

### **Specific aspects of safety procedures for HBOT personnel**

The COST B-14 Action Working Group “Safety” is drawing up the document “A Code of Good Practice in HBO Therapy” where dysbaric injuries to attendants, during and after an hyperbaric treatment, are considered in the risk analysis. Patients who have breathed oxygen during the majority of their hyperbaric treatment may develop a barotraumas but are unlikely to develop decompression illness/sickness. On the contrary, attendant staff may breathe compressed air during much of a hyperbaric treatment and they are potentially at risk of dysbaric injuries.

Therapeutic hyperbaric facility staff should receive training in the recognition of decompression illness/sickness in themselves and attendants, and procedures should be in place to ensure the timely assessment and recompression treatment of any staff members if required.

Chamber Operator of a multiplace facility should be able to calculate, handle and control compression and decompression schedules for patients, Specialists and/or Doctors, Nurses and Attendants, applying decompression stops, when necessary. Restrictions on travel and physical exercise to personnel, who attended a hyperbaric treatment, may need to be considered.

Hyperbaric facility staff should be aware of the limitation on flying or travel in hilly or mountainous region for a specified time after attending a hyperbaric treatment, depending on the pressure and length of exposure.

Several national regulations in Europe and some specific experimental researches performed at Hyperbaric Centre of Ravenna on this topic will be reported by the authors.