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AND TREATMENT SYSTEMS

## ORIGINAL

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**WSPORTATION** 

Docket Management Facility US. Department of Transportation Room PL-401 400 Seventh Street Washington DC 20590 – 0001 USA

4<sup>th</sup> August 1999

4566-98-3286-80

Re: Commercial Diving Operations Regulations USCG Project 1998-3786 Att. Lt. Diane Kalina

Dear Madam

We understand that the above commercial diving regulations 46 CFR 197 are under review and that the current regulations are over 20 years old and do not include current safety and technology standards and industry practices.

We are also aware that the Association of Diving Contractors proposed certain changes for your consideration.

Some ten years ago we, SOS Limited, developed and introduced a new product to the US Diving market, a portable folding hyperbaric chamber, or HYPERBARIC STRETCHER.

The unit obtained FDA 51 O(k) status for marketing in the USA in 1990. In 1993, a Code Case [No. 6) was approved by the ASME permitting vessels built to ASME PVHO-1 [US National Standard) and Code Case 6 to be used as a Pressure Vessel for Human Occupancy for Emergency Use. The Code Case has been renewed twice since and is now valid until September 2002.

During the last three years our unit, known as the Hyperlite, has undergone extensive testing by the US Navy, the US Air Force and is due for Military Certification imminently with widespread anticipated use.

When the Diving Regulations were originally written, the accepted therapy for Decompression Sickness was to recompress divers to USN Table 6A which required a chamber capable of a working pressure of 165fsw. At this pressure and on those tables, air was the therapy gas. This therapy treatment actually increased the amount of nitrogen in the body, the very gas that needed to be eliminated from the body.

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At around the end of the 1980's the US Navy made the primary therapy table the US Navy Table 6. This is administered at 60 fsw and provides the patient with 100% oxygen [with air breaks) for the therapy.

Whereas the production of 'one man chambers' for use at 165 fsw was dangerous and unacceptable, with the newly accepted primary therapy tables that pressurise to only 60 fsw, are safe and acceptable for HYPERBARIC STRETCHERS even in emergency situations.

This means that, under certain conditions, a patient can initially be placed in a Hyperlite, pressurised to 60 fsw, given oxygen [the therapy gas] and be transferred under pressure [TUP) to a therapy chamber where full hands on medical care is available.

In view of the newly considered requirement whereby a chamber is required on site for diving deeper than 80 fsw., where previously the requirement was 130 fsw., we believe that there is a need to provide an option for the inclusion of HYPERBARIC STRETCHERS on site as an alternative to a hyperbaric chamber, where the transport time to a suitable therapy chamber is say, two hours. This would give much more flexibility to diving operations and be more practical, especially in remote locations where traditional chambers are not easily taken.

We further believe that in view of the recent purchase of six HYPERBARIC STRETCHERS by the US Coast Guard for use by your Buoy Tenders and Ice Breakers crews, that the Coast Guard must appreciate the benefits, both in safety, convenience and in the economics of using such equipment.

The US Navy, Army, Air Force, Special Forces and Medical Corps are all extremely interested in the concept, convenience, ease of use and added safety achievable using Hyperbaric Stretchers that they will become widely used in the military. Once this happens, the commercial diving operations, onshore, offshore and in remote locations will wish to follow suit. We have indications that this is already beginning to happen.

We trust that you will consider our suggestion and allow us the opportunity of meeting with you to discuss the matter further.

Yours truly, For SOS Limited

J S Selby Consultant