

Annex (47)

Hyperbaric Oxygen Therapy (HBOT) services

General considerations:

- The HBOT service could be delivered in
 1. Hospitals
 2. Medical centers (specialized and multi-specialized)
- The facility shall maintain contracts with, but not limited to:
 - Nearby hospital to accept patients in case of any complication or emergency (Centers only)
 - Ambulance service.
 - Annual maintenance of the HBOT chambers with the manufacturing company or an authorized dealer.
- Patient Care:
 - First visit assessment shall be done by a treating physician to determine the treatment plan according to his/ her scope of practice.
 - In case treating critically ill or unstable patient, HBOT shall be carried out only in hospital setting and always by a certified hyperbaric physician.
 - Patient's medical records should be clearly documented and maintained in the facility according to decision 2 for year 2019, the Good Documentation Practice Policy.
 - The consent form must be obtained from the patient on each session. It must be in English and Arabic and can also be translated to other language that patient understands or familiar with and in accordance with the National Informed Consent Policy
- Prior of HBOT treatment, all patients shall:
 - Avoid carbonated drinks or alcohol four (4) hours prior to the treatment.
 - Have a shower to ensure that the patient is free of any makeup or other flammable lotions or balms.
 - Wear cotton scrubs without pockets that are provided by the facility.

- After HBOT treatment all patients shall:
 - Avoid flying
 - Avoid Diving
 - Avoid climbing high altitudes more than 300 meters
- Recommendations:
 - Inflatable chambers shall not be used in any health facility as they are not recognized medical devices for hyperbaric oxygen treatment by the FDA and no supporting clinical studies validate their effectiveness.

HBOT is indicated for the treatment of the following conditions but not limited to

1. Air or gas embolism
 2. Carbon monoxide poisoning
 3. Gas gangrene
 4. Acute Traumatic Ischemia e.g. crush injuries, compartment syndrome
 5. Decompression sickness
 6. Enhancement of healing in selected problem wounds such as:
(Diabetically derived illness, such as diabetic foot, diabetic retinopathy, diabetic nephropathy)
 7. Exceptional blood loss (anemia)
 8. Chronic refractory Osteomyelitis
 9. Intracranial abscess
 10. Necrotizing soft tissue infections (necrotizing fasciitis)
 11. Delayed radiation injury (soft tissue and bony necrosis)
 12. Compromised skin grafts and flaps
 13. Thermal burn injury
- Contraindication:
 - Hyperbaric treatment is contraindicated in certain conditions that are mentioned in Appendix 1.

Definitions

- **Hyperbaric Oxygen Therapy (HBOT)** shall be defined as a treatment in which the patient is placed in a chamber and breathes near 100% oxygen or special mixed gases at higher than local atmospheric pressure.
- **Hyperbaric therapeutic chamber** shall mean a pressure vessel capable of accommodating one or more persons with the purpose of providing hyperbaric medical treatment.
 - Hyperbaric chambers are classified according to occupancy as follows:
 1. Class A — Human, multiple occupancy (Multiplace Chamber)
 2. Class B — Human, single occupancy (Monoplace Chamber)
 3. Class C — Animal, no human occupancy

Policies and Procedures:

In addition to the policies and procedures mentioned in decision 2 for year 2019 and in relation to engineering and health requirements that should be available in HCF and in addition to the above policies, the followings are applied:

- Patient selection criteria policy
- Response to emergencies policy
- Treatment complications and treatment termination policy
- Incident Reporting policy
- receiving patients with infectious disease policy

Medical devices and Supplies:

- The facility shall maintain the following medical equipment and supplies:
 - Apparatus to measure blood pressure.
 - Electrocardiographic monitoring equipment.
 - Crush trolley equipped with resuscitation equipment and apparatus, medical O₂ and medications.
 - Intravenous (IV) supplies such as syringes, needles, tape, etc.
- HBOT equipment shall be regularly maintained and all necessary parts shall be changed as per equipment manufacturers' recommendation
- HBOT equipment must be approved by medical device department at NHRA prior to importation

- The facility shall maintain a record of HBOT chamber:
 - Installation- commissioning form or report
 - Assessment checklist
 - Operational checklist
 - Cleaning checklist
 - Maintenance log
 - Log of use of the chamber

Engineering AND Safety requirements:

