



2023 SerenaGroup Hyperbaric Safety Manual



SerenaGroup Monthly Safety Awareness Program

SerenaGroup Hyperbaric Medicine Programs
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Section One: The Fire Safety Plan

1. Purpose

A Fire Safety plan provides hyperbaric personnel with an emergency plan in the event of a fire in the hyperbaric area. A predetermined plan is expected to reduce injury and potentially catastrophic outcomes. Hyperbaric centers must develop their own fire safety plan. This document will guide the development of the plan.

2. Policy

- 2.1. In the event of an emergency, the Hyperbaric Medicine Center personnel will be prepared to respond.
- 2.2. The Safety Director shall be designated by the Program Director / Manager or designee.

NFPA 99 Health Care Facilities, 2018 edition, (page 118):

“14-3.1.3.2 A safety director shall be designated in charge of all hyperbaric equipment. The safety director shall work closely with facility management personnel and the hyperbaric physician(s) to establish procedures for safe operation and maintenance of the hyperbaric facility. He/she shall make necessary recommendations for departmental safety policies and procedures. The safety director shall have the authority to restrict or remove any potentially hazardous supply or equipment items from the chamber.”

- 2.3. The plan is a collaborative effort developed between SerenaGroup® and hospital representatives responsible for fire safety in accordance with NFPA standards.
- 2.4. There will be no smoking or open flames in the hyperbaric area.
- 2.5. The area will be kept meticulously clean and free of fire hazards in accordance with the National Fire Protection Association (NFPA) guidelines for Hyperbaric health care facilities.
- 2.6. The chamber(s) must be kept free of lint and dust particles. These are hazardous when inside the chamber during operation.
- 2.7. Each hyperbaric patient will be searched and questioned about possession of an ignition source before entering the chamber.
- 2.8. Items listed as unsafe in the chamber safety policy manual, are NOT allowed in the chamber.



3. Scope

This manual applies to all Hyperbaric Medicine Center staff, overseeing physicians, and patients.

4. Responsibility

It is the responsibility of the center's Safety Director to implement and ensure that fire safety practices are followed within the department.

5. Elements of the Fire Safety Plan

5.1. The Program Director/Manager shall obtain the hospital fire safety plan.

5.2. A comprehensive plan will be developed and incorporated into the overall emergency plan for the center. It shall include at a minimum:

5.2.1. Identification of signage locations

5.2.2. Extinguishing (sprinklers, smoke detectors, fire extinguishers, etc.) methods, equipment and location

5.2.3 The Rescue, Alarm, Contain, Extinguish (RACE) protocol:

RESCUE = Assist anyone who is in immediate danger.



ALARM = Activate the nearest fire alarm. Immediately after activating the alarm, go to the nearest phone and call 911. Let the operator know there is a fire and give the exact location.

CONTAIN = Attempt to contain the fire by closing all doors and windows in the area where the fire is located. If smoke is observed coming from underneath any of the doors that were closed, dampen towels and place them at the door base.

EXTINGUISH = Try to extinguish the fire. Retrieve the nearest fire extinguisher and use it on the fire. Note: if the fire is out of control, do not attempt to extinguish it. Close the door immediately!



- 5.2.4. Emergency phone numbers: who to contact, when and where
- 5.2.5. Oxygen leak testing–frequency and procedure
- 5.2.6. Electrical equipment–location, preventive maintenance schedule
- 5.2.7. Specific fire prevention requirements for hyperbaric suite
- 5.2.8. Mock Drill–frequency
- 5.2.9. General response to fire–code announcement door and window handling

5.3. All SerenaGroup® personnel and hospital employees working in the hyperbaric suite will be knowledgeable of the fire safety plan. They will be fully prepared to prevent a fire or in the case of a fire, extinguish it immediately.

5.4. Assure appropriate signage in the center prohibiting smoking (readable from a distance of 5 feet).

5.5. Ensure patients, staff and visitors do not smoke. There should never be an open flame within the center.

5.6. Ensure the patient has changed into 100% cotton clothing prior to the therapy.

5.7. Ensure all linens are 100% cotton. This includes pillowcases, blankets, and sheets.

5.8. No clothing is permitted in the chamber except that provided by the hyperbaric staff in accordance with safety policies and procedures. This includes but is not limited to undergarments even if they are 100% cotton, street clothes, hospital gowns, and scrubs.

5.9. All patients are searched prior to every hyperbaric treatment for prohibited items.

5.10. Patients must remove any petroleum-based products including but not limited to make-up, hair spray, nail polish, perfume, after shave lotion, oil-based creams or ointments with a petroleum base.

5.11. Allow only items necessary for patient care during therapy such as nasogastric tubes, external fixation devices, wound dressings, soft contact lenses, Foley catheters, vented drains, monitoring leads and cables for cardiac monitoring as long as they have been tested for hyperbaric safety.

5.12. Cover dressings with 100% cotton linens. If patient has a post-op skin graft and physician does not want the dressing removed, cover existing dressing with 100% damp cotton towel. Do not expose a wound covered with an ointment in the chamber.

5.13. Devices with a power source are not permitted in the chamber such as external pacemakers, holter monitors, external TENS units or insulin pumps.



- 5.14. Turn off the main oxygen supply to the chambers at the end of operations each day to prevent oxygen leakage into the hyperbaric suite.
- 5.15. According to policy, analyze the oxygen concentration in the room around the gaskets of the chamber and various sites in the room to ensure no leakage of oxygen is occurring.
- 5.16. Complete and sign the pretreatment checklist before every Hyperbaric treatment.

6. Action depending on the location of the fire

6.1. Fire inside the building housing the hyperbaric unit.

6.1.1. In the case of a fire inside the building but outside of the chamber area follow the hospital fire plan.

6.1.2. Only remove patients from the chamber or chamber room if the fire threatens the suite.

6.2. Fire in the hyperbaric unit but outside of the chamber(s)

6.2.1. Pull the fire alarm and activate hospital fire plan informing fire station of the fire location.

6.2.2. If chamber is directly threatened, inform the patients in the hyperbaric chamber that rapid emergency decompression is necessary and they should try to stay calm, breath normal and do not hold their breath.

6.2.3. Follow the procedure to emergency vent the chamber(s) (see SerenaGroup® 2020 Policy 401. Emergency Procedures for Monoplace Chamber).

6.2.4. Remove the patients from the chamber(s).

6.2.5. Turn off the oxygen supply located outside chamber room.

6.2.6. Assist in the evacuation of the area per hospital evacuation plan.

6.3. Fire inside the a Monoplace Hyperbaric Chamber

6.3.1. A fire inside a monoplace hyperbaric chamber pressurized with 100% oxygen during operation is a fatal event. The patient inside the chamber in which a fire has occurred has no chance of survival; therefore, no attempt to save this patient by emergency decompression is warranted.

6.3.2. Pull the fire alarm.

6.3.3. Immediately follow the procedure to emergency vent the unaffected chamber(s).



- 6.3.4. When assistance arrives have them activate the hospital fire plan informing fire fighting personnel of location of the fire.
- 6.3.5. Inform the patient that emergency decompression is required.
- 6.3.6. Have the patient breathe from the air break mask during emergency decompression.
- 6.3.7. Evacuate the patient(s).
- 6.3.8. Turn off oxygen supply to the chamber(s).

Section Two: Emergency Preparedness

1. Purpose

The purpose of this section is to establish an Emergency Preparedness plan specific to the hyperbaric center.

