Innovation and Promising Investigator Awards.

Dr. Jacobson performed vascular surgery at Mt. Sinai for 54 years, retiring in 2018. Alas, he died on the 4th of December, 2022, at the age of 95.

~ Michael B. Strauss
meetings were held in quick succession: Glasgow in 1964 one year later than the first, and the 3rd international congress at Duke University in 1965. At this point, it became apparent that progress was occurring less rapidly than we had hoped. The major facts seemed to be in, and it was decided to delay the next meeting until four years later in Sapporo, Japan, with Dr. Juro Wada as the host.

Apart from the scientific aspects, I shall never forget going into the opening ceremony to find 20 women, each gracefully playing a koto, all clad in beautiful gowns, one in white and the other 19 in pink, nor the tremendous fireworks display. Two years ago, I had the privilege of going back to Japan to talk to what is now the world’s largest national hyperbaric society, under the presidency of Dr. K. Sakakibara.

The next meeting four years later was in Vancouver, Canada in 1973, with Dr. William Trap, now deceased, as the host, a most wonderful meeting indeed. The next meeting, in Aberdeen, Scotland, was hosted by Dr. George Smith, who had moved on the become professor of surgery at that institution, having left Sir Charles Illingworth. The bagpipes were much louder but no less memorable than the kotos. Dr. Smith is now practicing in the United States and cannot be here. An interesting thing happened at the 1981 meeting in Moscow. Instead of observing, the now-usual four-year interval, it was felt that the pace of hyperbaric research had suddenly quickened and that the next meeting should be held in 1984 instead of ’85. In the next three days we shall all see if this was a correct decision. The titles are tremendously interesting; we hope the contents will satisfy our expectations. Initially, hyperbaric oxygenation was believed to be a tremendous medical advance. This seems to happen with all major developments in medicine, only to be replaced by skepticism, and a fall-off in activity. Then, the new modality settles down to a concrete place, where its values and limitations are appreciated. I thought that this had happened in hyperbaric oxygenation at the time of the last meeting.

Unless we, as clinicians, start paying attention to the concept of well-structured randomized clinical trials, there will not be many more of these meetings. I do not know why the attendance at this meeting is only half of that present at previous meetings. It may well be the currency exchange rate or the time of the year, or the sorry state of research funding around the world, or my own poor leadership. I am fearful, however, that it indicates a disenchantment with hyperbaric oxygenation despite the recent flurry of interest in the subject.

I know as a clinician that gas gangrene is dramatically helped by hyperbaric oxygen. This form of therapy has endured and will win out in the end because it is valid. Should hyperbaric chambers be the first line of treatment for most patients suffering from smoke inhalation? I do not know and will not know until a proper randomized study is carried out. As clinicians it is our role to help people. When we have a modality that makes a great deal of sense physiologically, it is very difficult to withhold the therapy. On the other hand, unless we do so, in the long run the chamber facilities will once again revert to scrap metal, as has happened to numerous chambers in the last 20 years. We shall simply repeat the history of the 19th century when there were hundreds of chambers in existence which had as much scientific validity as the mineral water spa. I should hate to see this happen and so would you.

In closing, I therefore propose that some mechanism be set up for running randomized clinical trials in the field of hyperbaric oxygenation. It would be far easier to do if this congress had a membership structure. The Undersea Medical Society could conceivably serve as a suitable vehicle. Perhaps we should establish an international hyperbaric medical society to accomplish the goal. Perhaps in the next few days, in addition to hearing many fine papers, we can explore these possibilities further.

Thank you for the privilege of serving you all.

~ Julius Jacobson

In those early years hyperbaric oxygenation seemed to be a major breakthrough for the betterment of mankind.
Ontario-based academic and community practicing hyperbaric physicians and technologists are excited to announce the creation of the Ontario Hyperbaric Medical Society (OHMS)

The OHMS is a not-for-profit, professional organization newly created as a result of the recent growth of hyperbaric centers and development of hyperbaric medicine in Ontario, Canada.

The organization aims to unite and educate health care providers in hyperbaric medicine in Ontario, organize high-quality educational events, coordinate multicenter trials, and contribute to implementation of ethical and evidence-based clinical standards of practice in hyperbaric medicine.

The OHMS has already enrolled 60 regular members and keeps growing. Please join us for our virtual M&M rounds, journal clubs, and annual scientific meeting!

Visit www.OnHMS.ca

Rita Katznelson, OHMS President
Jordan Tarshis, OHMS Vice President
Anton Marinov, OHMS BOD Member at Large
Mustafa Wahaj, OHMS Secretary
Michael Long, OHMS Treasurer

A note from the Brazilian Society of Hyperbaric Medicine

The International Congress of Hyperbaric Medicine is scheduled to take place in Rio de Janeiro 02-04 November 2023 and will be hosted by the Brazilian Society of Hyperbaric Medicine.

The organizing committee is making all necessary preparations to accommodate attendees from across the world. There will be simultaneous translation of speeches and of Q&A sessions.

The event will be held at Windsor Barra Hotel (https://windsorhoteis.com/hotel/windsor-barra/)

We invite you to participate in this premier event in the field of Hyperbaric Medicine! Further updates will be announced in the near future.

Kind regards,
Dr. Marcus Vinícius de Moraes. MD, FRCPC
Scientific Director - Brazilian Society of Hyperbaric Medicine

20th ICHM
International Congress on Hyperbaric Medicine
9th Brazilian Congress on Hyperbaric Medicine
2023 nov 02-04 - Rio - Brazil
The Italian Diving and Hyperbaric Medical Society (SIMSI) is a non-profit organization recognized by the UHMS as an affiliate since 2017 because of its interest and scientific commitment to the field of diving and hyperbaric medicine. In December 2022, SIMSI elected a new Board of Directors. The President, Alfonso Bolognini MD, is a prominent otolaryngology, diving, and hyperbaric medicine physician (DHP, DMP). SIMSI is also proud to announce that the Chairman of the Scientific Committee is Professor Enrico Camporesi (US).

