

Pulmonary Barotrauma - Risk

- During training:
 - 7,500 trainees per year
 - Risk of Barotrauma 1 in 5,000 dives
 - Risk of Barotrauma 1 in 15,000 exercises
- Between 1 trainee every 2 years and 1.5 trainees every year

Reducing the risk – medical screening

- HSE advice
 - Risk assessment
 - medical examination prior to training
 - Take into account medical requirements for commercial divers

Pulmonary Barotrauma – Risk Factors

- Asthma
- Sarcoidosis
- Cysts
- Tumours
- Pleural adhesions
- Intrapulmonary fibrosis
- PH pneumothorax

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Spontaneous Pneumothorax

- Single episode acceptable after 1 year
- Unacceptable unless treated by bilateral surgical pleurectomy and with normal spirometry and thoracic imaging

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Sarcoidosis

- Case by case basis – mild cases acceptable
- Not acceptable

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Chronic pulmonary disease

- Fit for offshore work where FEV1 is more than 50% predicted
- Between 40% and 50% assess on individual basis
- Chronic obstructive disease carries an increased risk of pulmonary barotrauma, diving not recommended if FEV1 less than 80% predicted