Facility requirements

- The HBOT facility shall not be in a mall or an industrial area.
- Class A (Multiplace chambers) shall be used only in hospitals and research centers and shall be located on the ground floor.
- Class B (Monoplace chambers) shall be used in approved health facilities as mentioned above.
- Class C chambers shall not be used in health facilities.
- A HBOT facility shall have an emergency exit with visible signs directing patients in case of an emergency.
- There shall be patient education material provided to patients and their families at the reception in the form of print or videos, to educate them about the safety aspects of the treatment.
- The HBOT service area shall include but not limited to:
 1. Reception and waiting area
 2. Consultation/ Examination room: At least one private room for individual consultation and treatment should be provided which include hand washing facilities. Patient care rooms should be configured to assure patient privacy.
 3. Patient Waiting Area: The waiting area should be large enough to accommodate the anticipated patient load.
 4. Holding area for inpatients: The area should be out of traffic flow from the chamber and not to obstruct access to the exits and patients loading device.
 5. Patient changing facility: Changing rooms for outpatients should be provided and should include a seat or bench, mirror, and provisions for hanging patients' clothing and for securing valuables. At least two Changing rooms(male/female) should be provided to accommodate wheelchair patients. Changing rooms should be easily accessible from the chamber room and may be incorporated into the patient toilet.

6. Medical Record Storage Area.
 7. Patient Toilet Rooms: At least two toilet rooms (M/FM) should be easily accessible from the hyperbaric room. Toilet rooms should be provided with hand washing fixtures of hands-free operable controls.
 8. HBOT treatment department: This room should be provided with but not limited to:
 - 1 hand washing facilities
 - 2 Gas storage room
 - 3 Compressor room
 - 4 Gurney/ stretcher storage
 - 5 Clinical and non-clinical storage
 9. Clean utility room: A clean storage space, which may be shared with other departments, should be provided for clean supplies and linens.
 10. Dirty utility room: A soiled holding room, which may be shared with other departments, should be ~~provide~~ with waste receptacles and soiled linen receptacles.
 11. Housekeeping Room: The housekeeping room may be combined with the Soiled Holding area and should contain a floor receptor or service sink, storage space for housekeeping supplies and equipment, and be located near the hyperbaric room.
 12. Administrative activities area.
 13. the facility shall maintain a two shower rooms(M/F).
- HBOT treatment room shall:
1. Conform Civil Defense requirements.
 2. Have an antistatic, impervious, and washable flooring.
 3. Not have carpets or wooden flooring. (flammable material)
 4. Have fireproof, monolithic and joint free floor covering.
 5. Window(s) should be protected from direct exposure to sunlight.
 6. Be adequately ventilated with a smoke evacuator.
 7. Have easy access for wheelchairs including washrooms.
 8. Have “No smoking” signs visibly displayed.
- Class A (Multi-place) treatment room requirements:
1. The facility housing a Class A chamber shall be designed not to obstruct exit of patients and staff.

2. The rapid or emergency removal of a patients or healthcare professional from one chamber/compartment shall not restrict the orderly, rapid, and simultaneous removal of patients or healthcare professional from other chambers/compartments.
3. Doorways of exit shall have a minimum opening of 1.9 meter.)
4. The direction of door swing shall be designed not to inhibit the removal of patients or healthcare professional from any chamber/compartment.
5. A minimum of two (2) exits if possible shall be provided for the treatment room unless a single exit opens directly to a primary evacuation route.
6. The Class A chamber room should have a minimum clearance of 2.5 meters in front of a chamber entry door that is intended for gurney/stretchers access.
7. Entries designed for wheelchairs or wheeled gurneys should have access ramps.
8. There shall be a minimum of 1 meter clearance around any part of the chamber system that defines an exit pathway.
9. If the chamber control console is immediately adjacent to the chamber, there should be a minimum clearance of 1 meter between the control console and any obstruction.
10. There should be a minimum clearance of 0.5 meters in a pathway that allows access to valves used in chamber operation.
11. There should be a minimum clearance of 0.5 meters in a pathway that allows access to areas of the chamber that require cleaning or maintenance.
12. All material inside the chamber shall be fire resistant and HBOT environment compatible.

Notes Regarding Class A (Multiplace) Chambers

Class A chambers are complex, often custom designed systems incorporating not only the chamber itself (which may contain multiple compartments and exits), but support equipment (including compressors, gas storage and fire suppression systems). The facility housing a Class A chamber should not only be designed to accommodate the chamber and support equipment, but the design should also incorporate features that enhance operational efficiency and safety.