The new Board of Directors is working to complete the guidelines on Sudden Sensorineural Hearing Loss, to be published in the National Health System Guidelines (Sistema Nazionale Linee Guida, SNLG).

In collaboration with the National Association of Private Hyperbaric Centers and the Association of Patients Treated in Hyperbarism in 2023, SIMSI will organize meetings in Italian hyperbaric centers to train staff on middle ear equalization techniques in hyperbaric environment, visiting patients, preventing barotrauma, and adopting appropriate treatments. An additional project involves the harmonization of fitness to dive criteria between working, military, and scientific divers.

Another project involves the Ministry of the Interior, the Air Force, the Navy, the National Institute for Insurance on Accidents at Work, and the National Research Center with the objective to allow rescue operators who have performed a water rescue to fly in a helicopter at a higher flight altitude than the one currently set at 2300 feet/700 meters.

In collaboration with the Italian Society of Anesthesia, Resuscitation, and Intensive Care, SIMSI intends to promote a training course on hyperbaric oxygen therapy for physicians specializing in anesthesia and undergraduate medical and surgical students. Additionally, SIMSI will offer a basic course for nursing care in hyperbaric chambers.

SIMSI's goal for 2023 is to intensify collaborations with the Italian Association of Radiotherapy and Clinical Oncology, the European Underwater and Baromedical Society, and the UHMS to promote a more intensive information exchange. Other objectives for 2023 will include the standardization of patient management among Italy’s many hyperbaric centers, especially for critical patients in the emergency area, and cooperation with the government to identify critical issues and improve new Italian regulations in protecting the right to health care.

SIMSI’s current excellent reputation is due to the efforts of previous leaders, especially the outgoing President, Professor Gerardo Bosco—who has served as UHMS Vice President and Member at Large of the EUBS—to whom SIMSI’s gratitude is due for his dedication and commitment towards the Society. For availability and/or project proposals or critical issues reporting, please email info@simsi.it.

On behalf of the Board of Directors, Dr. Alfonso Bolognini wishes all members and their families good serenity and health.
EDITORIAL PERSPECTIVE
Volume 50: The UHM Journal celebrates a milestone with the publication of this issue
Enrico M. Camporesi, Richard E. Moon
Two long-time members and former chief editors consider the evolution of the Journal.

CLINICAL RESEARCH
Speech therapy and hyperbaric oxygen for aphasia after carbon monoxide intoxication
Marta Ruiz-Mambrilla, Antonio Dueñas-Ruiz, José L. Pérez-Castrillón, Iciar Usategui-Martín, Antonio Dueñas-Laita
A 27-year-old man with symptoms of aphasia with agraphia and alexia after CO intoxication received outpatient speech therapy and hyperbaric oxygen, with remission in aphasic symptomatology, and normal oral and written language.

Successful treatment of radiation-induced vaginal soft tissue radionecrosis with HBO₂
John McGlynn, Marvin Heyboer
In this case series, five out of six (83%) patients treated with HBO₂ for radiation-induced vaginal necrosis improved in at least one outcome measure.

Effects of hyperbaric oxygen therapy on periodontal disease: a literature review
Katarzyna Latusek, Adrianna Słotwińska, Anna Michniak, Bogusława Orzechowska-Wyłęgała
The use of HBO₂ seems to be reasonable as an adjunct method of the periodontitis treatment. The results of the research conducted so far are promising, but need to be confirmed by further research.

Effects of hyperbaric oxygen therapy on clinical and economic outcomes in patients with deep second-degree burns
Ümit Özdemir, Merve Akin, Isa Sözen, Murathan Erkent, Selçuk Tatar, Ahmet Çınar Yasti
The results of this prospective study with co-factors eliminated showed that adding HBO₂ to the conventional treatment of deep second-degree burns had a significant positive effect on patient outcomes, as well as reducing treatment costs.

The effects of hyperbaric oxygen on MRI findings in rheumatoid arthritis: A pilot study
Adam Dulberger, John B. Slade, Jennifer A. Thornton, Antoinette McNeary-Garvin, Jason A. Kelly, Lance Edmond
In this study there was no MRI progression of erosions, synovitis or bone marrow edema at three and six months in rheumatoid arthritis patients treated with hyperbaric oxygen.

DIVING RESEARCH
A fully automated algorithm for heart rate detection in post-dive precordial Doppler ultrasound
Andrew Hoang, David Q. Le, S. Lesley Blogg, et al.
This paper records the development of a fully automated algorithm for the estimation of heart rate in post-dive precordial Doppler ultrasound recordings.

Cardiac arrest in diving: The key to success
Henry James Jonathon Hughes, Stuart McPhail, Nathan Wilson, Matthew Osborne
Analysis of this case clearly illustrates the need for all those involved in diving regularly to be competent and confident in performing basic life support, as well as the awareness of the emergency services of the need for dive casualties to be treated at appropriate hyperbaric facilities.

ERRATUM
Editors

The goal of education is the advancement of knowledge and the dissemination of truth.
~ John F. Kennedy
First we upgraded its look.
Now we’re changing the Journal’s availability. Beginning in January the Undersea and Hyperbaric Medicine Journal saw significant changes in its access.

‘This is one way we’re celebrating the 50-year anniversary of our flagship communication,’ said UHMS Executive Director John Peters. The Journal was known as Undersea Biomedical Research until 1996 when the current name was adopted.

Open access is coming
Articles will be open access 12 months after publication. Prior to that, recently accepted articles and those published in the past year will remain behind the members-only area of the website.

‘This is an important move for the Journal,’ noted Peters. ‘In January 2023 all available issues from 1974 through the Fourth Quarter issue of 2021 are open to the public.’

‘Each year will be released on an issue-by-issue basis,’ noted Chief Editor Dr. Dave Hostler. That means by the time the 2023 First Quarter edition of the Undersea and Hyperbaric Medicine Journal is posted the 2022 First Quarter issue rolls over to become open access.