2. Policy

- 2.1. To provide optimal patient care and support in the event of an emergency or natural disaster such as a flood, hurricane, ice storm, earthquake, or tornado.
- 2.2. Patients are informed of alternative care options in the case of a disaster that may impact the hyperbaric center.
- 2.3. Hyperbaric unit and supporting staff will receive education on emergency preparedness plan to promote safety during a disaster.
- 2.4. The Hyperbaric Medicine Center Emergency Preparedness plan compliments the hospital's plan; it does not supersede the hospital emergency preparedness.

3. Scope and Responsibility

This policy applies to all members of the Hyperbaric Medicine staff, physicians and patients.

4. Procedure

- 4.1. In the case of a disaster, it may become necessary to remove patients from the hyperbaric chambers. The following steps should be taken:
 - 4.1.1. Explain to the patients why the reason for ending the treatment early.
 - 4.1.2. Decompress chambers at a normal rate. **DO NOT EMERGENCY VENT THE CHAMBERS.**



4.1.3. Once the chambers are empty and all the patients have exited the center, secure the chambers in the following manner:

4.1.3.1. Close the doors on the chambers.

4.1.3.2. Switch off both the Oxygen and Air supply to the chambers at the wall source.

4.1.3.3. Disconnect the transformer from the electrical outlet at the wall interrupting the power supply to the battery charger.

4.1.3.4. Cover the chambers with the cloth chamber cover.





Section Three: 2023 Monthly Safety Program Schedule

January – Arterial Ulcers: Do They Qualify?

February – When Things Go Wrong...

March – Barotrauma

April – To Dive or NOT to Dive?

May – Clinical and Non-Clinical Emergencies and Preparedness

June – Diabetes Management for the Hyperbaric Patient

July – What can and cannot go into the chamber?

August – Know the Resources Available for You and Your Patients

September – Clean Chambers are Safe Chambers

October – Physiology of HBOT for Each Indication and When to Consider Continuation

November – Creating a Safe and Comfortable Environment

December – Patient Education and Compliance



January – Arterial Ulcers: Do They Qualify?

Arterial insufficiency is any condition that slows or stops the flow of blood through the arteries. Acute and/or chronic arterial insufficiency can lead to arterial ulcers. Peripheral arterial disease is a common disease that when worsens can develop into critical limb ischemia. Critical limb ischemia, just as it is named, is the most severe form of blockage that can cause gangrene very quickly due to the lack of blood flow that is required to keep the distal extremity alive. Patients with critical limb ischemia have major amputation rates as high as 40% within six months and a mortality rate of 20-25% in the first year after clinical presentation.

As we know, hyperbaric oxygen therapy is a powerful and effective advanced modality that can accelerate wound healing. But is this a treatable condition with hyperbaric oxygen therapy? The Undersea Hyperbaric Medical Society describes HBOT as beneficial for arterial insufficiency and selected problem wounds. CMS (Medicare) has listed acute peripheral arterial insufficiency as an approved condition for HBOT. So, yes! Arterial insufficiency can be treated with hyperbaric in an attempt to save limb and life. Key word to note here is "acute."

The "but" you've been waiting for...medical necessity. Like all conditions we treat, medical necessity must be met for the patient to qualify for treatment. Medical necessity elements for acute peripheral arterial insufficiency include:

- HBOT is indicated within the first 4-6 hours of the acute event.
- Only after documented restoration of the blood circulation.
- Origin of the condition such as reconstruction/graft thrombosis, iatrogenic trauma, native thrombosis, embolism, or peripheral aneurysm with embolism or thrombosis.
- Diagnostic testing such as arteriogram, CT angiogram, and/or MRI angiogram.
- Failed conservative treatments such as anticoagulation and percutaneous aspiration or mechanical thromboembolectomy.

Ultimately, HBOT reduces edema and enhances oxygen at the tissue level to counter reactive edema that often presents after surgical restoration of blood flow (reperfusion injury.) While acute peripheral arterial insufficiency is a covered condition, meeting medical necessity requires the patient to be in a hospital, so treatments would be required to be inpatient. Arterial wounds or chronic arterial insufficiency are not considered medical necessary for HBOT.



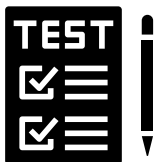
Identifying acute peripheral insufficiency (the 6 P's):

- Pain
- Paralysis
- Pallor
- Paresthesia
- Perishing Cold (Poikilothermia)
- Pulselessness

Sources:

- Dormandy JA, Rutherford RB. Management of peripheral arterial disease (PAD). TASC Working Group. TransAtlantic Inter-Society Consensus (TASC). J Vasc Surg. 2000 Jan;31(1 Pt 2):S1-S296.
- HBO Indications - Undersea & Hyperbaric Medical Society (uhms.org)
- NCD - Hyperbaric Oxygen Therapy (20.29) (cms.gov)
- Westin GG, Armstrong EJ, Bang H, et al. Association between statin medications and mortality, major adverse cardiovascular event, and amputation-free survival in patients with critical limb ischemia. J Am Coll Cardiol. 2014;63(7):682-690.





Name: _____

Date: _____

Post-Test: Arterial Ulcers: Do They Qualify

1. What is the difference between acute arterial insufficiency and chronic arterial ulcers?

2. Acute arterial insufficiency can be treated in an _____ facility.

3. Which is NOT considered one of the 6 P's?

- Pallor
- Pulselessness
- Purple
- Pain

4. Gangrenous arterial ulcers can be treated with HBOT in our outpatient wound center, **True or False?**



February – When Things Go Wrong...



Overview:

In hyperbaric medicine, we can encounter any number of complications. To prevent these events, we take a large number of safety precautions. We educate patients about the dangers and potential risks, complete pre-treatment checklists, perform daily/weekly/annual maintenance, screen patients for potentially contraindicated conditions, and practice fire safety and clinical emergency drills.

However, things can still go wrong. Due to your medical and safety training, you, as a hyperbaric technician are prepared to act quickly and confidently in an emergency. If a patient has a seizure in the chamber, you are prepared. If there is a fire in the hospital, you know your protocol and when to decompress and evacuate. If a patient has a hypoglycemic event, you know what to do. If the hyperbaric chamber loses pressure, you react and respond.

Reminder:

Every chamber has a series of laminated cards with step-by-step instructions for clinical emergencies, fire scenarios, and mechanical failures, so in the event you urgently need support or directions on what to do, you never have to leave chamber-side to obtain helpful information.

Reporting:

Once you've handled the emergency, it's time to determine safe reporting and documentation. Notify your supervisor of the incident so they can assist in ensuring the reporting protocols are followed for SerenaGroup and/or the hospital partner, as well as making sure the necessary parties are included. Make sure you document the event appropriately with clarity including as many details as possible. Don't forget about yourself; emergencies can be very scary. Reach out to a trusted coworker or leader to chat - you are not alone! Activate your Employee Assistance Program for mental health services. Lastly, prevention. How do we prevent this incident from happening in the future? Have a team meeting to communicate the problem and discuss solutions.



Let's go through some scenarios!

Scenario 1: The chamber is decompressed but the door will not open. You quickly investigate and find that the door pin has failed to unlock. You find the safety card on the chamber that advises you on how to handle the situation. You perform the actions and get the patient out safely. What do you do next?

Answer: Notify your immediate supervisor of the situation. Document accordingly. Contact the chamber service technician to permanently repair the problem.

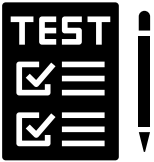
Scenario 2: A patient has a seizure in the chamber. You follow the procedures on the emergency card and wait until the patient has finished seizing to decompress the chamber. The patient is now out of the chamber and transferred safely to the emergency department. What next?

Answer: Notify your immediate supervisor, if you have not already done so. Document clearly and concisely to the best of your ability in the patient chart. Complete the required safety reporting for the hospital (RL6.) Notify SerenaGroup National Safety Director to assess the risk. If you are mentally or emotionally affected by the event reach out for support services.

Scenario 3: There is a small fire at the other end of the hospital that was extinguished immediately. No actions were required on your part. What reporting is required?

Answer: There may not be any required reporting but discuss the event with your supervisor just to be sure!





Name: _____

Date: _____

Post-Test: When Things Go Wrong...

1. All incidents should be reported to the SerenaGroup National Safety Director.

True or False

2. When should I contact my Employee Assistance Program?

3. Near misses do not need to be reported.

True or False

4. A potential issue arose, but I resolved it before anything negative occurred. I need to document the event and notify my supervisor.

True or False



March – Barotrauma

Overview:

Middle ear barotrauma is the most common complication of hyperbaric therapy. During compression clearing the ears, auto inflation, equalizes the pressure between the middle ear and the pressure in the chamber. Recall from Boyle's Law that as pressure is increased, air-filled spaces will decrease in volume. Auto inflation maneuvers open the eustachian tubes in the nasopharynx permitting communication between the middle ear space and the atmosphere. A patient that cannot equalize the pressure between the middle ear and the chamber by using an auto inflation maneuver or yawning, swallowing, or taking a drink, may experience severe pain and potentially damage the tympanic membrane. Middle ear damage is called barotrauma. The underlying causes of barotrauma include an inability to auto inflate, artificial airways and damage to the eustachian tubes.

Techniques for Equalizing:

1. Valsalva Manuever – pinch your nostrils and blow through your nose.
2. Tonybee Manuever – With your nostrils pinched, swallow. This will pull open your Eustachian tubes while the movement of the tongue with your nose closed, compresses air against them.
3. Lowry Technique – While closing your nostrils, blow and swallow at the same time.
4. Edmonds Technique – While tensing the soft palate and throat muscles, push the jaw forward and down.
5. Frenzal Maneuver – Close your nostrils and close the back of your throat as if straining to lift weight. Then make the sound of the letter “K” forcing the back of your tongue upward, compressing air against the opening of the Eustachian tubes.
6. Voluntary Tubal Opening – Tense the muscles of the soft palate and throat while pushing the jaw forward and down, as if starting to yawn. These muscles pull the Eustachian tubes down.

Procedure:

If the patient experiences mild to moderate pain during compression, stop the pressurization and decrease the pressure until the patient no longer experiences pain. Advise the patient not to auto inflate while the chamber is decompressing. Once a stable pressure has been reached, have the patient perform several auto inflation maneuvers. Once the patient and technician are satisfied, pressurization can recommence. If patient experiences severe pain



that is not relieved by stopping the pressurization or decompressing, remove patient from the chamber and notify the Hyperbaric Physician. It is reasonable to attempt to compress a patient up to three times. If the patient experiences pain on the third attempt at compression the treatment is aborted. Remember the adage “three strikes and you’re out.”

Ear Exam:

The classification system used to grade the appearance of the tympanic membrane following HBOT is called the Teed Scale. It is named for Wallace Teed, a United States Navy Submarine Medical Officer during World War II, who first described middle ear barotrauma related to changes in pressure.

<https://www.ncbi.nlm.nih.gov/books/NBK499851/>

- TEED 0 – Symptoms, such as pain or stuffiness, with no physical findings
- TEED 1 – Erythema or injection around the handle of the malleus, congestion around the umbo
- TEED 2 – Erythema, injection, or congestion of the entire tympanic membrane
- TEED 3 – Hemorrhage into the tympanic membrane appearing as bright red patches
- TEED 4 – Deep blue/black appearance of the tympanic membrane due to blood filling the middle ear with the possibility of rupture present.
- TEED 5 – Perforated ear drum

References:

Eric P. Kindwall, Hyperbaric Medicine Practice, Chapter 4 pp. 51 Larson-Lohr, Norvell, Hyperbaric Nursing, pp. 87,127,140 :

<https://www.ncbi.nlm.nih.gov/books/NBK499851/>





Name: _____

Date: _____

Post-Test: Barotrauma

1. What is the most common complication of hyperbaric oxygen therapy?

2. Patients should be instructed not to try to equalize during what phase?

3. Hemorrhage in the tympanic membrane is classified as a TEED 3.

True or False

4. How many times is considered reasonable to attempt to compress a patient during a single dive?

5. Boyle's Law: as pressure is increased, air-filled spaces will _____ in volume.

Extra Credit Question: Have you ever put an inflated glove into the chamber during a test cycle? What occurs?



April - To Dive or NOT to Dive?



Overview:

Comorbidities can add additional complications to a patient undergoing hyperbaric oxygen therapy. It is important to know when it is safe to treat a patient and how the risk can be reduced to protect them. Pre-treatment testing can rule out contraindications before the patient begins HBOT. Working with your overseeing hyperbaric physician to create the safest treatment protocol for a complex patient, can produce better outcomes.

Comorbidities that pose a risk and how:

Chronic Obstructive Pulmonary Disorder (COPD) – COPD is a respiratory disorder. Pulmonary barotrauma from lung overinflation is a rare, but potential side effect of HBOT in patients that are at risk for air trapping during decompression with active bronchospasm, mucous plugging, and bullous lung disease.

Congestive Heart Failure (CHF) – CHF is a condition in which the heart does not pump blood as well as it should. Patients with CHF, especially those with ejection fractions less than 30%, are at a higher risk for CHF exacerbation and acute pulmonary edema during HBOT due to fluid shift because of the pressure increase and decrease. Patients should not be fluid overloaded and a pre-treatment, baseline echocardiogram may be considered.

Renal Dialysis Patients – Patients receiving dialysis are at a higher risk of complications during hyperbaric treatment due to sudden fluid shifts from volume overload, causing acute pulmonary edema.

Long-Term Use of High-Flow Oxygen – Patients that utilize High-Flow Oxygen regularly, are at an increased risk of Pulmonary Oxygen Toxicity which could burn the lungs.

Procedure:

1. Complete hyperbaric consultation as normal, but ensure the physician clearing the patient is aware of the patient's comorbidities.
2. Discuss the treatment protocol with the physician, such as treating at 2.0 ATA.
3. Make sure the pre-treatment testing that was ordered, has been carefully reviewed and signed off by the physician.



4. Obtain additional clearances if the hyperbaric physician has requested this be obtained from the patient's specialist, i.e., cardiac clearance from the patient's cardiologist, pulmonology clearance from the patient's pulmonologist, etc.

5. Watch the patient closely during treatment. Do not hesitate to abort the treatment if the patient exhibits any sign of respiratory distress. Address any concerns with the overseeing physician, whether it is in pre-treatment vital signs, after the treatment, or anything in between.

Safe Treatment Protocols

- The clearing HBO physician will determine the treatment protocol. Dr. Serena and Matt Schweyer, SerenaGroup's National Hyperbaric Safety Director, can work with the physician to answer any questions. The general recommendation from SerenaGroup for patients that are not deemed "at-risk" is 2.4 ATA for 90 minutes with two 5-minute air breaks with a rate set of 1.5 psi/min.
- Why do we treat patients at 2.4 ATA? The deeper you go; the more Oxygen is driven into the body's compartments.
- If a patient is deemed "at-risk" their treatment protocol should be modified. 2.0 ATA is a therapeutic treatment pressure and does not require air breaks. Why should we treat "at-risk" patients at a lower pressure? We lower the treatment pressure to decrease the likelihood of HBOT side effects.
- When should you lower the rate set? Rate set should be lowered when patients are new to treatment and are still adjusting to pressure differentials, as well as when patients have potential air-trapping diseases.





Name: _____

Date: _____

Post-Test: To Dive or NOT to Dive?

1. A patient with a history of CHF comes in and the physician cleared them for treatment. You take their blood pressure and it is 220/108. Their BP at every other treatment has been between 112-140 systolic and 70-90 diastolic. What should you do, primarily?

- a. Dive the patient but keep a watchful eye.
- b. Chart the BP and make sure the physician signs off on it when he/she completes the note.
- c. Notify the physician for further instruction before diving the patient.
- d. Wait 15 minutes and retake the BP.
- e. Do not treat the patient that day.

2. "At-Risk" patients should be treated at _____ ATA unless otherwise determined by the clearing physician.

3. Which patients should have clearance by a cardiologist?

4. A patient with COPD and CHF, that has an Ejection Fraction of 40% can NOT receive HBOT.

True or False



May - Clinical and Non-Clinical Emergencies and Preparedness

Every emergency should be handled in a calm, collected, comprehensive manner. The best way to ensure this is to practice and know the emergency procedures! We perform clinical emergency drills quarterly and fire drills semi-annually in the hyperbaric center, per SerenaGroup® Policies and Procedures; however, every hospital system may have a different standard so make sure you are aware of what is necessary for your center to be compliant. Medical emergencies such as seizures, respiratory distress, hypoglycemia, and oxygen toxicity put patients at severe risk that could lead to injury or death. Non-clinical or environmental emergencies such as fire, active shooter, aggressive patients, and hospital evacuations or lockdowns are equally as important to practice. In the event of any emergency, you should know how to manage the hyperbaric department. Emergency drill cards are located on each chamber. All drills that are performed should be documented and saved in your center's safety binder.

Preventing Fires in the Chamber Room

- Mandatory no smoking/oxygen in use signs
- Prohibited items poster easily located
- Checklist reviewed with each patient prior to every dive
- Grounding (chamber, gurney, wrist strap)
- Anti-static flooring or cleaner
- Humidifier
- Use of hyperbaric only linens
- No floor or low electrical outlets
- No power strips or unauthorized electrical devices plugged in in chamber room
- Fire drills performed and documented
- Daily and weekly maintenance performed, and any questions, concerns, or inconsistencies reported to the National Safety Director and Hyperbaric Service Technician
- Annual Preventative Maintenance performed by Hyperbaric Service Technician

Preventing Hypoglycemia

- Check the blood glucose level of diabetic patients pre and post hyperbaric treatment
- Make sure blood glucose is above 100 mg/dL or whatever level the overseeing physician is comfortable with for that patient. 120 mg/dL is



SerenaGroup®'s ideal pre-treatment number, but not for all patients. Cases in which diabetes is managed, 100 mg/dL may be sufficient, but in an uncontrolled diabetic or a patient that admits to only having had sugary cereal with their insulin that morning, an elevated blood glucose level may be more ideal

Preventing Oxygen Toxicity

- Treat patients at 2.4 ATA or below to lower the likelihood of oxygen toxicity, unless a higher ATA is required
- Incorporate air breaks in treatment protocols (SerenaGroup® recommends two 5-minute air breaks, 30 minutes apart)
- Know the signs and symptoms of oxygen toxicity
 - Blurry vision
 - Coughing
 - Chest pain
 - Confusion
 - Dizziness
 - Feeling of unease
 - Muscle twitching in hands and face
 - Nausea
 - Seizures
 - Throat irritation
 - Trouble breathing

Preventing Barotrauma

- Patients should be treated at a standard rate of 1.5 psi/minute unless otherwise ordered by their physician
- Lower the set rate if patients have difficulty equalizing their ears during descent or complain of tooth squeeze, pain in the sinus cavity areas, and/or pain in the ears
- If a patient experiences respiratory distress, abort treatment
- If a patient is complaining of difficulty equalizing, lower the set pressure and wait for the pressure to decrease, guide the patient through equalizing techniques until their ears “pop” or are no longer uncomfortable, then attempt pressurization again. It is suitable to attempt this approximately three times before aborting treatment



Emergency Procedures

Pneumothorax

Signs and Symptoms:

- Sudden, stabbing chest pain
- Sudden shortness of breath
- Uneven chest excursion during respiration
- Increasing respiratory distress
- Deviated trachea
- Distended neck veins
- Acute cardiovascular changes

1. Halt further pressure reduction immediately. Note time and complaint
2. Notify hyperbaric physician
3. Increase pressure slightly to relieve symptoms
4. Prepare chest tube tray
5. Once all necessary thoracostomy equipment is assembled, decompress patient as ordered
6. Inform patient of what is suspected and its likely required management
7. Order STAT chest x-ray

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Oxygen Toxicity

Premonitory signs & symptoms of oxygen toxicity:

1. Immediately convert patient to air breathing. (Note complaint and time of occurrence)
2. Within 1-2 minutes of patient beginning air breathing, ask patient if complaint has resolved, improved, remained the same or worsened
3. If patient complaint/problem has resolved/improved - have patient complete an entire air break (10 minutes); the decision to continue or abort therapy will rest with the hyperbaric physician. It is important that staff maintain direct visual observation of patient throughout the ascent
4. If patient complaint/problem is unresolved or unchanged return patient immediately to surface pressure while patient continues breathing from air mask
5. With seizure activity DO NOT reduce to increase pressure until free air movement is clearly established

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Uncontrollable Depressurization

Should the automatic pressure control system malfunction and the chamber starts depressurizing perform the following steps:

1. Notify the patient that the chamber is depressurizing
 - a. Warn not to hold breath
2. Flip the system NO/OFF switch to the OFF position
3. Adjust the rate of depressurization with the VENTILATION CONTROL valve
 - a. The rate of depressurization can be slowed slightly by turning the ventilation control valve fully clockwise, to the minimum setting
4. When chamber pressure reaches zero (0), open the chamber door

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Oxygen Leak

- Pressurize the chamber to 30psig (3 ATA)
- Use snoop or an equivalent leak testing solution
 - (a few drops of soap or detergent mixed with water for example)
- Leak-check all control and hose connections
- Tighten all connections that leak
- If unable to stop leaking, contact National Safety Director

WARNING!

Before tightening the leak fittings, make sure that all pressure is relieved

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Cardiopulmonary Arrest

- Activate hospital code system. Note time of occurrence
- Turn set pressure to zero
- Emergency decompress the chamber. Observe patient continually
- Move patient away from chamber
- Remove stretcher mattress, sheets, gown and blankets from patient and stretcher (or patient may be moved to another stretcher if available)
- Assist code team as required
- Document on code record.
- Complete charting as time permits

NOTE: Defibrillation/ Cardioversion should be held until the patient is clear of the chamber entrance and all lines and mattress removed

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FIRE

RACE = Rescue, Alarm, Contain, Escape/Extinguish

In Hyperbaric Facility:

- Put on smoke hood
- Turn Chamber oxygen valve off
- Remove anyone in immediate danger
- Activate hospital alarm
- Contain fire (extinguish with hand held equipment)
- Inform patient
- Turn chamber master valve off - remain by chamber
- When immediate flames contained, open door and remove patient
- Evacuate room and close doors
- Turn off main zone valve (in hall)

In-Chamber Fire:

- Do not remain at either end of the chamber
- Emergency decompress the chamber
- Turn chamber oxygen valve off
- Activate hospital alarm
- Unplug and/or turn off all electrical equipment
- Notify medical director and nurse manager

In the immediate/adjacent area:

- Call security
- Ensure doors to the HBO room are closed
- Inform patients and decompress at 5 psi/min
- Evacuate area if warranted
- Resume treatments when possible, and when cleared by hospital emergency personnel

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Emergency Procedures Cont.

Emergency Decompression

Any situation where it is necessary to have the most rapid access possible to the patient:

1. Set chamber pressure to zero
2. Inform patient
3. Turn master valve to EMERGENCY VENT 3 sec on/3 sec off
4. Open door when pressure indicator shows black
5. Remove patient, proceed as ordered and patient's condition dictates
6. Consider STAT chest x-ray to rule out pulmonary barotrauma

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**Safety Pin Jam
Communication Failure****Door Safety Pin Jammed**

If the chamber door will not open with the chamber pressure gauge showing zero, the pressure safety lock pin may be jammed in the extended position.

To release the safety lock pin:

1. Insert a blunt instrument (pencil, etc.) into the hole
2. Push safety lock pin into the retracted position.
3. Note this in the maintenance log, and inform nurse manager

Communication Failure

1. Use cue-cards to advise patient of communication failure
2. Begin ascent to surface pressure, continue to communicate with patient via cue-cards
3. Report failure to the nurse manager and Clinical Engineering

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**Failure of
Oxygen Supply**

In the event that the oxygen supply/storage system is depleted or interrupted during operation, perform the following procedure:

1. Notify the patient that the chamber is depressurizing
 - a. Depressurization will already be in progress - when loss of supply pressure occurs, the chamber will automatically begin depressurizing by venting off through the ventilation control valve
2. Flip the system ON/OFF switch to the OFF position
3. Adjust the rate of depressurization with the VENTILATION CONTROL valve
 - a. The rate of depressurization can be slowed somewhat by turning the ventilation control valve fully clockwise to the minimum setting
4. When chamber pressure reaches zero (0), open chamber door

**Uncontrolled
Pressurization**

If the automatic pressure control system malfunctions and the chamber starts pressurizing, perform the following steps:

1. Flip the system ON/OFF switch to the OFF position
 - a. This will stop chamber compression and start the decompression of the chamber
 - b. The rate of decompression can be controlled by opening (increase) or closing (decrease) the vent valve
2. Notify the patient that the treatment has been aborted, and that the chamber is depressurizing
3. Adjust the rate of depressurization with the VENTILATION CONTROL valve
4. When chamber pressure reaches zero (0), open the chamber door



Use the below SerenaGroup Fire Drill Observation and Evaluation Form



FIRE DRILL OBSERVATION & EVALUATION

Drill Date: ___/___/___ Time: _____ Center: _____
 Scenario: _____
 Drill Activity Level: Verbally Communicated Demonstrated & Timed

<div style="display: flex; justify-content: space-between; font-size: 8px;"> PASS FAIL N/A </div>	<p>COMMUNICATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Emergency phone number was called or simulated <input type="checkbox"/> Alarm activated or simulated <input type="checkbox"/> Staff alert and participating appropriately <input type="checkbox"/> Fire alarm sounded and heard <input type="checkbox"/> Visual alarm seen <p>LIFE SAFETY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Smoke hoods donned or simulated <input type="checkbox"/> Doors in area closed (place wet blanket/sheet at base of door) <input type="checkbox"/> Smoke doors shut <input type="checkbox"/> Halls/Corridors clear of all items <input type="checkbox"/> Patients and staff accounted for <p>STAFF KNOWLEDGE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Location of smoke hoods <input type="checkbox"/> Location of fire extinguishers <input type="checkbox"/> Location of alarm pull stations or how to activate phone system <input type="checkbox"/> Knowledge of smoke compartments <input type="checkbox"/> What is your fire plan (RACE) <input type="checkbox"/> How to operate extinguisher (PASS) <input type="checkbox"/> Evacuation equipment (i.e. Evacuation Chair, Parasyde, etc.) <input type="checkbox"/> Evacuation meeting location <input type="checkbox"/> Evacuation routes <input type="checkbox"/> Location of medical gas shut off valves <input type="checkbox"/> Location of Fire Plan
--	--

Chamber 1 starting pressure/depth: _____
 Chamber 2 starting pressure/depth: _____
 Chamber 3 starting pressure/depth: _____
 Chamber 4 starting pressure/depth: _____

Total time to evacuate: _____


Circle one: Drill Passed / Drill Failed

If failed, please note why: _____

Comments: _____

Fire Drill Participation Sign-In Sheet

First & Last Name (Printed)	Position




Use the below SerenaGroup Emergency Drill Observation and Evaluation Form

**EMERGENCY DRILL
OBSERVATION & EVALUATION**

Drill Date: ___/___/___ Time: _____ Center: _____
 Scenario: _____
 Drill Activity Level: Verbally Communicated Demonstrated & Timed

PASS	FAIL	N/A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		COMMUNICATION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Emergency phone number was called or simulated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Alarm activated or simulated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Staff alert and participating appropriately
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Simulate communication and explanation to patient
LIFE SAFETY				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Halls/Corridors clear of all items
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Patients and staff accounted for
STAFF KNOWLEDGE				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Location of alarm pull stations or how to activate phone system
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Evacuation equipment (i.e. Evacuation Chair, Paraslyde, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Evacuation meeting location
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Evacuation routes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Appropriate and correct responses to the scenario
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Verbalized or practiced decompression specific to the scenario
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Location of chest tube tray
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Location of defibrillator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Safety measures taken or simulated if defibrillation is required

Circle one: Drill Passed / Drill Failed

If failed, please note why: _____

Comments: _____

Emergency Drill Participation Sign-in Sheet

First & Last Name (Printed)	Position

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For further procedural guidelines regarding emergencies and preparedness, review the SerenaGroup® Policies and Procedures located in every center and online at serenagroupinc.com on the member's portal. Full page copies of these forms can be found on the member's portal.





Name: _____

Date: _____

Post-Test: Clinical and Non-Clinical Emergencies and Preparedness

1. Per SerenaGroup® guidelines, how often should a fire drill be performed?

- a. Monthly
- b. Quarterly
- c. Biannually
- d. Yearly

2. Name 3 measures taken to prevent fires in the chamber room.

3. Who has responsibility for maintaining the Hyperbaric Center's Safety Binder?

4. An announcement comes over the loudspeaker to initiate lockdown procedures. The hyperbaric technician should _____

- a. Emergently decompress the patient (2 minutes)
- b. Decompress the patient at the normal rate of 1.5 psi/min
- c. Decompress the patient at an increased rate as tolerated
- d. Wait for verification of why the facility is being locked down to determine if your area is threatened or at-risk

5. If you suspect oxygen toxicity, you should put the patient on an air break and abort the treatment.

True or False



June - Diabetes Management for the Hyperbaric Patient

Diabetic patients need to manage their blood glucose level. The level needs to be at least 110 mg/dL before they go in the hyperbaric chamber, unless otherwise stated by the attending physician. The ideal minimum pre-treatment number is 120 mg/dL. It is also important to make sure their blood glucose is not too high. Maximum numbers vary but encourage the patient to try to keep their blood glucose level under 180 mg/dL at all times unless otherwise suggested by the patient's healthcare professional. As a hyperbaric technician, always ask diabetic patients if and what they ate prior to coming in. You should also ask if they took their medications. Both can significantly impact the patient's blood glucose levels and can help you to anticipate and prevent hypoglycemic events.

Hyperbaric can lower the patient's blood glucose significantly as a metabolic response, so it is important to make sure levels are high enough to prevent any drop in glucose from becoming a hypoglycemic medical emergency inside the chamber. Also, account for the 2-hour treatment, in which the patient will be without food.

Hypoglycemia symptoms may include:

- Diaphoresis
- Fatigue
- Lightheadedness
- Shakiness
- Nausea/vomiting
- Confusion
- Unresponsiveness
- Anxiety
- Seizures

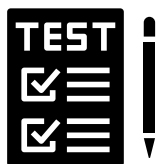


Procedure:

1. Take patient's blood glucose level upon arrival. If it is 110 mg/dL or higher, but still normal, continue with treatment. If the glucose level is lower (not a critical low = follow hospital policy), consider glucose administration.
2. Follow your hospital protocol for hypoglycemia management. This could be the administration of Glucerna, fruit juice, glucose tablets, etc.
3. Recheck the patient's blood glucose 15+ minutes after administration. If it is lower than the initial level, the attending physician may refuse the patient's treatment for the day for safety concerns of a hypoglycemic event. If the glucose has elevated above 100 (or the number your attending physician is comfortable with) continue with hyperbaric treatment. If the glucose has risen but not as high as it needs to be, with your physician's approval, you may repeat glucose administration and/or another 15+ minute recheck if the schedule allows.

***Always follow hospital protocols and the attending physician's orders!**





Name: _____

Date: _____

Post-Test: Diabetes Management for the Hyperbaric Patient

1. Name 5 symptoms of hypoglycemia:

- 1.
- 2.
- 3.
- 4.
- 5.

2. A diabetic patient is on treatment 15 and has never had issues with confinement anxiety but is now 1 hour into treatment and presenting with anxiety symptoms. His blood glucose was 125 mg/dL upon arrival. What should be your first 3 steps?

- 1.
- 2.
- 3.

3. What is your hospital's protocol for hypoglycemia management/prevention?



July - What Can and Cannot Go in the Chamber?



This question can confound HBO techs daily, some have gone to the extreme of removing all medical related dressings and skin barriers prior to HBOT; of course, you cannot be too safe, right? Well, not really. You do run the risk of making the patient's wound worse by drying it out and exposing it to the atmosphere as well as denying the patient a treatment that a physician has deemed necessary.

"The physician or surgeon in charge, with the concurrence of the safety director, shall be permitted to use prohibited items in the chamber that are one of the following:

1. Suture material
2. Alloplastic devices
3. Bacterial barriers
4. Surgical dressings
5. Biological interfaces" (NFPA 14.3.5.4.3)

The answer lies in the balance between the risks associated with the dressing and its potential benefits in treating the wound. First ask, "is the dressing necessary?" If the answer is no, the dressing is removed prior to treatment. If the answer is yes, decide whether to cancel the treatment or mitigate the risk.

When evaluating a dressing it is important to first understand the roll of fuel in the chemical reaction know as fire. Normally this reaction is between oxygen in the atmosphere and some sort of fuel (wood or gasoline, for example). Of course, wood and gasoline do not spontaneously catch on fire just because they are surrounded by oxygen. Fuel must be heated to its ignition temperature for combustion to occur. The reaction will keep going as long as there is enough heat, fuel, and oxygen. This is known as the fire triangle.

Fuels can be solids, liquids or gases. During the chemical reaction that produces fire, fuel is heated to such an extent that (if not already a gas) it releases gases from its surface. Only gas can be used as fuel. Gas is made up of molecules (groups of atoms). When these gases are hot enough heated molecules are loosened, moving apart to form a gas. The gas molecules combine with oxygen in the air resulting in fire. This is important for us for two reasons: first they hyperbaric environment is 100% oxygen under pressure. There are 15 times more molecules of oxygen available to "mix" with molecules



of fuel. This lowers the heat required for combustion, or flash point. The second factor is the need to convert fuel to gas, meaning that any product that evaporates or 'off gases' at room temperature becomes exceptionally rich fuel as no heat is required to convert the solid or liquid to gas. An example of this can be found in the oily rags left in the attic that on a hot summer day spontaneously combust. This happens at temperatures as low as 120 degrees Fahrenheit in room air (21% oxygen).

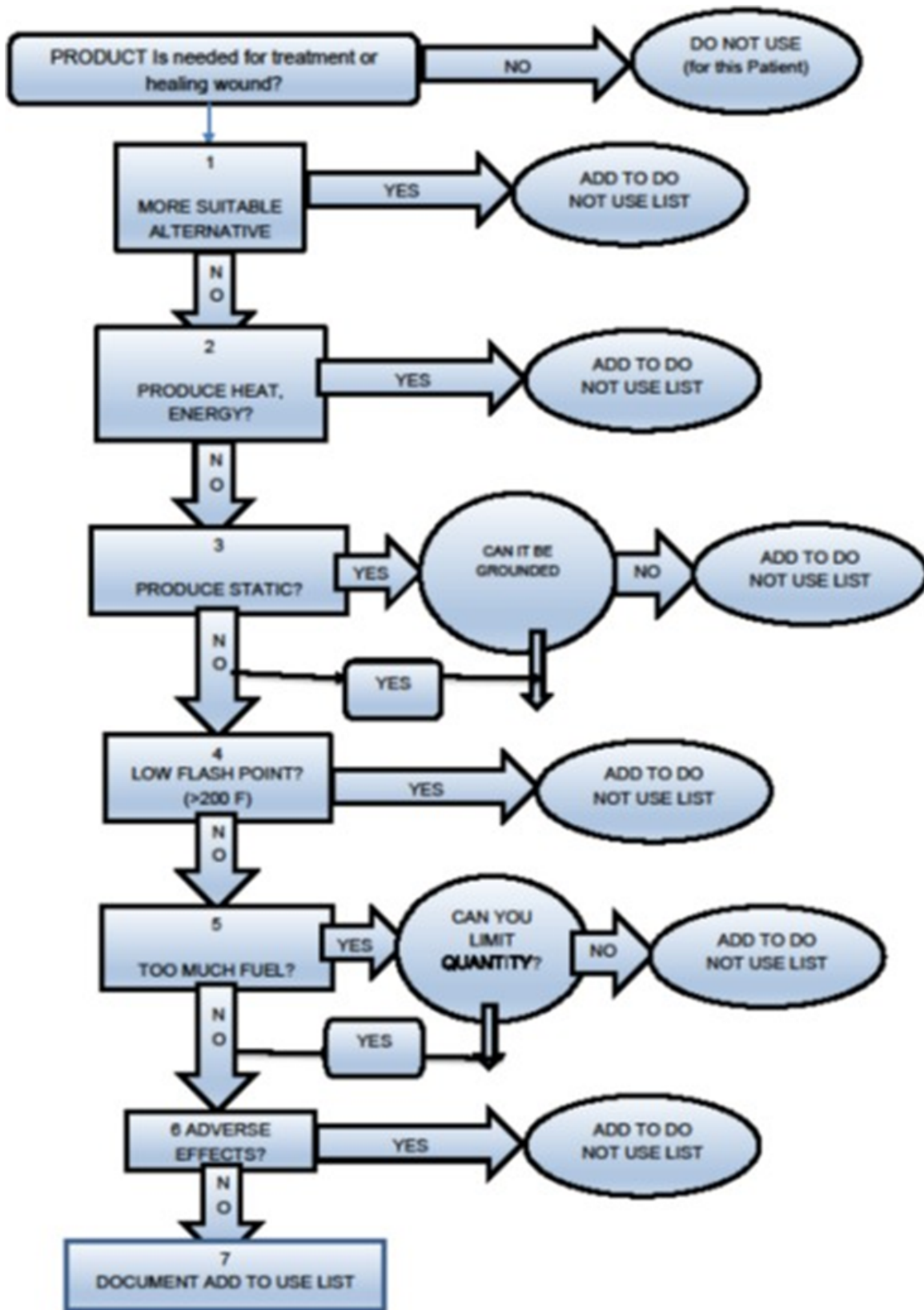
Most skin and wound care products have petroleum, alcohol, or benzene base. These are all rich fuels and according to our prohibited items list should not enter the chamber. Let's examine this a little more closely. These highly flammable products are used in most cases as 'carriers'; in other words they keep the product moist or pliable for storage and once exposed to air they evaporate. Once they evaporate, they are no longer a 'rich fuel' and no longer pose an unacceptable fire risk.

Fuel is not the only consideration in deciding on whether an item can enter the chamber. We must consider the amount of fuel, potential energy sources, interactions with high dose oxygen, ability to produce a static charge, and potential damage to the chamber acrylic.

When developing a "go" or "no go" list, it is also important to consider ways to mitigate risk, minimizing the likelihood of an incident. Mitigating risk can include covering a dressing with a damp cloth, increasing the vent rate, padding over a device, and substitution with a compatible product.

Utilizing the decision tree below, let's walk through a go/no-go list.





	<p>Unna Boot</p>	<p>YES OR NO</p>
	<p>Continuous Glucose Monitoring (CGM)</p>	<p>YES OR NO</p>
	<p>Loop Recorder Implant</p>	<p>YES OR NO</p>
	<p>External Fixator Device</p>	<p>YES OR NO</p>
	<p>Pacemaker</p>	<p>YES OR NO</p>
	<p>Vaseline Gauze</p>	<p>YES OR NO</p>
	<p>Silver Alginate</p>	<p>YES OR NO</p>



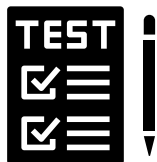
Procedure:

When evaluating a dressing for use in HBOT, employ a logical method and document the reasoning underpinning the decision. To lesser extent, consider the psychosocial results when considering low risk personal items; however, never compromise safety: when in doubt leave it out.

References:

**“Hyperbaric Medicine Practice” 2nd edition by Dr. Kindwall (pp. 417). NFPA 99, 2012 addition chapter 14 SerenaGroup policy and procedure.2020





Name: _____

Date: _____

Post-Test: What Can and Cannot Go in the Chamber?

1. A 2 x 2 Vaseline gauze dressing may be permitted in the monoplace chamber.

True or False

2. The first question to ask is

3. The physician or surgeon in charge, with the concurrence of the safety director, shall be permitted to use prohibited items in the chamber that are one of the following: (list two)

4. If the doctor orders a dressing, then it is safe to go in the chamber without further investigation.

True or False

5. If a product contains a small amount of a questionable ingredient, such as a petroleum base, a good practice is simply to cover it during treatment.

True or False



August – Know the Resources Available for You and Your Patients

Resources come in many varieties from transportation assistance to education. Hospital systems, communities, state agencies, and SerenaGroup® are examples of where most of your resources will come from.

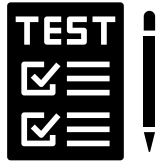
Do you know what resources are available to you as a professional?

SerenaGroup® provides advanced wound care education monthly through the member's portal at serenagroupinc.com, as well as the monthly hyperbaric safety call and round table. The SerenaGroup® Education Committee is always willing to assist in creating any educational resources needed in your center. Policies and Procedures, Clinical Guidelines, and more educational information is available on the member's portal. Be sure to utilize the wealth of knowledge SerenaGroup® has to offer, including your mentors and peers!

Do you know what resources are available for your patients?

Different communities and regions have different opportunities, so work closely with the hospital partner, regional insurers, and community agencies to find resources for your patients. For instance, the county office of aging may be able to assist with obtaining wheelchairs. Transportation may be available through a patient's insurer, and if not, maybe your hospital can assist. SerenaGroup® has developed patient education materials and handouts to help reinforce the education that you give to your patients verbally. Hospitals and community agencies may also be able to help with insurance coverage and/or financial assistance, nutrition counseling, and support groups. Compile a list of resources for supporting your patients through their advanced wound care journey.





Name: _____

Date: _____

Post-Test: Know the Resources Available for You and Your Patient

1. What resources are available to you as a professional?

2. What resources do you have that are available to your patients?

3. If a patient states that they were very confused after their initial consultation. What can be done to improve this for the next patient?



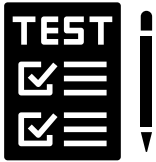
September - Clean Chambers are Safe Chambers

Maintaining clean chambers protects their longevity and the health of your patients. The chambers should be cleaned with approved cleaners weekly or between patients if the patient has contact precautions due to infection, such as MRSA. Always clean the chambers sooner if they become visibly soiled with anything including fingerprints on the acrylic. Use a cotton cloth when wiping the acrylic, such as a pillowcase, and do not clean the acrylic in a circular motion. When cleaning the acrylic be sure to check for crazing or scratches, if you notice any acrylic damage, notify your hyperbaric service technician and national safety director right away. Mattresses must be cleaned between each patient with non-alcohol wipes and fresh, clean linens. The muffler should be removed from the chamber weekly and cleaned with soapy water and a wire brush, if necessary. Make sure that the area surrounding the chamber is always kept clean and free of dust. If you notice an accumulation of dust in the door lock of the chamber, attempt to clean the dust away, but let the hyperbaric service technician know if the integrity of the door lock becomes compromised. Use a swifter or other duster to clean the outside of the chamber including between the bottom of the acrylic and the base of the chamber.

Approved cleaning products can be found at perrybaromedical.com and sechristusa.com

Hand sanitizers can be utilized in the hyperbaric center, but the hand sanitizer cannot have a high percentage of alcohol as alcohol-based products cannot go in the chamber. Therefore, it is not recommended to have alcohol-based hand sanitizers in the hyperbaric chamber room.





Name: _____

Date: _____

Post-Test: Clean Chambers are Safe Chambers

1. If the first patient of the day has MRSA, it is adequate to clean the chamber at the end of the day.

True or False

2. Where do you find the list of approved chamber cleaners?

3. How often should the chambers be cleaned?

4. Alcohol-based cleaners are best for cleaning the mattress.

True or False

5. What cloth is best to be used to wipe the acrylic?

- a. Paper towels
- b. Microfiber towels
- c. Cotton fabric



October – Physiology of HBOT for Each Indication and When to Consider Continuation

How important is it to understand the physiological effects and understand the ‘what’ and ‘why’ in hyperbaric oxygen? Extremely! An informed educated technician/technologist is the best way to assure patient adherence and provider buy-in that you are knowledgeable in the delivery of hyperbaric oxygen. And it makes a significant contribution to the team of care givers.

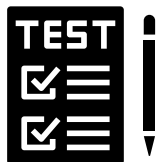
If the patient is being treated for an approved diagnosis, are you aware of what and why for treatment? Understanding the rationale of hyper-oxygenations, angiogenesis, osteogenesis, and perfusion is key to understanding your responsibilities as a technician/technologist with the patient and the provider and care team. Likewise, it is paramount to compliance.

Sharing your knowledge with patients and providers will reassure them that they are in great hands. That reassurance will increase their compliance to their treatment program. Knowing that you are experienced can also help to ease their anxiety.

Ask yourself, “If the patient asked me how this treatment is beneficial to me and my wound?” How would you answer this question? Professional training, knowledge, and experience are directly linked to helping the patient understand that being compliant is essential to “best care and practice”. The more education the patient has, the more apt they are to comply.

Discuss each diagnosis and tie in the physiological rationale of why we treat these conditions, when we have reached a therapeutic plateau, and an end point. Understanding when continuation of treatment is necessary is important to healing. It is this component of the lecture that is extremely beneficial.





Name: _____

Date: _____

Post-Test: Physiology of HBOT for Each Indication and When to Consider Continuation

1. How does hyperbaric work for a Wagner Grade 3 Diabetic Foot Ulcer?

2. When should continuation of treatment be discussed?

3. Define "Osteogenesis":



November – Creating a Safe and Comfortable Environment

How important is it to build a rapport with patients in your center? Very! Patients that are comfortable with you and trust you will have a better overall experience, as will you. When a patient trusts you, they will ask questions, speak more freely with you, and share things with you that they may not share with their physician. For instance, a patient is embarrassed that they cannot afford their Santyl, so instead of notifying their provider they just put Neosporin on the wound. This is an opportunity for you, to make their wound healing experience better.

Share your knowledge with patients. This will reassure them that they are in great hands. That reassurance will increase their compliance to their treatment program. Knowing your experience can also help to ease their anxiety. Refrain from using sentences such as “I’ve only been a hyperbaric tech for a few months” or “I would never go in a hyperbaric chamber.” Those are not comforting words to your patient that may be scared or having anxiety about going into a hyperbaric chamber or is at a high-risk for amputation.

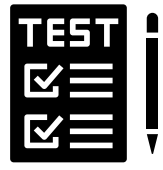
If a patient has anxiety about their wound, use your professional training, knowledge, and experience to help them understand and ease their anxiety. The more education the patient has, the more comfortable they will feel. If a patient has a large wound with an odor, they may feel self-conscious and/or embarrassed. Reassure them by explaining drainage in the wound care setting and signs and symptoms of infection. Show the patient case studies to encourage them. Share the patient’s wound pictures with them, show them when you see granulation tissue starting to grow, show them their wound analysis that shows their wound measurements decreasing (improving). This can help them to feel more at ease about their wound. Use your time with the patient to reinforce best practices in wound care such as offloading, diabetes management, appointment compliance, etc.

Ask yourself: if I were a patient, what would make this experience better for me?

Make the hyperbaric center as safe and convenient as possible. Do this by making sure your patients have everything they could need.

Handrails | Stepstools | Hospital transporter/or available staff member to help them to and from the car on a rainy day | Shoehorn in the changing room | Comfortable waiting room | Secured transportation | A thorough understanding of hyperbaric oxygen therapy | Etc.





Name: _____

Date: _____

Post-Test: Creating a Safe and Comfortable Environment

1. List 3 ideas for making patients more comfortable.



December – Patient Education and Compliance

All patients entering the Advanced Wound Care Center will be evaluated for educational needs and abilities to learn on initial visit to the wound care center or at the hyperbaric consult. The following are assessed:

- Educational levels
- Motivational level
- Knowledge level of required medication
- Knowledge level of diagnosis
- Knowledge level of treatment plan
- Language barrier
- Cultural barrier
- Emotional barrier
- Physical barrier
- Reading barrier
- Sensory barrier
- Altered mental status due to medication
- Altered mental status due to aging process
- Financial concerns

All education performed is dated and documented in the medical record as seen below.

- Patient's preferred learning style
- Patient's level of support system for learning
- Patient's educational goal for attending the Center
- Attendees during patient visit

Family Education

The patient's family and/or caregiver will be provided with appropriate education and training to increase knowledge of the patient's illness and treatment needs, and to learn skills and behaviors that promote healing and improve function. The education and training will be specific to assessed needs, abilities, and will be appropriate to the anticipated length of treatment. We encourage a family member or caregiver to attend hyperbaric consults to maximize education retainment.

Education for Hyperbaric Patients

HBOT offers a unique opportunity to provide patients with continuing, daily educational opportunities. Hyperbaric, offloading, diabetes management, wound dressings, debridement, Negative Pressure Wound Therapy, etc. are



topics that are frequently discussed with patients during their time in hyperbaric. By maximizing this time with education, compliance can be improved significantly as the patient's begin to develop a genuine understanding of the 'how' and 'why' of wound healing. Handouts that can be found on the member's portal at www.serenagroupinc.com can reinforce these discussions. The SerenaGroup® Education Committee creates a variety of useful resources.



The following list of materials were developed by SerenaGroup for the advanced wound care patients. Use these tools to help you and the Advanced Wound Care Center to learn more about wound care and some of the related conditions, as well as, how to prevent, educate and help manage them during the patient's wound healing process.

SERENAGROUP CONTACTS: Nick Duquette, Blair Flinn, Ally George, Nancy Trafelet & Jill Schroder

Nutrition

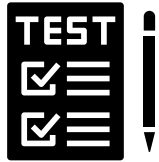
Negative Pressure Wound Therapy (NPWT)

Smoking Cessation

Compression Dressing

Offloading

Glucose Management in HBO



Name: _____

Date: _____

Post-Test: Patient Education and Compliance

1. What do we hope to improve upon by providing quality patient education?

- a. Compliance
- b. Better Outcomes
- c. Faster Healing
- d. Healthier Understanding
- e. All of the above

2. If I have a need for an educational handout and I can't find anything helpful on the member's portal, what should I do?

3. List 3 barriers to learning:



Department of Hyperbaric Medicine Adverse Event Record



- | | |
|---------------------------|----------------------------|
| 1. Ear Barotrauma | 6. Air Embolism |
| 2. Sinus or Tooth Squeeze | 7. Seizure |
| 3. Oxygen Toxicity | 8. Anxiety/Claustrophobia |
| 4. Nausea/Vomiting | 9. Diabetic Reaction |
| 5. Pneumothorax | 10. Other - Please Specify |

Medical Record #	Adverse Event	Intervention	Comments

Safety Director: _____

Medical Director: _____





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