The facility designer should work closely with the chamber manufacturer to assure that adequate clearances are provided to allow patient and staff both unimpeded egress as well as access to critical components and controls as described.

Class B (Mono-place) treatment room requirements:

1. The space required to house Class B chambers and supporting equipment shall not be less than eighteen square meters (4x4.5)m² to host one (1) mono-place hyperbaric chamber and patient-transfer gurney.
2. The facility housing a Class B chamber shall be designed not to obstruct egress of patients and staff.
3. In the case of multiple Class B chambers installed in a single setting, a clear distance of 2 meter shall be provided between the chamber and another. Also, the rapid or emergency removal of a patient from one chamber shall not restrict in any way the rapid and simultaneous removal of patients from any other chambers.
4. Exit doorways of egress shall have a minimum opening of 1 meter.
5. There shall be a minimum clearance of 1 meter around any part of the chamber system that defines an exit pathway.
6. If the chamber control console is integrated into or immediately adjacent to the chamber, there shall be a minimum clearance of 1 meter between the control console and any obstruction.
7. There shall be a minimum clearance of 0.5 meters in a pathway that allows access to valve or controls used in chamber operation.

8. In a pathway that allows access to valves or controls used in chamber operation - if the chamber has a patient loading device, this clearance shall be maintained when the patient loading device is extended out of the chamber.
9. Any part of the chamber that must be accessed shall be at least 0.5 meters away from any obstruction.
10. There shall be an O₂ shut-off valve for each chamber that is accessible to the chamber operator.
11. Any electrical service outlets located within 3 (three) meters of the Class B chamber entrance shall be located no less than 0.9 meters above floor level.
12. Lighting over the Class B chamber shall be incandescent, preferably with dimmer control.
13. lighting installed in rooms housing Class B chambers shall not be located directly over the chambers.
14. If the room housing Class B chambers has windows, the chambers should be protected from direct exposure to sunlight.
15. There shall be screens between chambers to ensure patient privacy.
16. There shall be a 0.3 meters clearance at the foot of the chamber for unobstructed gas connection at the foot of the chamber.

Class B (Mono-place Chambers)

The chambers shall be in compliance with the latest international standards for quality and safety

1. Not be located in direct sunlight or close to a heat source.
2. Be easily accessible to the patient and staff.
3. Be free of cracks internally or externally.
4. Be free of corrosion, damage, dents, gouges or other damage internally and externally.
5. Have an atmosphere free of toxic or flammable gases.
6. Have alarms for low pressure gas monitoring panel which are tested and maintained routinely.
7. Be equipped with audible and visual alarms.

8. Have a warning sign displaying prohibited material inside the hyperbaric chamber, which can be posted at the chamber entrance Appendix 2.
9. Some chambers have masks available to provide an alternate breathing gas (such as air).
10. Have a manual access for the operating controls for pressurization, depressurization, parameter condition monitoring and safety interlocking.
11. Have a dedicated vent line to release the O₂ after treatment.
12. Have earth grounding system with a regular documented maintenance.
13. Be grounded to a common building (pipe/steel) or true earth ground.
14. Recommended to have the resistance between the grounded chamber hull and electrical ground not exceeding one (1) Ohm (DO NOT use the building electrical panel or wall outlet ground to ground the chamber).
15. Have a quick release access door.
16. Have viewing ports if not completely transparent.
2. All openings leading from the chamber to external fittings or controls shall be free from obstruction.
3. Gas cylinder storage room shall:
 1. Be large enough able to store enough (H) cylinders and manifolds for the reserve breathing gases required for chamber operations.
 2. Temperature of the room must be controlled.
 3. limitation of access to the room must be implemented, only authorized personal must have access to the room.
 4. Have a minimum of six (6) medical O₂ tanks for facilities with multi-place or mono-place chambers.
 5. Have a minimum of one (1) 400-liter liquid t O₂ tank with vaporizer.
 6. Have explosion proof electrical fittings.

7. Have an automatic gas manifold monitored by alarm.
8. Maintain an alarm that monitors the high and low gas pressure
(There shall be proper documentation of staff training in emergency procedures in the event of gas pressure release incident).
9. Have a concrete or tiled flooring and walls with anti-flammable paint
10. Have a visibly displayed “No smoking” sign in this room.
11. Provide a door to the room with door vents for O₂ to pass in case of leakage from cylinders.
12. Provide access for a truck to refill the O₂ in case the facility uses liquid O₂ for the treatment.