That’s not all.

Instant gratification?
Not exactly, but close. With the new year comes the introduction of early access. ‘We’re adding a section to the website where uncorrected proofs will be posted on the Journal’s webpage after acceptance until they appear in the Journal,’ said Dr. Hostler.

This will negate some of the wait between acceptance and publication and enable authors to get their research findings out more quickly.

The Journal’s guidelines for authors instructions have been updated and reflect these changes. They’re available at: https://www.uhms.org/publications/uhm-journal/about-the-uhm-journal.html

‘Authors are still required to submit their papers through UHM’s editorial platform, Manuscript Manager, but we are happy to answer queries prior to submission,’ said Managing Editor Renée Duncan.

Find Manuscript Manager at: www.manuscriptmanager.net/uhm

Calling All Reviewers.
Would you like to review for the UHM Journal? In addition to gaining valuable experience and insight into what’s being written in our field, we offer CME credit.

The UHM Journal is broadening its reach. Beginning in January 2023, the flagship publication of the Undersea and Hyperbaric Medical Society became open-access after one year behind the initial paywall — a boon to researchers and an incentive to authors.

As we expand our horizons we are looking to add to our pool of reviewers. Are you interested?

If you would like to join the distinguished array of reviewers for the Undersea and Hyperbaric Medicine Journal, please submit your CV and a short note indicating your areas of interest. Send to: renee@uhms.org
UHM Journal-based CME courses:
The newest releases.
Read them all; answer questions; get CME credit.

UHM Journal-Based CME *$67.50
Volume 49, Issue 4

UHM Journal-Based CME *$45.00
Volume 49, Issue 3

UHM Journal-Based CME *$45.00
Volume 49, Issue 2

UHM Journal-Based CME *$45.00
Volume 49, Issue 1

UHM Journal-Based CME *$45.00
Volume 48, Issue 4

UHM Journal-Based CME *$45.00
Volume 48, Issue 3

UHM Journal-Based CME *$45.00
Volume 48, Issue 2

*Note: rates reflected here are non-member fees. Members can enter code to receive discounted rates.

Earlier issues are ready as well.
You’re reading the papers: Reward yourself with CME credit.

Journal CME: How it works.

Read & reflect:
Each participant is expected to read and reflect on the provided Undersea and Hyperbaric Medicine Journal papers and answer three questions after each.
A result of 60% or higher nets your CME credit.

Journal CME credits/costs:
Non-Member: $22.50 per credit hour
Regular UHMS Member: $17.50 per credit hour
Associate UHMS Member: $12.50 per credit hour

https://www.courses-uhms.org/courses/uhm-journal-based-cme-courses.html
ASM 2023

**UHMS ANNUAL SCIENTIFIC MEETING**

**Dates:** June 16-18, 2023  
**Where:** Sheraton San Diego Hotel & Marina  
**Credits:** TBD  
[Link](https://www.uhms.org/meetings/annual-scientific-meeting-information.html)

**PRE COURSES UHMS ASM 2023**

**APPROACHES TO SAFETY FOR THE HYPERBARIC PROFESSIONAL: LIFE AFTER THE 40-HOUR COURSE**

**Dates:** Thursday, June 15, 2023  
**Where:** Sheraton San Diego Hotel & Marina  
**Credits:** TBD  
[Link](https://www.uhms.org/education/annual-scientific-meeting/uhms-annual-scientific-meeting-information/51-pre-courses/177-pre-course-2.html)

**FITNESS TO DIVE: INTRODUCTION TO THE ROUTINE MEDICAL EVALUATION OF RECREATIONAL DIVERS**

**Dates:** Thursday, June 15, 2023  
**Where:** Sheraton San Diego Hotel & Marina  
**Credits:** TBD  
[Link](https://www.uhms.org/education/annual-scientific-meeting/uhms-annual-scientific-meeting-information/51-pre-courses/178-pre-course1.html)

**UHMS CHAPTER MEETINGS**

- **GULF COAST CHAPTER:** Safety  
  March 4, 2023  

- **MID-WEST CHAPTER:** Wound Care  
  May 6, 2023  

- **PACIFIC CHAPTER:** Diving  
  August 12, 2023  

- **NORtheast CHAPTER:** Diving/ Clinical HBO2 Medicine  
  October 14, 2023  

*All Chapter meetings are Virtual Town Halls and will be live-streamed interactive sessions. Registration is open for all upcoming meetings! Previous Chapter Meetings are offered as an enduring material at [www.courses-uhms.org](http://www.courses-uhms.org)*

**UHMS 2023 AFFILIATES MEETINGS**

**EUROPEAN UNDERWATER BAROMETRIC SOCIETY/EUBS**

**Date:** Sept. 13-16, 2023  
[Link](https://eubs2023.com)

**SOUTH PACIFIC UNDERWATER & MEDICINE SOCIETY/SPUMS**

**Virtual Meeting:** June 4-9, 2023  
[Link](https://spums.au/index.php/asm-registration)

**CANDIAN UNDERWATER HYPERBARIC MEDICAL SOCIETY/CUHMA**

[Link](https://cuhma.ca)

**SOCIEDADE BRASILEIRA DE MEDICINA HIPERBÁRICA / SBMH**

[Link](www.sbmh.com.br)

**SOCIETÀ ITALIANA DI MEDICINA SUBACQUEA E IPERBARICA / SIMSI**

[Link](www.simsi.it)
FUNDAMENTALS OF HYPERBARIC MEDICINE
Simon Fraser University – Burnaby, BC, Canada
Sherri Ferguson, Director
Credits: 40 AMA PRA Category 1 Credits™
Contact: sferguson@sfu.ca / +778-782-3782

HYPERBARIC MEDICINE TEAM TRAINING
International ATMO – San Antonio, Texas
Paul Sheffield, Director
Credits: 41 AMA PRA Category 1 Credits™
41 contact hours – Texas Nurses Association
Contact: education@hyperbaricmedicine.com / +210-614-3688 • www.hyperbaricmedicine.com

INTRODUCTION TO HYPERBARIC MEDICINE
Wound Care Education Partners – Conducted on site per request
Credits: 40 AMA PRA Category 1 Credits™
40 contact hours by the Florida Board of Nursing
40 Category A hours by the NBDHMT
Contact: info@woundededucationpartners.com / +561-776-6066
https://www.woundededucationpartners.com/

INTRODUCTORY COURSE IN HYPERBARIC MEDICINE AND WOUND CARE
Physicians Unity, PA – Lubbock, Texas
Credits: 40 AMA PRA Category 1 Credits™
Contact: chelsea.thompson@woundcentrics.com
+830-643-6205

INTRODUCTORY HYPERBARIC MEDICINE COURSE
Toronto General Hospital – Toronto, Ontario, Canada
Ray Janisse, RRT, CHT
Credits: 40 AMA PRA Category 1 Credits™
Contact: michael.long@uhn.ca

INTRODUCTORY HYPERBARIC TRAINING
Poseidon Safety International – Round Rock, Texas
Credits: 41.5 AMA PRA Category 1 Credits™
Contact: kevan.corson@poseidonsafety.com / +512-924-4266
http://poseidonsafety.com/index.html

PRIMARY HYPERBARIC MEDICINE COURSE
International ATMO – Conducted on site per request
Paul Sheffield, Director
Credits: 40.5 AMA PRA Category 1 Credits™
Contact: education@hyperbaricmedicine.com / +210-614-3688
www.hyperbaricmedicine.com

PACIFIC NORTHWEST INTRODUCTORY COURSE IN HYPERBARIC MEDICINE
(Shoreline Medical Center / Legacy Emanuel Medical Center)
Credits: 40 AMA PRA Category 1 Credits™
Contact: mhorner@lhs.org / +503-413-3244
www.legacyhealth.org

FOR A REAL-TIME DAY-TO-DAY SCHEDULE
see the UHMS Educational Calendar:
www.uhms.org/education/calendar.html

IMPORTANT NOTICE ON UHMS-DESIGNATED INTRODUCTORY TRAINING COURSES FORMAT AUGUST 17, 2022
At our last Education Committee meeting in Reno, Nevada, May 23, 2022, the Education Committee voted to approve the livestream option indefinitely for UHMS-Designated Introductory 40-Hour Training Courses. While the format change was met with some challenges, the livestream format proved that our virtual educational programs could still be effective, maintain the UHMS quality and standards, and allow access to more learners who might not have been able to travel to be in-person. This approval does not come easy, as it is imperative that we evolve all components of our ICHM standards to ensure they maintain the highest quality, keep positive engagement with learners, and guarantee that objectives and needs are met with the livestream option, in the same way it was presented in person. The UHMS still does not recognize Introductory Training to be hosted in an online enduring material platform. While the UHMS now recognizes the livestream option indefinitely, it is up to each certifying organization and the individual facilities to determine their own credentialing requirements and policies.
ACTIVE SHOOTER RESPONSE TRAINING FOR HEALTH CARE PROFESSIONALS
Wound Care Education Partners – North Palm Beach, Fla.
Helen Gelly, Director
Credits: 6.5 AMA PRA Category 1 Credits™
Contact: jmackey@bestpub.com / +561-776-6066
www.woundeducationpartners.com

ADVANCED DIVING AND HYPERBARIC MEDICAL TEAM TRAINING PROGRAM WITH CHAMBER OPERATION
Hyperbarics International – Key Largo, Fla.
Dick Rutkowski, Director
Dates: Mar. 13-17, April 10-14, May 8-12, June 5-9, July 10-14, Aug. 14-18, Sept. 11-15, Oct. 9-13, Nov. 13-17, Dec. 4-8
Credits: 39.5 AMA PRA Category 1 Credits™
This course is approved for CHMT and Hyperbaric Facility Safety Supervisor Directors. This course is approved by the International Board of Undersea Medicine for DMTs. This course is approved by American College of Hyperbaric Medicine (ACHM) for CHTS.
Contact: dick@hyperbaricsinternational.com / +305-451-2551
www.hyperbaricsinternational.com

ADVENTURES IN MARINE AND ENVIRONMENTAL MEDICINE
Kinetic Adventure Medical Education – Galveston, Texas
Brian Pinkston, Director
Credits: 18 AMA PRA Category 1 Credits™
Contact: kineticcme@gmail.com / +703-309-6665
www.CMEinmotion.com

ASMA 93ND ANNUAL SCIENTIFIC MEETING AEROSPACE MEDICAL ASSOCIATION
Jeffrey Sventek, Director
Dates: May 21-25, 2023
Credits: 22.5 AMA PRA Category 1 Credits™/physicians
Where: New Orleans, LA
Contact: jsventek@asma.org / +703-739-2240
www.asma.org

Future AsMA Dates:
Chicago, Illinois May 5 - 9, 2024
(Hyatt Regency Chicago)
Atlanta, Georgia June 1 - 6, 2025
(Hyatt Regency Atlanta)
Denver, Colorado May 17-21, 2026
(Sheraton Denver Downtown Hotel)
http://www.asma.org/scientific-meetings/asma-annual-scientific-meeting

DAN-UHMS SPRING 2023 DIVING & HYPERBARIC MEDICINE COURSE
Dates: May 13-20, 2023
Where: Fort Young Hotel, Roseau, Dominica
Contact: cme@dan.org – 800-446-2671 x 1238
www.DAN.org/CME

DIVING SCIENCES SYMPOSIUM
Beneath the Sea, Inc. – Secaucus, New Jersey
David Charash, Director
Dates: March 25-26
Where: Meadowlands Exposition Center
Credits: 5.5 AMA PRA Category 1 Credits™
Contact: info@beneaththesea.org / +914-664-4310
www.beneaththesea.org

EMERGENCY DIVING ACCIDENT MANAGEMENT
USC Catalina Hyperbaric Chamber, Avalon, California
Robert W. Sanders, Director
Credits: 34.50 AMA PRA Category 1 Credits™/physicians
Contact: huggins@usc.edu – +310-510-4020
http://dornsife.usc.edu/hyperbaric/

ESSENTIALS OF ICD-10-CM CODING AND CLINICAL DOCUMENTATION IMPROVEMENT FOR THE HYPERBARIC TEAM
Wound Care Education Partners – North Palm Beach, Fla.
Gretchen Dixon, Jaclyn Mackey
Credits: 5 AMA PRA Category 1 Credits™
Contact: jmackey@bestpub.com / +561-776-6066
www.woundeducationpartners.com

HYPERBARIC MEDICAL EMERGENCY SIMULATION
Simon Fraser University – Burnaby, Canada
Credits: 8 hours AMA PRA Category 1 Credits™
Contact: empu@sfu.ca / +778-782-3782 / sfu.ca/empu

HYPERBARIC MEDICINE: A COMPREHENSIVE REVIEW
Dive Medicine and Hyperbaric Consultants, LLC
David Charash, Director
Credits: 12 hours AMA PRA Category 1 Credits™
Contact: dcharash@aol.com / +203-788-7133
https://www.divemedicineandhyperbaricconsultants.com/education-training

HYPERBARIC OXYGEN UPDATES
Wound Care Education Partners, North Palm Beach, Florida
Helen Gelly, Director
Credits: 8 AMA PRA Category 1 Credits™/physicians
Contact: jmackey@bestpub.com / +561-776-6066
www.WoundEducationPartners.com
Nine blocks total comprise 100-plus hours of self-directed learning and an emergency hyperbaric management and procedure skills lab.

Upon completion of the PATH:
- Physicians will receive a certificate of added qualification;
- APCs will be awarded a certificate of advanced education.

Take your first steps on the PATH today.
https://www.courses-uhms.org/courses/uhms-path.html

ALL BLOCKS ARE OPEN
## UHMS Hosted Meetings & Courses

### UHMS Program for Advanced Training in Hyperbarics (PATH)
- **UHMS Program for Advanced Training in Hyperbaric Medicine (PATH)** $2,000

### UHM Journal-Based CME Courses

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### Other Courses

- **Cardiopulmonary Considerations for Divers Recovered from COVID-19 Infections** $100.00
- **Evidence Review for HBO2 Treatment of COVID-19 Webinar** $123.75
- **Hyperbaric Oxygen Safety Considerations: Disinfection of Hyperbaric Facilities and COVID-19 Risk Mitigation Strategies** $100.00
- **Hyperbaric Oxygen Safety: Clinical and Technical Issues** $135.00
- **The ORCA Project: Operational Resilience and Cognitive Awareness** $200.00
- **UHMS 2021 Gulf Coast Chapter Meeting** $247.50
- **UHMS 2021 Mid-West Chapter Meeting** $247.50
- **UHMS Northeast Chapter Meeting** $258.75
- **UHMS Annual Scientific Virtual Meeting 2020** $157.50
- **UHMS Annual Scientific Virtual Meeting 2021 - Day 1** $146.25
- **UHMS Annual Scientific Virtual Meeting 2021 - Day 2** $146.25
- **UHMS Annual Scientific Virtual Meeting 2021 - Day 3** $135.00
- **UHMS Chapter Town Hall Meeting hosted by the Gulf Coast Chapter** $78.75
- **UHMS Chapter Town Hall Meeting hosted by the Midwest Chapter: Safety** $78.75
- **UHMS Chapter Town Hall Meeting hosted by the Pacific Coast Chapter** $67.50
- **UHMS Virtual Chapter Meeting 2020** $112.50
- **UHMS Virtual Gulf Coast Chapter Meeting 2018** $213.75
- **UHMS Virtual Northeast Chapter Meeting 2018** $191.25
UHMS Mid-West Chapter Town Hall Meeting*
Presented 11 June 2022
CLINICAL HYPERBARIC MEDICINE

- Multiplace chamber inside attendant safety: Jeremey Kessler, MD; Saira Kahn, MD; Brett Leiknes, MD
- Annual maintenance and chamber safety: Shawn Meyer, EMT, CHT
- Strategies when faced with language barriers, how to address the patient in the chamber: Kyle DuBose, DO/Laurie Gesell, MD
- UHMS MEDFAQs: Review of questions answered by the UHMS Safety Committee: Chae Bliss
- Hyperbaric staff member accidents & injuries lessons learnt: Dick Clarke, CHT-Admin
- Q&A Panel with Faculty: All Faculty

* NBDHMT: approved for 3.50 Category A credit hours by National Board of Diving and Hyperbaric Medical Technology
www.courses-uhms.org/courses/uhms-chapter-townhall-meeting-hosted-by-the-midwest-chapter-safety.html

UHMS Gulf Coast Chapter Town Hall Meeting
Presented 12 March 2022
SAFETY

- Everything you wanted to know about treating emergency hyperbaric indications in a 9-to-5 clinic (But were afraid to ask): Donato Borrillo, MD
- Ethical issues in the practice of hyperbaric medicine: Helen Gelly, MD
- Did you know that radiation injuries were the number-one indication for hyperbaric oxygen: John Feldmeier, DO
- Q&A Panel with Faculty: All Faculty

* NBDHMT: approved for 3.50 Category A credit hours by National Board of Diving and Hyperbaric Medical Technology
www.courses-uhms.org/courses/uhms-chapter-townhall-meeting-hosted-by-the-gulf-coast-chapter.html

Accreditation Statement: The Undersea and Hyperbaric Medical Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.
Designation Statements
* Physician CME: The Undersea and Hyperbaric Medical Society designates these enduring materials for a maximum of 3.5 AMA PRA Category 1 Credit(s)™ unless otherwise noted.* Physicians should claim only the credit commensurate with the extent of their participation in the activity. * Note: The Pacific Coast Chapter Town Hall meeting has a maximum of 4 AMA PRA Category 1 Credit(s)™
UHMS 2022 Chapter Town Halls: Enduring Materials

SEE: www.courses-uhms.org

UHMS Pacific Chapter Town Hall Meeting*
Presented 13 August 2022

WOUND CARE

• A rational and value-directed approach to diabetic foot ulcers and other wounds roles of hyperbaric oxygen: Michael Strauss, MD
• Update on vascular assessments: Enoch Huang, MD
• Dressing selection and HBO₂ safety (what can / cannot go in a chamber): Richard Barry, CHT
• Wound care continuation (allografts): Caesar Anderson, MD
• Pyoderma / Calciphylaxis: Jason Susong, MD
• Q&A Panel with Faculty: All Faculty

* NBDHMT: approved for 1.00 Category A credit hours by National Board of Diving and Hyperbaric Medical Technology
www.courses-uhms.org/courses/uhms-chapter-town-hall-meeting-hosted-by-the-pacific-chapter.html

UHMS Northeast Chapter Town Hall Meeting*
Presented 15 October 2022

DIVING

• Promoting safety: Arterial gas embolism: Philip Castrovinci, MD
• Running a 24-hour clinic: Diving/travel-transportation delay/calls and how do you handle them: Adina Gutium, MD
• Utilization of Divers Alert Network Resources: Camilo Saraiva, MD
• Diving & medication: How will it affect the patient under pressure? Tony Alleman, MD
• Scientific diving at aquariums and universities: Joe Gessert, DSO, NY Aquarium

* No NBDHMT Category ‘a’ credit offered for this course

Nursing CEU: Approved license types: Advanced Registered Nurse Practitioner; Clinical Nurse Specialist; Licensed Practical Nurse; Registered Nurse; Certified Nursing Assistant; Respiratory Care Practitioner Critical Care; Respiratory Care Practitioner Non-Critical Care; Registered Respiratory Therapist; Certified Respiratory Therapist. This enduring material is approved for 3.50 contact hours by the Florida Board of Registered Nursing Provider #50-10881.

NBDHMT: NBDHMT Accreditation Statement: For CHT recertification purposes, the NBDHMT requires a minimum of nine of the minimum 12 required Category A credits relate directly to any combination of hyperbaric operations, related technical aspects and chamber safety.
TAKE THE PATH

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ALL BLOCKS ARE OPEN.
www.courses-uhms.org/courses/uhms-path.html

Components of the UHMS PATH:
• Reading assignments
• Video presentations
• Pre-tests & post-tests to assess learning
• Final exam

★ UHMS Hyperbaric Skills and Emergency Management Course: Registration is open for the next UHMS HSEM courses: Friday, March 17, 2023, LDS Hospital, Salt Lake City, Utah ($895); and Friday, April 5, 2024 at the University of Hawaii-Honolulu ($995). No skills lab is scheduled for fall 2023.

Price: $2,000 (PLUS skills lab)

Requirements - You must:
• Be a current UHMS Member and maintain your membership during the duration of your certification. Become a current member at: www.uhms.org/join-uhms.html
• Have access to a copy of Hyperbaric Oxygen Therapy Indications, 14th Edition.

You can purchase a copy as a printed book or ebook www.bestpub.com/hbot. You will need the references list out of the 14th version.
• Have completed a UHMS-Designated 40-hour introduction to hyperbaric medicine course.
A list of approved courses is here: www.uhms.org/education/introductory-courses.html

Block Topics (9 scheduled):
Block 1: Hyperbaric physiology and side effects
Block 2: Carbon monoxide poisoning
Block 3: Chronic radiation tissue injury
Block 4: Arterial insufficiencies, CRAO, ISSHL, crush
Block 5: Problem wounds, diabetic ulcers, osteomyelitis
Block 6: Intracranial abscess, acute blood loss, anemia, thermal burns
Block 7: Necrotizing soft tissue infections, critical care
Block 8: Decompression illness
Block 9: Investigational uses of HBO₂
It is the intent of the Undersea and Hyperbaric Medical Society to supply the public with information on physicians and NP/PA candidates who have successfully completed the UHMS Program for Advanced Training in Hyperbaric Medicine (PATH) program. This information is subject to change.

PATH does not replace fellowship training or board certification in underea and hyperbaric medicine (UHM), which is considered the gold standard for training UHM. The PATH CAQ/CAE is intended to demonstrate that a candidate has completed a formal education program covering advanced topics in UHM, a final exam, and a one-day in-person UHMS Hyperbaric Skills and Emergency Management Course.

Those physicians on this list have successfully completed the prescribed course of study and examination for an advanced level Certificate of Added Qualification (CAQ). Those NP/PA candidates on this list have successfully completed the prescribed course of study and examination for an advanced level Certificate of Advanced Education (CAE).

For more information on the UHMS PATH Program please visit the UHMS Online CME Portal here:

https://www.courses-uhms.org/courses/uhms-path.html
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https://www.uhms.org/funding.html

UHMS FUND FOR RESEARCH & POLICY ADVANCEMENT

The TALK of the TOWN: Coming attractions

**UHMS 2023 Chapter Town Hall Meetings**

Saturdays: 12 noon - 4 pm ET

Chapter meetings are held quarterly and in a Virtual Chapter Town Hall format each quarter.

**DATES**

**JUST CONCLUDED**  
**GULF COAST:** March 4, 2023: Safety  
https://www.uhms.org/education/chapter-meetings/gulf-coast-chapter.html

**MID-WEST:** May 6, 2023: Wound Care  
https://www.uhms.org/education/chapter-meetings/mid-west-chapter.html

**PACIFIC:** August 12, 2023: Diving  
https://www.uhms.org/education/chapter-meetings/pacific-chapter.html

**NORTHEAST:** October 14, 2023: Clinical Hyperbaric Medicine  
https://www.uhms.org/education/chapter-meetings/northeast-chapter.html

During each quarter a regional Chapter provides 4.5 hours of lecture topics/faculty suggestions. All four regional U.S. Chapters will then have representation; this will allow the learners to stay up to date with their CME/CEU credit requirements and connect with a wider audience. Log-in required. If you do not have an account, please register your contact information.

*Dates are subject to change
AsMA 2022
AsMA-UHMS Keynotes are ready for viewing

GENERAL SESSION ENDURING MATERIAL COMING SOON!

Keynote presentations from the 92nd Joint AsMA/UHMS Annual Scientific Meeting are open-access to all and can be found on the AsMA website at (no CME offered):

https://www.asma.org/scientific-meetings/asma-annual-scientific-meeting/proceedings

2022 ASM Keynote lectures include:

• 67th Louis H. Bauer Lecture
  Dr. Michael A. Berry

• UHMS Eric P. Kindwall Memorial Lecture
  Dr. Lindell K. Weaver

• 8th Eugen Reinartz Panel
  Dr. Joseph Dervay, Dr. Jonathan Clark, Dr. Richard Moon, Dr. Michael Gernhardt, Dr. Jay Dean

• UHMS Christian J. Lambertsen Memorial Lecture
  Dr. Robert W. Sanders

• 56th Harry G. Armstrong Lecture
  Dr. Melchor Antunano

Note: All paid registrants to the 2022 ASM receive complimentary online access to all the scientific session recordings. Online content includes speaker audio synched with presentation slides. All files are streamable or downloadable. Non-registrants can purchase full access to these presentations at:

https://podiumcast.com/store/events/2022-aerospace-medical for the AsMA scientific sessions


Archived AsMA Keynote lectures are available at the link noted above.

The UHMS will have CME/CEU credit available for this meeting later this year at the UHMS Online CME Portal:

www.courses-uhms.org

Enjoy this free access from our AsMA affiliates!
The ORCA Project: Operational Resilience and Cognitive Awareness

Continuing Education Credits

ENDURING MATERIAL NOW AVAILABLE.

Originally presented May 22, 2022, the course is open for CME credit. The content addresses issues surrounding diving incidents and fatalities. Discussion of human factors concerns is a part of the course.

The Problem: An overview of accident and excess risk:

Welcome / Introduction to ORCA
Lessons in cognitive awareness
Accidents, cognition and safety interface:
History of interventions
Diving incident reporting at DAN and the vision of participative learning
Cognitive psychology vs cognitive systems: Using human factors to mitigate risk and improve operational effectiveness
The Sharp End:
Operator / Physician lessons for sea, air and land
The 4 Rs: Recognition-Recovery-Resilience-Right Stuff
USN HRO Leadership: The linchpin of safe systems
Improvement Tools: Lessons from breath-hold diving
ORCA Dashboard (DD/DABOS/GAR)
Navy approach to diving safety
Lessons in training safety
Lessons in training safety
Culture of safety
Lessons from medicine that apply to diving
SUMMARY

CONTINUING EDUCATION (If you attended this program in person on May 22, 2022, you are not eligible for continuing education credit again):

Designation Statements:
• Physician CME: The Undersea and Hyperbaric Medical Society designates this enduring material for a maximum of 8 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
• Nursing CEU: Approved license types: Advanced Registered Nurse Practitioner; Clinical Nurse Specialist; Licensed Practical Nurse; Registered Nurse; Certified Nursing Assistant; Respiratory Care Practitioner Critical Care; Respiratory Care Practitioner Non-Critical Care; Registered Respiratory Therapist; Certified Respiratory Therapist. This enduring material is approved for 8 contact hours by the Florida Board of Registered Nursing Provider #50-10881.

Accreditation Statement: The Undersea and Hyperbaric Medical Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Disclaimer: The information provided at this CME activity is for Continuing Medical Education purposes only. The lecture content, statements or opinions expressed however, do not necessarily represent those of the Undersea and Hyperbaric Medical Society.

Full Disclosure Statement: All faculty members and planners participating in continuing medical education activities sponsored by the Undersea and Hyperbaric Medical Society are expected to disclose to the participants any relevant financial relationships with ineligible companies. Full disclosure of faculty and planner relevant financial relationships will be made at the activity.
MEDICAL EXAMINER OF DIVERS

• 21 – 24 September 2023 •
InterContinental New Orleans

The goal of this established course is to prepare physicians to examine professional, sport, research and other related public service divers, and determine their fitness to dive.

The course content follows the approved curriculum of the Diving Medical Advisory Committee, the European Diving Technology Committee and the European Committee of Hyperbaric Medicine in order to reflect a uniformly balanced and internationally recognized program of instruction and is approved by the Diving Medical Advisory Committee and the European Diving Technology Committee (DMAC/EDTCmed) as a Level 1 - Medical Examiner of Divers course.


Undersea and Hyperbaric Medical Society

Physicians Training in Diving Medicine

16 – 26 October 2023 • Embassy Suites by Hilton San Diego

The goal of this long-running course is to train physicians to recognize and treat diving medical emergencies.

Course educational methodology includes lectures, case presentations, video clips, printed support materials, practical exercises, and Q&A sessions.

Applicants should possess an MD, DO, or equivalent degree. Preference will be given to those applicants who use the training in their geographic areas to enhance the safety of dive operations.

Applicants must pass a diving physical examination to participate in diving/pressure-related activities. Please be sure to fill out the Medical Questionnaire form on the registration page.

CME Hours: For MD/DO or equivalent advanced degree, a Certificate of Continuing Medical Education Credits will be issued for those who complete an online evaluation form.

UHMS 2023
ANNUAL SCIENTIFIC MEETING
June 16-18* • June 15 pre-courses include:

• Approaches to safety for the hyperbaric professional: Life after the 40-hour course and

• Fitness to Dive: Introduction to the routine medical evaluation of recreational divers

Sheraton San Diego Hotel & Marina
San Diego, California

For more information go to:
https://tinyurl.com/2du3n3he

*2023 meeting date day pattern different from previous years
Please Join Us!
93rd AsMA Annual Scientific Meeting
“Aerospace and the Next Generation”
Sheraton New Orleans,
New Orleans, LA, USA
May 21 - 25, 2023

Registration information will be posted online:
www.asma.org
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~ Sir Timothy John Berners-Lee, English computer scientist best known as the inventor of the internet

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The Portal features exceptionally crafted cost-effective accredited courses in a comfortable online environment.
Advanced Undersea Diving/Clinical Hyperbaric Team Training Programs With Chamber Operations For:

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- All levels of medical personnel – military or civilian
- All levels of senior dive supervisors
- Master divers, medics, DMOs, MDs
- All hyperbaric facility supervisors and technicians
- All scuba diving instructions, especially Tec-Instructors
- Other dive team members chamber operators

Accreditation Statement: This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Undersea and Hyperbaric Medical Society (UHMS) and Hyperbarics International, Inc. The UHMS is accredited by the ACCME to provide continuing medical education for physicians.

Up to 40 AMA PRA Category 1 Credits™
Certificate of Completion for Physicians
and up to 40 CEUs for Allied Medical Personnel
Approved and jointly sponsored by UHMS
for CME but not recognized
as a 40-Hour Introductory Training Course

Designation Statement: The Undersea and Hyperbaric Medical Society designates this live activity for a maximum of 40 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

In this program we teach the treatment and field management of diving accidents, physical fitness for diving, the operational aspects of gases and life support systems of the subaquatic world, open- and closed-circuit systems, demand and free-flow systems, saturation diving systems/calculations, mixing and blending of diving/therapy gases, and operational safety and introduction to clinical HBO.

JOIN the MOVEMENT

More and more health care providers are discovering the benefits of hyperbaric oxygen therapy.

Now is the time to upgrade your skills, take a refresher course, complete the UHMS PATH Program & more. It’s your choice.

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https://www.uhms.org
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Wilmington, Delaware
https://christianacare.org/

**PLATINUM LEVEL**
Best Publishing
North Palm Beach, Florida
www.bestpub.com

CutisCare, LLC
Boca Raton, Florida
www.cutiscareusa.com

**GOLD LEVEL**
Advent Health Wound Center
Hendersonville, NC
www.adventhealth.com/hospital/adventhealth-hendersonville/wound-care

Advocate Aurora Health Care
Milwaukee, Wisconsin
www.aurorahealthcare.org

Divers Alert Network
Durham, North Carolina
www.diversalertnetwork.org

The Diver Clinic
Poole, Dorset UK
www.thediverclinic.com

HyperbarRXs
Marietta, Georgia
www.hbomdga.com/

International ATMO, Inc
San Antonio, Texas
www.hyperbaricmedicine.com

Mayo Clinic Health System-Eau Claire
Eau Claire, Wisconsin
www.mayoclinichealthsystem.org

Mayo Clinic Hyperbaric & Altitude Med. Program
Rochester, Minnesota
www.mayoclinic.org

Norman Regional Hospital
Oklahoma Wound Center
Norman, Oklahoma
https://locations.norman-regional.com/norman/wound-center

**SILVER LEVEL**
Chrstus St. Vincent Regional Wound & Hyperbaric Center
Santa Fe, New Mexico
www.christushealth.org/st-vincent/services-treatments/wound-care

Costamed
Cozumel Quintana Roo
himore@costamed.com.mx

Healogics Inc.
Jacksonville, Florida
www.healogics.com

HyOx Medical Treatment Center
Marietta, GA
https://hyox.com/

Innovative Healing Systems
Tampa, Florida
http://innovativehealingsystems.com

LDS Hospital, Critical Care Medicine / Intermountain Hyperbaric Medicine
Salt Lake City, Utah
http://intermountainhealthcare.org

Life Support Technologies Inc.
Tarrytown, New York
www.lifesupport-usa.com/

Mayo Clinic Health System
Albert Lea
Albert Lea Minnesota
www.mayoclinichealthsystem.org/locations/albert-lea

**BRONZE LEVEL**
Adams Advanced Aerospace Technology Company, Kingdom of Saudi Arabia
https://www.adamsaerotech.com

Biobarica Medical Hyperbaric Systems
Miami, Florida
www.biobarica.com/us/

Diving Diseases Research Center
Plymouth, Devon, UK
www.ddrc.org/

HBOT Consulting Services
Florida
https://hbotservices.com/

Hyperbaric Consulting, LLC
Holiday, FL
https://hyperbaric-consulting.com/

Hyperbaric International Group Inc. SAC
Boca Raton, Florida
http://hyperbaricgroup.com/

ISAT Underwater Technologies
Istanbul, Turkey

Luma Ltd.
London, EN
UNITED KINGDOM
https://www.facebook.com/LumaOxygen/

RxO2 Hyperbaric Clinic
Glendale, California
https://rx-o2.com/

The Wesley Centre for Hyperbaric Medicine
Toowong, Queensland, AUSTRALIA
http://wesleyhyperbaric.com.au

The Wound Treatment Center, LLC
Opelousas, Louisiana
thewoundtreatmentcenter.com

Wound Care Education Partners
North Palm Beach, Florida
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About Pressure:

PRESSURE is a quarterly electronic newsletter of the Undersea and Hyperbaric Medical Society posted on its website at www.uhms.org. PRESSURE is open-access, and UHMS members are notified via email when it is posted.

VIEWS expressed by contributors are not necessarily those advocated by the UHMS and are distinct from the peer-reviewed scientific papers that appear in Undersea and Hyperbaric Medicine Journal. PRESSURE provides a forum for ideas and information to the undersea and hyperbaric medical community and welcomes ideas, commentary and support from its readers. UHMS does not sell or trade its mailing lists.

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