Notes Regarding Class B (Monoplace) Chambers

Unlike Class A chambers, which due to their size and weight are typically firmly affixed to the building foundation, many manufacturers of Class B chambers integrate casters into the chamber design. The mobility afforded by the casters allows the user to easily reposition or relocate the chamber as required for maintenance.

In designing a facility to accommodate Class B chambers, the designer should consider positioning of controls and gas connections in addition to the need to periodically perform inspections, housekeeping and maintenance.

Many Class B chambers have gas connections at the foot end of the chamber. It is good practice to leave at least 12" clearance between the chamber and a wall or other obstruction to allow access to these connections.

Fire Safety:

3. The risk of fire is a major concern in the hyperbaric environment. The potential for accidental ignition of flammable materials is increased in the hyperbaric environment and their burning rate is markedly enhanced by a raised percentage or raised partial pressure of O₂.
4. Only 100% cotton or other hyperbaric compatible materials should be worn by patients when undergoing HBOT treatment.
5. All the linen used inside the hyperbaric chamber shall be 100% cotton.
6. There shall be “No Smoking” signs visibly displayed all around the facility.
7. The facility shall have trained staff as fire marshals and at least one (1) fire marshal shall be present on the premises during working hours.
8. Staff shall have fire and safety training to respond to fire events in the building. Orientation on the fire safety measures must be included in new staff induction program.
9. Fire fighting system must be considered based on the type of gases used.

Medical and nursing staff and responsibility:

■ Service requirements

- 1 The physician in-charge of the HBOT services shall be a NHRA licensed consultant/ specialist in Hyperbaric Oxygen Medicine
- 2 The physician in-charge of the HBOT services shall:
 - Supervise the operations of the HBOT service.
 - Be responsible for the overall medical care of the patient receiving the service.
 - Be responsible for the quality assurance of the HBOT service.
 - Be responsible for patients follow up after the hyperbaric treatment.
 - Define the protocol, procedures for the treatment.
 - Ensure healthcare workers in the facility are qualified to perform their duties and knowledgeable of the risks and hazards.
 - Ensure policy and procedure manuals (for the administration of the facility, the operation of equipment, and the management of patients) are prepared, maintained and readily accessible to staff.
3. Physician in-charge and nurses must have valid Basic Life support (BLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) when applicable.
4. All staff shall maintain their skills by training and continuous education, which shall be documented.
5. Staff working under pressure in the chambers must undergo an appropriate initial and periodic medical examination to be recognized as fit for hyperbaric exposures
6. The HBOT treating physicians shall be responsible to:
 - Assess the suitability and the fitness of the patient for HBOT
 - Determine the risk benefit profile
 - Interpret any related diagnostic testing
 - Generate a therapeutic dosing profile
 - Evaluate subsequent clinical course

- Manage any related side effects and complications (refer to Appendix 3)
- Be present at the premises and immediately available at all times that the chamber is occupied.
- Ensure the safe and ethical care of patients.

7. Chamber operating person:

1. NHRA licensed Nurses (RNs) with recognized training and adequate experience could be appointed as chamber operators.
2. Since chamber operators are in charge of the operation of the multi-place or mono-place hyperbaric chamber(s), their presence is absolutely essential in all health facilities or self-standing centers providing HBOT services.
3. Only specialist physician in HBOT can operate the chamber.
4. There shall be one (1) chamber operator for every two (2) mono-place chambers during all working hours of the facility.
5. There shall be two (2) chamber operators for every multi-place chamber during all working hours of the facility.
6. The chamber operating person shall be trained to safely implement prescribed therapy.
7. The chamber operating person shall be responsible to:
8. Conduct a general check-up of the patient, including vital signs and the initial assessment and file this in the medical records.
9. Maintain visual and audio contact with patient during their treatment.
10. Notify the physician immediately in case a patient complains or shows signs suggesting an unanticipated change in status.

11. Not carry out hyperbaric treatment without patient-specific hyperbaric physician signed medical orders.
8. The chamber operating person of a multi-place chamber must be qualified and trained to carry out the specialized chamber operations.
9. The multi-place chamber operator shall be responsible to:
 1. Operate the internal and external devices of the chamber in- between sessions.
 2. Control and operate the mechanisms for compression and decompression and deliver gas mixtures and O₂.
 3. Control and application of the safety regulations concerning prevention of fire and O₂ toxicity.
 4. The Hyperbaric specialist shall calculate the decompression time and the chamber operator shall apply and control compression and decompression schedules for the patients. Specialists, nurses and attendants, apply decompression stops, when necessary.
 5. Intervene inside the chamber under pressure, in order to control or check the correct operation of the pneumatic circuits or devices.
 6. Adapt, adjust and check the medical instruments carried by the patients before being introduced into the chamber, in order to assure their correct operation, and to avoid dangerous or undesirable effects.
 7. Control and check the operation of auxiliary facilities of the chamber: air compressors, sources of compressed air or medical gases, air reserves, pneumatic circuits, control systems.
 8. Maintain the facility by doing small repair jobs or technical interventions in case of problems which may occasionally occur, and which do not require the intervention of highly specialized technical staff.

10. Registered Nurse

1. The ratio of the RN to the physician shall be 1:1
2. The RN shall conduct the general check-up of the patient, such as vital signs, initial assessment etc. and document it in the health records.
3. The RN shall be trained and responsible for going through a checklist before placing the patient inside the chamber.
4. In case of a multi-place chamber the RN shall be present inside the multi-place chamber during treatment to monitor patients.
5. The nurse shall be exposed to a maximum of ninety (90) minutes of treatment time per day. In case of more time necessary inside the chamber, the RN must breathe oxygen according to the preplanned decompression table.
6. The time gap between two sessions shall be at least 12 hours.
7. The RN shall be ready to deal with any medical emergencies that may arise when the patient is in the facility.

11. Safety officer:

1. Any healthcare worker employed in the HBOT facility could be nominated as the safety officer.
2. The safety officer shall undergo formal and comprehensive training in the safety aspects of hyperbaric medicine and related technology from National Examination Board in Occupational Safety and Health (NEBOSH) or Occupational Safety and Health Administration (OSHA).
3. The safety officer shall develop, maintain, and manage a safety program based upon compliance with recognized standards, which shall demonstrate effective elements of hazard mitigation, while employing recognized risk management concepts.
4. The safety officer shall be responsible for maintaining a daily, weekly and annual checklist of the HBOT chambers.

12. Fire Marshal:

1. Any healthcare worker employed in the HBOT facility could be nominated as the fire marshal.
2. The facility shall ensure that these fire marshals are formally trained and at least one (1) fire marshal shall be present on the premises during working hours.
3. The fire marshal shall orient and train the staff on fire safety measures and response to fire events in the facility.
4. The training shall be documented and included in staff files.
5. Conduct and document fire evacuation drills at least 2-3 times a year.

Appendix (1) - Contraindications of HBOT – Absolute and Relative

Absolute Contraindications:

Untreated pneumothorax - Surgical relief of the pneumothorax before the HBOT treatment, if possible, removes the obstacle to treatment.

Relative Contraindications:

Conditions in which caution must sometimes be observed but which are not necessarily a contraindication to HBOT:

1. History of spontaneous pneumothorax
2. Severe sinus infection
3. Upper respiratory infection
4. Asymptomatic pulmonary lesions on chest x-ray
5. Uncontrollable high fever (greater than 39C)
6. History of chest or ear surgery
7. Congenital spherocytosis
8. Any anemia or blood disorder (Although HBOT treats different types of anemia.)
9. Any convulsive disorder (Although many patients have seizure disorder and are treated successfully with HBOT.)
10. History of optic neuritis or sudden blindness
11. Middle ear infection
12. Diabetes mellitus (insulin therapy) (Patients with diabetic wounds are treated successfully with HBOT.)
13. Pregnancy
14. Nicotine use/addiction
15. Acute Hypoglycemia (Many patients are treated successfully with HBOT.)
16. Emphysema with CO₂ retention

Appendix (2) - Prohibited Materials in Hyperbaric Environment

The following items comprise a reasonably comprehensive listing of items and materials that should be either prohibited or severely limited inside the chamber. The letter(s) for each item indicates the general reason for prohibiting it, the coding is shown below.

1. C - possibility of damaging the fabric of the chamber
2. D - contamination of the environment
3. E - explosion risk
4. F - fire source (including static charges) or a combustible substance
5. L - could be broken or damaged by pressure
6. M - will possibly cause a mess
7. P - affects ability of diver

Listing of prohibited items in the HBOT chambers (in alphabetical order):

1. Adhesives (F)
2. Aerosols (D, E, F)
3. Aftershave (D, F)
4. Alcohol (D, F, P)
5. Batteries with unprotected leads (F)
6. Chemical cleaners, e.g.; trichloroethylene, 'Freon', etc. (D)
7. Cigarettes, cigars, tobacco of all kinds (F, M)
8. Cleansing powder (C, F, P)
9. Clothing, bedding included blankets, sheets, pillows, mattresses, etc. (F)
10. Drugs, non-prescribed (P)
11. Electrical equipment including tape recorders, radios, etc. (F)
12. Explosives (F)
13. Glass thermometers, including batteries containing mercury (C, D, P)
14. Ink pens (M)
15. Lighters, matches (F)
16. Newspaper (F)
17. Non-diving watches (L, M)
18. Petroleum based lubricants, grease, fluids (F)
19. Sugar and fine powders and other flammable food stuffs (E, F)
20. Thermos flasks (L, P)

More specifically items strictly excluded from the chamber include but not limited to:

1. Shoes/stockings (cotton socks permitted)
2. All flammable fabrics (wool, synthetics, bedding)
3. Street clothing, including undergarments made of wool, nylon, silk or satin
4. Bras with metal under-wiring
5. Any static-producing material (Velcro)
6. Oils and grease (make-up, lipstick, hair preparations, sunscreen, skin lotion)
7. Hairspray/gel
8. Nail polish
9. Perfume/cologne
10. Jewelry (all must be removed or covered with white tape)
11. Chewing gum
12. Dentures
13. Metallic objects (bobby pins, hair clips, car keys)
14. Batteries/battery-powered equipment (headphones, watches, hearing aids)
15. Electronics/MP3 players
16. Phones/pagers
17. Medications
18. Newspapers/magazines
19. Coins/money
20. Petroleum-based dressing (Vaseline gauze)
21. Alcohol-based applications
22. Hand warmers/transdermal heat patches
23. Cigarettes
24. Matches/lighters
25. Sharp toys
26. Unnecessary item

Appendix (3) - HBOT Cautions

Hyperbaric oxygen therapy is not safe for everyone. In general, you shouldn't receive HBOT if you:

1. Have a pacemaker
2. Are pregnant
3. Have certain types of lung diseases, because of an increased risk for a collapsed lung
4. Take certain chemotherapy drugs
5. Have a collapsed lung
6. Take the drug disulfiram (Antabuse)
7. Use the topical cream sulfamylon
8. Have heart failure; HBOT can make symptoms worse
9. Have a cold or a fever
10. Are claustrophobic

Appendix (4) - Sample- Informed Consent Form for Hyperbaric Oxygen Therapy

I,do hereby authorize
.....and its trained staff to treat me with hyperbaric oxygen and to render such other supportive or additional care that their professional judgment may dictate during the course of the above treatment.
The protocols and procedures for Hyperbaric Oxygen Therapy (HBOT) and the adjunctive treatments have been explained to me by the staff.

I have been provided with an orientation to HBOT which has included (but was not limited to) indications, contraindications, risks and side effects, benefits, safety, equalization techniques, patient rights, flying after treatment, use of tobacco and HBOT and a chamber and facility overview.

I have been made aware of the possible risks and side effects of HBOT including but not limited to:
Barotrauma in the ears sinuses or teeth, Pulmonary Barotrauma, Oxygen Toxicity, Fire risks, Risk of near-sightedness, Maturing or ripening cataracts, Temporary improvement in far- sightedness, Numb Fingers, Serious Otitis, Fatigue, Decompression Illness, Gas Embolism.

I have been given an opportunity to obtain further information and to ask questions about HBOT, and I understand that I can ask questions or stop treatment at any time.

I consent to collecting and keeping information about my health for the purpose of making sure that I receive appropriate care and treatment, and for associated administrative tasks. I understand that my health information will be securely stored and that I am entitled to request access to and correction of my health information. I agree to provide all information about me voluntarily.

I am aware that the practice of medicine and surgery is not an exact science and that I have been made no guarantees as to the results of hyperbaric oxygen therapy.

My signature below constitutes my acknowledgement (1) that I have read and agreed to the foregoing, (2) that HBOT has been satisfactorily explained to me and that I have all the information I desire, and (3) that I hereby give my authorization and consent to the use of HBOT on myself.

Name of patient: Signature of Patient:

And/or Authorized Representative:.....

I confirm that I am the authorized representative legally entitled to sign this Consent for Hyperbaric Oxygen Treatment on behalf of..... I have read and understood the Patient Orientation Handbook and this Consent and I confirm the matters contained in this Consent and I consent to the treatment of

Representative Name:

Witness signature: Date:

Witness Name: Time: