Undersea Hyperbaric Medicine Society
Hyperbaric Facility Accreditation

Fifth Edition Accreditation Manual

HFA

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Our Mission

Raising the bar of practice one facility at a time

UHMS Accreditation is a mark of excellence that indicates that your facility has achieved the highest standards of care and patient safety. We evaluate your facility, equipment, staff, and training to ensure the highest quality is maintained in our specialty. Our goal is to promote, develop, and enhance the quality of care across the spectrum of scientific communication, life sciences, and clinical practices in hyperbaric medicine by promoting high standards of patient care and operational safety. If your facility has achieved this exceptional status, congratulations! If not, we are here to help you get started.

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Foreword

Thank you for choosing the UHMS Hyperbaric Facility Accreditation (HFA) Accreditation Manual as a resource for your accreditation journey. We welcome hyperbaric medicine programs and facilities pursuing Undersea and Hyperbaric Medical Society Hyperbaric Facility Accreditation to use this comprehensive resource to guide preparation and continuous conformance.

The Undersea and Hyperbaric Medical Society has been accrediting hyperbaric facilities since 2001, building on over 25 years of experience in accrediting healthcare facilities both nationally and internationally. With this depth of expertise, UHMS HFA stands as the premier choice for hyperbaric facility accreditation. As the only ISO 9001:2015–certified hyperbaric accreditation organization in the world, UHMS demonstrates a commitment to quality management, consistency, and continuous improvement at the highest level. This edition of the UHMS HFA Probes reflects current best practices in hyperbaric operations, clinical care, and safety management. We extend our appreciation to accredited facilities, technical and clinical experts, committees, surveyors, and staff whose expertise and collaboration contributed to the development and refinement of these probes.

These updated UHMS HFA Probes align with the evolving needs of hyperbaric medicine programs and incorporate insights from surveyors and accredited facilities. The probes promote consistency in terminology, clearer expectations for conformance, and an enhanced focus on operational safety, clinical outcomes, and risk mitigation. These improvements support facilities in conducting ongoing, targeted self-assessment and maintaining readiness throughout the full accreditation cycle.

The Pressure 14.7 Flow Process is designed to align directly with the UHMS Hyperbaric Facility Accreditation process and actively engage facilities seeking initial accreditation as well as those maintaining ongoing compliance with the UHMS HFA Accreditation Manual. This structured approach supports organizations throughout each phase of accreditation, reinforcing continuous readiness and integration of standards into daily operations.

UHMS HFA Surveyors, who are experienced hyperbaric professionals, conduct onsite surveys as peers, fostering a collaborative, consultative, and educational experience. Their role is not only to evaluate compliance but also to share best practices and support continuous improvement within your program.

At the core of UHMS HFA is a commitment to continuous quality improvement, patient safety, and operational excellence. This philosophy reflects our mission to raise the bar of practice—one facility at a time—and reinforces that accreditation is not a single event, but an ongoing process that ensures your facility maintains the highest standards every day throughout the accreditation term.

Together, the Undersea and Hyperbaric Medical Society and the HFA will advance safety, quality, and excellence in hyperbaric care—every day.

John Peters, FACHE
UHMS Executive Director

Derall Garrett, CHT-ADMIN, CH-S*D
Director, Hyperbaric Facility Accreditation

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Acknowledgments

We would like to express our gratitude to the UHMS Board of Directors, Accreditation Council, Accreditation Representative Team (ART), and the UHMS staff for their hard work and dedication.

These experts play a critical and decisive role in ensuring that UHMS Hyperbaric Facility Accreditation (UHMS HFA) effectively enhances the highest quality and safety of care. They do this by developing specific elements/probes based on the latest best practices and evidence that are relevant to the intended settings. These elements/probes are also easy to understand, measure, and implement, resulting in safe, premier patient care outcomes.

The Accreditation Representative Team (ART) is made up of professionals with expertise in specific specialties and/or practice settings. They aim to promote quality in hyperbaric medicine by providing valuable insights and recommendations.

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Accreditation Representative Team (ART)

Team Leader
Monica R, Skarban, MSOLQ, BSN, RN, CHRNC, UHMS-ADS

Physician Experts
David Charash, DO, CWS, FACEP, FUHM
Kelly Johnson-Arbor, MD, FACEP, FUHM, FACMT
Larry Chase, MD, FACE, CWSP, UHM/ABPM
Helen Gelly, MD, FUHM, FACCWS, UHM/ABPM
Marc Robins, DO, MPH, FUHM, FAAFP

Nursing Experts
Dana A. Winn, BSN, RN, ACHRN
Becky Evenson, RN, BSN, MBA, CHRN

Technical Experts
Kevin Gardner, CHT, AEMT
Jeff Mize RRT, CHT, UHMSADS
Holly Manchini, BS RRT, CHT, HC-S
Honorable Mention: Michael Vidafar, CHT

UHMS - Hyperbaric Facility Accreditation (HFA) Staff
Catarina Cereja
Administrative Assistant, HFA

Derall Garrett, CHT-A, HC-S*D
Director, HFA

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Note to Readers

Using this Handbook

The goal of the Accreditation Manual is to communicate HFA policies and procedures, assist organizations in assessing their compliance with HFA guidelines, and provide resources for reviewing and improving the quality of services they offer to patients. We have included suggested documents in the guidelines to help you track the results of your self-assessment in a simple and clear way. These recommendations represent examples of supporting documentation and are not all-inclusive. In addition to assisting on-site surveyors during evaluations, these documents may serve as useful resources for anyone seeking further guidance or information.

Maintaining Contact with UHMS-HFA

HFA frequently uses email and Pressure publications to distribute important information to accredited organizations. We rely on each accredited organization to ensure these communications reach the appropriate individual by designating a Primary Contact. If your organization changes its Primary Contact for accreditation, follow the instructions below to ensure your organization continues to receive important and timely accreditation updates. Notice of a Primary Contact change should include the name of the new Primary Contact, their job title, phone number, and email address. HFA will not accept changes to the Primary Contact via phone.

Applicable Version of the Manual

Periodically, HFA releases new versions of the Standards, updated to reflect changes in best practices and regulations. New Probe releases have an Effective Date by which accredited organizations are expected to achieve and maintain continuous conformance.

When applicable, the Manual also includes guidance and references to provide additional information to assist understanding.

Organizational Change Update

Undersea & Hyperbaric Medical Society Hyperbaric Facility Accreditation Program
Maintaining the currency of organizational information is important to your accreditation status. If there are any significant changes, please notify UHMS within 30 days. Failure to notify UHMS may result in loss of accreditation. Depending on the nature and significance of the changes, an interim site survey may be required to maintain accreditation. See page 35 for representative examples of changes of which the Society should be notified.

HFAinfo@UHMS.org
If there are any questions regarding organizational changes, please contact us.

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Introduction to UHMS Hyperbaric Facility Accreditation

In the late 1970s, fewer than 30 hyperbaric facilities operated within the United States. Most of these facilities were either military, commercial, or highly specialized research programs. As of 2026, more than 1,350 hyperbaric facilities are estimated to be operational in the United States, and the primary role of these facilities has transitioned from managing diving-related disorders to providing essential primary and adjunctive treatment modalities for multiple medical conditions. The traditional location of hyperbaric facilities has also evolved in recent decades and now includes hospital-based programs as well as independent, non-hospital-affiliated outpatient units.

The expanded clinical use of hyperbaric oxygen treatment created a need to establish, promote, and maintain quality-of-care and patient-safety standards across the continuum of clinical hyperbaric facilities. In October 2000, the Office of the Inspector General (OIG) of the Department of Health and Human Services released a report entitled “Hyperbaric Oxygen Treatment: Its Usefulness and Appropriateness”. Among its findings, the OIG reported that a lack of testing and treatment monitoring raised a variety of quality-of-care concerns and that Medicare guidance to the field of hyperbaric medicine was limited. Specific OIG recommendations were for Medicare to initiate a national coverage decision policy for hyperbaric oxygen treatment; to improve policy guidance (e.g., practice guidelines and physician attendance policy); and to improve oversight by requiring contractors to initiate edits and consistent medical review procedures and explore the creation of a national registry of facilities and/or physicians. This OIG report clarified the need for enhanced regulatory oversight of hyperbaric medicine practice, including an industry-specific facility accreditation program. In response to these OIG recommendations, the Undersea and Hyperbaric Medical Society (UHMS) initiated the development of a formal system for clinical hyperbaric facility accreditation.

In 2001, Tom Workman joined the UHMS staff as Director of Quality Assurance and Regulatory Affairs and created what is now recognized as the UHMS Hyperbaric Facility Accreditation (HFA) Program. After Mr. Workman retired at the end of 2017, Derall Garrett assumed the role of HFA director and worked with longtime accreditation coordinator Beth Hands to continue the HFA Program's worldwide operations.

The UHMS HFA Program’s investigational probes are designed to assess hyperbaric facility alignment with national codes and standards, as well as general quality-of-care initiatives defined by accrediting organizations,

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including The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), and Det Norske Veritas (DNV). Hyperbaric-specific national codes and standards are referenced from the National Fire Protection Association Health Care Facilities Code (NFPA 99) and Life Safety Code (NFPA 101); the American Society of Mechanical Engineers' Code for Pressure Vessels for Human Occupancy (ASME PVHO-1 and ASME PVHO-2), and other resources. Probes focusing on facility staffing, physician supervision, and education and training are adopted from the UHMS Guidelines for Hyperbaric Facility Operations, 4th edition. There are currently 24 concentration areas included in the HFA Program probes.

Given the extensive nature of the investigational probes, each HFA survey represents a meticulous process that explores various facility-specific disciplines ranging from hyperbaric maintenance to organizational leadership. HFA surveys are conducted on-site by a three-member team consisting of an experienced hyperbaric physician, nurse, and technologist. Over the course of each two-day survey, these experts evaluate the facility's compliance with the concentration areas noted above and prepare a preliminary written report. The survey team's report is then forwarded to the UHMS Accreditation Council (AC), which comprises a cross-section of UHMS members representing physicians, nurses, and technologists. The AC evaluates the survey team report and establishes a final determination of accreditation status, including one of the following criteria:

- Accredit (valid for three years)
- Accredit with a written plan of action that is satisfactorily completed
- Accredit after a written plan of action is satisfactorily completed
- Accredit with distinction (valid for four years)
- Do not accredit

As of May 2026, the HFA Program has surveyed and accredited more than 290 facilities worldwide and is the only hyperbaric-specific accreditation recognized by The Joint Commission (TJC) as a Complementary Accrediting Organization under their Cooperative Accreditation Initiative. The TJC Cooperative Accreditation Initiative recognizes alternative accrediting bodies in medical specialties for which TJC surveyors might lack sufficient expertise or experience to facilitate a meaningful assessment. The UHMS is one of only four such organizations that have complementary agreements with TJC. This program is recommended by the American Medical Association (AMA). Additionally, the UHMS Hyperbaric Facility Accreditation program is ISO 9001:2015 certified by TCB Audit Services.

While HFA accreditation remains voluntary, some insurance payors require that their beneficiaries receive treatment in an accredited facility for reimbursement. Beginning in 2006, the Utah Medicaid Management Office mandated UHMS-specific accreditation for facilities to receive Medicaid reimbursement for hyperbaric oxygen therapy. In 2014, the third-party payer Mohawk Valley Physicians initiated a requirement for facility accreditation for their beneficiaries in upstate New York, Vermont, and New Hampshire who required hyperbaric oxygen treatment. The United States Food and Drug Administration also recognized the importance of the UHMS HFA Program in a document published on their website in 2021, which encouraged patients to receive hyperbaric oxygen treatment at UHMS accredited facilities.

As the gold standard accrediting body for hyperbaric facilities across the United States and worldwide, the HFA Program has evolved over time to include standards for hyperbaric staffing and training in addition to clinical practice and safety. Each of these milestones reflects a continuing maturation and professional recognition of hyperbaric medicine in the United States. The UHMS, as the primary professional organization representing a broad constituency in hyperbaric medicine, must position itself to grow with and reflect the needs of the

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community it serves, while providing the leadership this specialty needs. Currently, the HFA Program focuses on ensuring that accredited hyperbaric facilities:

- are staffed with the proper specialists who are well-trained;
- use quality equipment that has been correctly installed and maintained, and is being operated with the highest level of safety possible;
- provide a consistently high quality of patient care;
- maintain the appropriate documentation of informed consent, patient treatment procedures, physician involvement, and other necessary paperwork

Facilities that operate in accordance with accreditation standards and best practices may realize a variety of benefits, including but not limited to:

- an improved quality of patient care;
- increased efficiency at the facility level;
- more effective risk management programs;
- potentially lower liability insurance premiums;
- enhanced staff motivation
- augmented public relations and marketing efforts;
- expanded ability to recruit and retain quality staff

The regulatory and facility-level benefits achieved through accreditation contribute to the broader advancement of hyperbaric medicine, strengthening its acceptance, credibility, and recognition as an established medical specialty, thereby enhancing professional organizations such as the UHMS, the American College of Hyperbaric Medicine (ACHM), the Baromedical Nurses Association (BNA), the National Board of Diving and Hyperbaric Medical Technology (NBDHMT), American Board of Wound Healing (ABWH), and others who are at the forefront of the field. Further, a successful accreditation program aligns hyperbaric medicine with many other specialties, such as the American College of Radiation Oncology (ACRO) and the Commission on Accreditation of Rehabilitation Facilities (CARF), whose specialty-focused accreditation programs support the establishment and advancement of nationally recognized standards of practice for hyperbaric medicine.

Note: This introduction was originally authored by Tom Workman and was released in previous publications related to hyperbaric facility accreditation and has been updated as required over time.

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Policies And Procedures

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Policies and Procedures

IN THIS SECTION

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Eligibility for Survey

Any hyperbaric organization that meets UHMS Survey Eligibility Criteria can apply for an accreditation survey. UHMS approves accreditation for the following types of hyperbaric facilities:

- Hospital-based (hyperbaric only);
- Hospital-based (hyperbaric and wound care);
- Hospital-affiliated (hyperbaric only);
- Hospital-affiliated (hyperbaric and wound care);
- Non-affiliated outpatient clinic (hyperbaric only);
- Non-affiliated outpatient clinic (hyperbaric and wound care).

Whether a facility has hospital affiliation or not, and regardless of the intended use of hyperbaric treatment, the standards outlined in this accreditation process should always be met to ensure the safest environment for the patient. It should also meet these criteria to ensure the patient is appropriately educated on the risks vs. benefits for the expected outcome.

Eligibility Criteria

A hyperbaric facility is eligible for an accreditation survey by the UHMS if:

- before the on-site survey, it is required that hyperbaric treatment services have been provided for a minimum of one year with evidence of sufficient volume and documentation.
- it is either a legally constituted organizational entity that provides hyperbaric treatment or other healthcare-related services or a sub-unit that primarily provides such treatment services within a legally constituted organization that may be, but not need to be, health- or hyperbaric-related.
- it is following applicable federal, state, and local laws and regulations, or, for organizations operating outside of the United States, all applicable international laws and regulations.
- all governance and administrative structures are in place, including bylaws, policies, and procedures.
- using hyperbaric chambers that are designed, fabricated, installed, and used in accordance with recognized industry standards such as ASME PVHO-1, NFPA 99, and NFPA 101 and possess a valid FDA 510k clearance or meet international equivalents for international applications.
- necessary equipment is in place and appropriately tested and/or calibrated with up-to-date maintenance logs in place.
- it provides medical and hyperbaric care that is under the direction or supervision of a physician or group of physicians (MD/DO) who accept responsibility for medical and hyperbaric care and have been credentialed and privileged by the governing body.
- before the survey, it is required to submit the signed Application for Hyperbaric Facility Accreditation Survey, the Hyperbaric Facility Accreditation Presurvey Questionnaire, and any other necessary documents.
- it ensures that the accreditation fees are paid correctly.
- it shares the facilities, equipment, business management, and records involved in patient care among the members of the organization.
- it acts in good faith in providing complete and accurate information to the Undersea and Hyperbaric Medical Society during the pre-accreditation, accreditation, and reaccreditation process.

Each hyperbaric facility is evaluated for accreditation on a case-by-case basis by the UHMS. If the UHMS determines that its standards cannot be reasonably applied to the applicant, no survey will be conducted, and the requesting facility will be informed of the reason(s). If a survey is conducted and the UHMS determines that the core standards cannot reasonably be applied to reach an accreditation decision, the survey will be considered a formal consultation, and no accreditation decision will be made. In these situations, the full survey fee will still apply.

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Purpose and Application of the Standards

An organization should use this Accreditation Manual to understand UHMS expectations and self-assessments, identify areas for improvement in preparation for the survey, and monitor compliance. Additionally, Surveyors will use this manual as a guide to identify compliance during the on-site survey.

Any organization pursuing and maintaining UHMS Accreditation is expected to assess its ongoing compliance with the UHMS Accreditation Manual, its alignment with local, state, and federal statutory or regulatory requirements, and its own policies. The organization is responsible for investigating and implementing corrective action to maintain compliance with the UHMS Facility Accreditation (UHMS HFA).

The Hyperbaric Facility Accreditation Manual contains codes, standards, and guidelines that hyperbaric facilities are expected to follow. These codes, standards, and guidelines were adopted from existing consensus standards and guidelines from organizations like the Joint Commission (JC), the National Fire Protection Association (NFPA), the Accreditation Association for Ambulatory Health Care (AAAHC), the Compressed Gas Association (CGA), the staffing and training guidelines of the UHMS, the Baromedical Nurses Association (BNA), and other similar organizations. Laws relevant to hyperbaric medicine, such as the Safe Medical Devices Act of 1976, have also been cited as necessary.

Survey probes are designed to help hyperbaric facilities provide high-quality care for their patients in a way that works best for their unique situation. When there are limited options for meeting a specific probe, it will be written in very specific and measurable terms. However, no matter how specific the probe, the survey team will always prioritize assessing whether the facility is meeting the probe's intent first, and then whether it is meeting the probe's exact requirements.

The UHMS will monitor revisions to standards and guidelines issued by organizations such as JC, NFPA, and AAAHC and incorporate them into future editions of the Hyperbaric Facility Accreditation Manual when appropriate. It's important to note that hyperbaric facilities should comply with the 1999 edition (or earlier) of the National Fire Protection Association's NFPA 99 for building construction requirements, unless they were operational before the 1999 edition was issued and the edition applied at the time. In those cases, the survey team will try to recognize compliance with the earlier edition.

For day-to-day fire safety requirements and developing safety programs, the 2024 edition of NFPA 99, Health Care Facilities Code, Chapter 14, Hyperbaric Facilities, will be used as a primary reference.

Organizations must maintain compliance with all local, state, and federal laws and regulations necessary to meet or exceed UHMS Facility Accreditation requirements. If the organization fails to comply with local, state, and federal statutory or regulatory requirements, it may be subject to an adverse accreditation decision or lose eligibility for accreditation by UHMS HFA.

Principles Governing Accreditation Survey Procedures

The decision for accreditation is based on a careful, reasonable, and fair assessment of a hyperbaric facility's conformance with applicable standards, guidelines, and policies and procedures of the UHMS Hyperbaric Facility Accreditation Program. The UHMS reserves the right to amend its policies, procedures, and survey probes as warranted and will notify all accredited facilities of such changes. Amended policies, procedures, and survey probes will also be incorporated into subsequent editions of the Hyperbaric Facility Accreditation Manual. These new releases have a specific date by which accredited organizations must achieve and maintain continuous compliance.

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The UHMS requires substantial adherence to the standards and guidelines outlined in the Hyperbaric Facility Accreditation Manual. Conformance is evaluated by reviewing documented evidence, detailed answers to questions regarding the implementation of processes and procedures in specific areas, and on-site observations and interviews conducted by surveyors.

A critical component of the assessment process is information provided by a hyperbaric facility seeking accreditation or reaccreditation. Central to the integrity of the UHMS Hyperbaric Facility Accreditation Program are the accuracy and truthfulness of the information that is provided for assessment. Information provided to the UHMS may take different forms: verbal, written, or direct observation. Such information may be derived from documents supplied by the organization, delivered verbally, or obtained through direct observation by UHMS Surveyors. It is imperative that the hyperbaric facility seeking accreditation enters the accreditation or reaccreditation process in good faith.

Failure to do so by knowingly providing falsified, inaccurate, or incomplete documentation is grounds for termination of the accreditation process or revocation of an existing accreditation determination. In the unlikely event that a survey is terminated due to a breach of trust, the UHMS is entitled to retain all accreditation fees paid by the hyperbaric facility.

Specific information disclosed to UHMS surveyors during the survey process, documents submitted to the UHMS for review, and documents produced by surveyors, staff members, or UHMS committees regarding a specific hyperbaric facility are confidential and will not be disclosed to a third party by the UHMS.

Pressure 14.7 Flow Process

An organization seeking accreditation for the first time can access the Application through the UHMS website at **www.uhms.org**.

The Pressure 14.7 Flow Process is designed to align with the accreditation process and engage organizations seeking initial accreditation or those maintaining ongoing conformance to UHMS HFA Standards throughout the process. The diagram below illustrates the 14.7 Flow Process, highlighting the actions required to achieve and maintain accreditation. Refer to the sections that follow this diagram for further explanation and requirements.

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Pressure 14.7 Flow Process

A Continuous Standard of Excellence in Hyperbaric Medicine

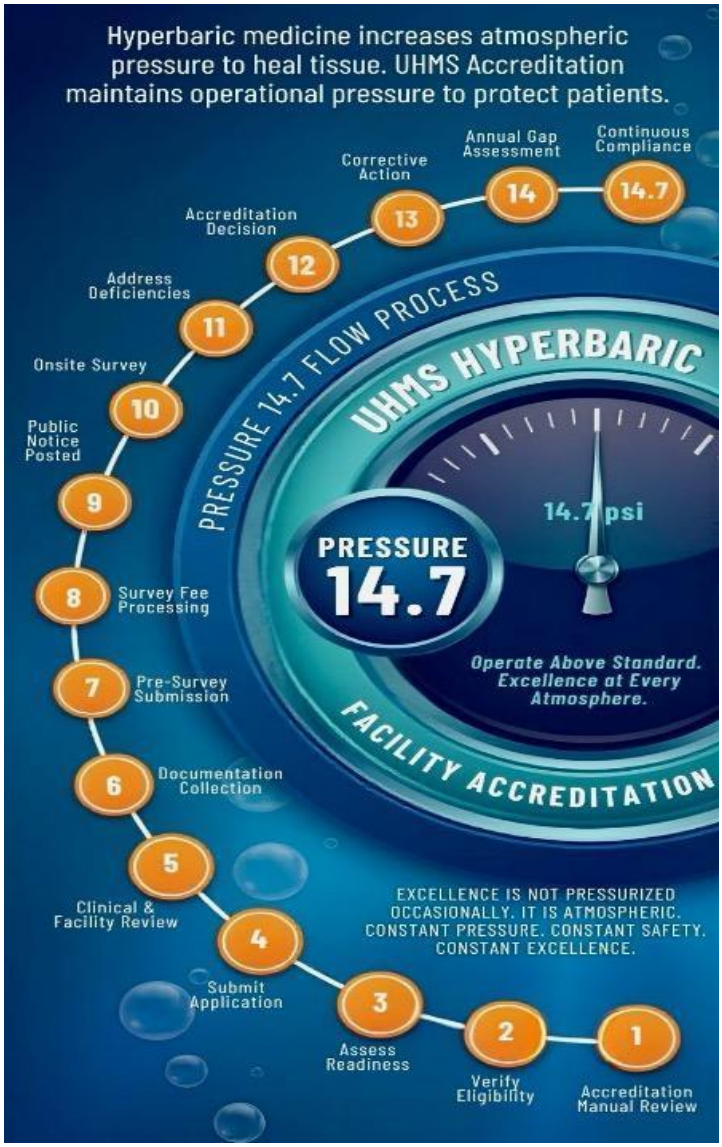
Why Pressure 14.7 Flow Process?

14.7 psi is the average atmospheric pressure at sea level — the pressure we live under every day.
In hyperbaric medicine, we increase pressure to achieve therapeutic benefit.
But excellence in hyperbaric safety and quality should never fluctuate.
Pressure 14.7 Flow Process represents the baseline — constant, steady, and always present.
Just as atmospheric pressure surrounds us continuously, accreditation standards must surround a hyperbaric program every single day.

Why This Matters for UHMS

Undersea and Hyperbaric Medical Society represents the highest standard in hyperbaric medicine: the "gold medal" standard of accreditation in this specialty.
Hyperbaric therapy increases atmospheric pressure to heal tissue.
UHMS accreditation increases organizational pressure on health systems.
Pressure 14.7 Flow Process communicates that:

- Safety is constant
- Conformance is continuous
- Excellence is environmental
- Accreditation is lived daily



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Pressure 14.7 Flow Process

1. Download for free or purchase a printed copy of the Accreditation Manual and Review
Obtain and review the UHMS HFA Accreditation Manual

2. Verify Eligibility and Select Survey Type
Confirm facility eligibility for UHMS Hyperbaric Facility Accreditation (HFA)

3. Assess Readiness
Evaluate facility readiness for accreditation

4. Submit Application and Pay Application Fee
Determine the type of survey, collect required UHMS HFA Application information, and submit with the application fee

5. Review Clinical Protocols for Patient Care Readiness, Staff Education, and Validate Facility & Chamber Conformance
Conduct Internal Hyperbaric Readiness Assessment

6. Collect Facility Documentation to validate each Probe
Organize policies and procedures & supporting documents to align with the UHMS HFA Manual

7. Facility Pre-Survey Documentation Review and Submission
Complete & submit the UHMS HFA presurvey and the other 10 documents 3 months prior to the survey date

8. Pay Survey Fee Processing
Survey fee processing 30 days prior to the survey

9. Public Notice of Survey posted
Notify Staff and patients 30 days prior to the pending UHMS Survey

10. Participate in Onsite Survey
Undergo onsite UHMS Hyperbaric Facility Survey

11. Receive Outbrief and Begin to Address Deficiencies Shared in Onsite Summation
Initial overview of surveyors' findings with recommendations in the areas of opportunities

12. Receive Accreditation Decision with Final Survey Report - Implement Corrective Plan of Action if Required, and Confirmation of Next Survey
Receive UHMS Accreditation determination and potential Plan of Action within 60 days of onsite survey completion

13. Finalize and Implement Corrective Action
Submit and implement Plan of Action (POA)

14. Complete Annual Gap Assessment Readiness for Ongoing Conformance
Conduct annual hyperbaric standards self-assessment

14.7. Comply with 14.7 Flow Process Requirements
Maintain Pressure 14.7 continuous conformance

Then the cycle feeds directly back to #1 — without pause.

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Application Process

An organization seeking accreditation for the first time can access the Application through the UHMS website at **www.uhms.org**.

HFA Application/Presurvey Questionnaire Instructions (HFA SA/PQ ver. 4.0)

Please note: Use Chrome, Microsoft Edge, Firefox, or Opera as the browser when using the Online Application & Presurvey Questionnaire.

Set up the User Account for the organization's accreditation Primary Contact. The organization can modify this role in the future by contacting UHMS HFA

Accreditation Survey Application for New Facilities: First-Time Survey or First-Time Consultation Survey
Go to the UHMS.org website**,**

1. Select the Facility Accreditation drop-down
2. Select Facility Portal
3. Enter the Facility's EIN: This is a nine-digit number XX-XXXXXXX. It is also known as the Federal Tax ID Number. This can be obtained from the accounting department of the Hospital that you are affiliated with. If you are a non-affiliated facility, check with your internal accounting department. NOTE: *If you are part of an organization that has an EIN for multiple facilities, be careful and choose the correct facility. If you enter your Application/Presurvey Questionnaire/Additional Documentation in the wrong location, it will be rejected, and you will have to re-enter it.*
4. Click start
5. You will be prompted to provide information about your facility. Click OK
6. Account Information - Enter your contact information and password here. Do not make the username and password specific to you. It will need to be one that can be passed on to someone else if you leave the facility.
7. Click save.

Reaccreditation Survey/Currently Accredited Facility Consultation Survey:
Go to the UHMS.org website**,**

1. Select the Facility Accreditation drop-down
2. Select Facility Portal
3. Enter the Facility's EIN: This is a nine-digit number XX-XXXXXXX. It is also known as the Federal Tax ID Number. This can be obtained from the accounting department of the facility that you are affiliated with. If you are a non-affiliated facility, check with your internal accounting department.
4. Enter the Password to log in.
5. Click on your facility
6. Application Status box: Click "Start" Next to Application Pending with your upcoming survey date.
7. Do not select 'Start a New Application'.
8. Carefully review the information we have in the system and update as needed (Part 1, Part 2, Part 3, Billing Information). NOTE: *If you are part of an organization that has an EIN for multiple facilities, be careful and choose the correct facility. If you enter your Application/Presurvey Questionnaire/Additional Documentation in the wrong location, it will be rejected, and you will have to re-enter it.*
9. Download and sign the signature page, then upload it.
10. Print Application and Submit.
11. Review your Document due date
12. Complete the Presurvey Questionnaire
13. For more information, go to the website https://www.uhms.org/images/Accreditation-Documents/HFA_SA_PQ_Instructions_ver_4.0.pdf

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UHMS HFA reserves the right to reject any Application and will inform the organization of the reason for this decision.

Type of Surveys

Consultation Surveys

The UHMS provides specific optional Consulting Surveys by special request. Such informal surveys are designed to meet the unique needs of a hyperbaric facility by assisting the facility with understanding the survey probes and the survey process, and to help prepare for accreditation or to achieve conformance with a particular standard or guideline.

A Consulting Survey does not result in an accreditation decision. Though problems are identified and opportunities for improvement are provided, the consulting report is strictly for the use of the requesting facility. The facility's needs will determine the survey length and the number of consultants provided. This type of consulting survey will almost always require a three-day site visit with one surveyor, for which the requesting facility will incur a cost in accordance with the published fee schedule.

International Consultation Survey onsite days can vary; three or more on-site survey days may be required due to language and cultural barriers.

Full Accreditation
An organization may request this type of survey if it is not accredited by UHMS HFA, meets accreditation eligibility criteria, and has been providing services for more than 12 months prior to the onsite survey. This survey type requires application and survey fees to be completed, and submissions of the Presurvey and 10 documents 30 days prior to the survey. It is a two-day on-site survey that requires the complement of a three-person survey team.

Reaccreditation
This survey is for a currently UHMS HFA-accredited organization seeking continuation of its UHMS HFA accreditation, also referred to as reaccreditation. This survey type requires an application and survey fees, and submission of the Presurvey and 10 documents 30 days prior to the survey. It is a two-day on-site survey that requires the complement of a three-person survey team.

Provisional Accreditation
This survey is available for facilities that require third-party accreditation for reimbursement prior to the 12-month requirement and to comply with laws or regulations before the facility can legally begin operations. This type of provisional survey will almost always require a three-day site visit with one surveyor, for which the facility will incur a cost based on the published fee schedule. This survey type reflects one-year accreditation only. A full survey must be completed before the one-year mark to maintain accreditation.

International Accreditation
An international organization may request this type of survey if it is not accredited by UHMS HFA, meets accreditation eligibility criteria, and has been providing services for more than 12 months prior to the onsite survey. This survey type requires an application and survey fees, and submission of the Presurvey and 10 documents 30 days prior to the survey. It is a two- to three-day on-site survey due to language and culture barriers that requires the complement of a three-person survey team.

Interim Assessment
Interim assessments are required if an accredited facility physically relocates or there is an organizational change. This survey type is a two-option survey: documents only or onsite, depending on the need. In such instances, an assessment is conducted to evaluate continued compliance with administration, documentation, construction, and hyperbaric chamber installation codes. This type of Interim Assessment will require an online submission and/or a

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one-day site visit with one surveyor, for which the facility will incur a cost in accordance with the published fee schedule.

NOTE: UHMS HFA will determine the survey focus based on previous deficiencies and other Standards deemed appropriate for review at the time of survey.

Accreditation Fee Schedule

Consultation Survey:
- **Consultation application fee:** $2,000 (non-refundable, due at the time of application)
- **Consultation fee:** $3,000 (due 30 days prior to the scheduled survey date*)

International Consultation Survey:
- **Consultation application fee:** $2,000 (non-refundable, due at the time of application)
- **Consultation survey fee:** $3,000
- (due upon receipt of final invoice for the survey fee and reimbursable expenses below)
- **Reimbursable fees: survey team travel expenses:** airfare or mileage, lodging, meals, etc., will be invoiced after the consultation survey has been completed.

Full Survey:
- **Application fee**: $2,500 (non-refundable, due at time of application)
- **Survey fee**: $7,500 (due 30 days prior to the scheduled survey date*)

Reaccreditation Survey:
- **Application fee**: $2,500 (non-refundable, due at time of application)
- **Survey fee**: $7,500 (due 30 days prior to the scheduled survey date*)

Provisional Survey:
- **Provisional application fee:** $2,000 (non-refundable, due at the time of application)
- **Provisional:** $3,000 (due 30 days prior to the scheduled survey date*)

International Survey:
- **Application fee**: $2,500 (non-refundable, due at time of application
- **Survey Fee**: $4,500 (due upon receipt of final invoice for the survey fee and reimbursable expenses below)
- **Reimbursable fees:** survey team travel expenses: airfare or mileage, lodging, meals, etc., will be invoiced after the survey has been completed.

Interim Assessment:
- **Documentation review only**: $500
- **If an on-site visit is required:** $1,000
- **Reimbursable fees:** survey team travel expenses: airfare or mileage, lodging, meals, etc. will be invoiced.

*Failure to remit final payment 30 days prior to a scheduled survey may result in cancellation of the survey.

Scheduling

UHMS HFA collaborates with an organization to determine survey dates. UHMS HFA will only conduct surveys when the organization is open for business and providing patient services. Failure to notify the HFA office of a closure or reduced staff due to a holiday at the time of a survey may cause accreditation deferral, and the facility may incur a postponement administrative fee.

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Once UHMS HFA has scheduled the survey, the organization will receive information with the survey date(s). Additional information regarding the name(s) of the Surveyor(s) assigned to conduct the survey onsite, Survey Fee Invoice, and other related resources to assist in survey preparation will be communicated prior to the survey date.

NOTE: Surveyor(s) are responsible for their own travel, including hotel arrangements; the organization is not required to coordinate travel on their behalf.

Survey Postponement Policies
If a facility requests a rescheduled survey within 90 days of the survey dates. Every attempt will be made to reschedule before the facility expiration date. To request postponement of a scheduled survey, the organization must contact UHMS HFA and send its request via email to HFAInfo@UHMS.org.

Survey Postponement Policies Within 90 days
If a facility reschedules a survey after any member of the AST has made travel commitments, the facility is responsible for reimbursing that team member for any change fees incurred. If any member of the AST cannot participate on the rescheduled date, the facility is responsible for reimbursing that team member for expenses incurred on the facility's behalf (for example, non-refundable airfare, hotel, cancellation fees, etc.). An invoice will be submitted to the facility with payment due within 30 days of receipt.

To request a postponement within 90 days of a scheduled survey, the organization must call UHMS HFA and send its request via email to HFAInfo@UHMS.org.

The following guidelines apply to all postponement requests:

- Application fees are non-refundable.
- UHMS HFA requires that all surveys be rescheduled prior to the previous accreditation expiration date or within 90 days of UHMS HFA's original approval of the organization's Application. A postponement request that results in rescheduling greater than 90 days from the Application approval date may require the organization to reapply for accreditation and pay a new Application fee.
- For postponement requests, UHMS HFA will immediately assess an administrative fee of $1,000.00 for invoice postponement. Postponement fee must be paid prior to the rescheduled survey start date and all travel expenses incurred by UHMS HFA as of the date the postponement request is received.
- The survey must be rescheduled before the facility expiration date.

Accreditation Extension
An extension may be requested if the facility needs more time beyond its expiration date. The extension request must be made in writing and include as much detail as possible pertaining to the reason for the request. The request can be submitted to the Director and/or the Accreditation Council for approval. Once the request has been granted, the facility will receive notice of approval, rescheduled survey dates, and an invoice for the extension fee. There are two types of extension fees: 6 months ($2,000.00) and 3 months ($1,000.00). Extension fees must be paid prior to the rescheduled survey.

Survey Cancellation
To cancel a scheduled survey, the applying organization must call UHMS HFA and send written notification via email to HFAInfo@UHMS.org. The following guidelines apply to all cancellations:

Application fees are non-refundable

- If a cancellation is received within 90 calendar days of the scheduled survey date, no survey fee will be charged.
- If a cancellation is received within 90 calendar days of the scheduled survey start date, all travel expenses incurred by the UHMS HFA as of the date the cancellation request is received, plus a $1000.00 administrative fee.

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UHMS HFA will immediately assess and invoice cancellation fees. Subsequent applications will not be processed until all fees are paid in full.

If the facility is accredited, once notification of cancellation is received, the facility's existing accreditation will expire 15 days after receipt of the notification. The facility's name will be removed from all UHMS-accredited facilities lists and publications.

Confidentiality

The UHMS will maintain the confidentiality of all information provided, either directly or through the survey team, regarding a hyperbaric facility seeking accreditation or that is accredited. All such information will be used solely to request a determination for accreditation and will not be disclosed to any third party without (1) prior written authorization to do so; (2) as provided in the Hyperbaric Facility Accreditation Manual; or (3) as otherwise may be required by law or agreement with a State or federal regulatory authority.

In submitting its application, the organization either provides or authorizes UHMS HFA to obtain official records and reports of public or publicly recognized licensing, examining, reviewing, or planning bodies. If UHMS HFA determines that an organization has supplied false, misleading, or incomplete information, UHMS reserves the right to disclose information about the organization to obtain accurate or complete information and inform the appropriate authorities of the inaccuracy or corrections.

Surveyor Confidentiality Commitment and Code of Conduct

All information made available to facility surveyors for and during their assessment of a specific facility is to be considered confidential. Disclosure of any information obtained during the accreditation process outside of the prescribed accreditation program channels of communication is a breach of confidence. Confidential information includes, but is not limited to:

- Accreditation standards, protocols, scoring criteria, and tools
- Surveyor training materials, processes, and internal communications
- Information obtained during facility surveys, including clinical, operational, and business data
- Names, identities, and locations of facilities under review
- Strategic plans or developments related to UHMS accreditation or credentialing activities
- Processes, programs, or materials of significant merit observed at facilities (which cannot be used without written permission from the facility)

Surveyor agrees to maintain all confidential information in strict confidence, both during and after their role as a UHMS surveyor and shall not disclose or use such information for any purpose other than fulfilling their role and obligations to UHMS.

Prepare for the Onsite Survey

Public Posting of the Notice of Survey

The hyperbaric facility seeking accreditation must post a notice in a prominent location at least 30 days before the scheduled survey to inform patients and staff of the upcoming accreditation survey and their right to meet with the AST Team Chief during a prescribed period. The organization may post multiple copies of the Notice of Survey to achieve significant visibility. The AST Team Chief will be available during that time to meet with the patient or staff member to discuss any issues of concern to the individual. These issues can be presented either verbally or in writing. All such information will be considered as part of the accreditation evaluation process. Since survey time

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is limited, written requests to meet with the AST Team Chief must be submitted to the UHMS HFA at least one week before the scheduled survey to allow time to schedule an appropriate interview time. If no written requests are received, then no interview period will be scheduled. The Surveyor Team reserves the right to request to speak with clients/patients during the visit to ensure satisfaction with the overall program.

Survey Team Overview

A team of physicians, nurses, and technicians individually selected and trained by the UHMS will conduct hyperbaric facility accreditation surveys. Specifically, the Accreditation Survey Team (AST), which has extensive experience in hyperbaric medicine, will consist of a physician, a Hyperbaric Registered Nurse (CHRN), and a Certified Hyperbaric Technician (CHT/CHS/CHWS). Each applicant facility will be evaluated to determine the range of hyperbaric treatment services provided, the type and number of hyperbaric chambers employed, its size, and location. Based on this assessment, a team of surveyors will be assembled to best match the needs of the facility seeking accreditation. In most cases, the physician will be designated as the AST Team Chief and will be responsible for the conduct of the team during the survey process. In emergency cases, some accreditation surveys may have only two members, or the third member will conduct their portion of the survey later. The facility will receive the surveyor's names and a short bio approximately 2 weeks prior to the survey. In the interest of objectivity, UHMS HFA cannot honor requests for specific Surveyors.

Work Room Requirements

A room should be made available to the survey team as their "base" throughout the assessment process. The room should be capable of being closed off or otherwise made private to facilitate surveyor team meetings and other discussions as required. Additionally, the room should be located within the hyperbaric facility. If possible, this area should include space for three people using computers/tablets, a desk or table, a telephone, wireless internet access, and an electrical outlet for each survey member. Please provide the surveyors with the name and phone number of a key contact person who will assist them with survey questions and needs during the survey. Consider having coffee, water, and refreshments in the room for quick access for the surveyors. Coordinate working lunch opportunities with the survey team to consolidate efficient work time.

Internet Wi-Fi Connection

We have found that a few of the facilities' Wi-Fi networks block our access to software used by the AST. Blocking the FileMaker Pro database server will force the survey team to either use a hotspot or change locations. Both options slow the survey process and make it more difficult to complete their work while on-site. Please coordinate with your IT group to ensure the team has stable Wi-Fi access. All facilities should allow unrestricted outbound access to this server through the following ports:

Name: uhms.360works.com
Address: 34.197.4.8
Required TCP Ports
5003 (FileMaker Server)
80 (HTTP)
443 (HTTPS)

Document Review Guidance

A review of pertinent facility documents helps surveyors streamline the assessment process. Most documents requested for review reflect your facility's performance of one or more of the survey probes that have been compiled for assessment. A smaller sampling helps orient surveyors to specific facility policies and plans. Having these documents organized and readily available electronically for surveyor review helps shorten the assessment process.

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Document Preparation

The facility being surveyed should prepare an answer with documentation for each probe. Sometimes the survey will require access to institutional resources outside of the unit itself, including safety departments and professional staff offices. Virtually every document requested should already exist in some form and be relevant to the current accreditation cycle. If the facility is well prepared, it should not be necessary to create a new document for purposes of the survey. To facilitate the identification of appropriate materials for review, surveyor-of-interest issues have been provided, where possible, to specify specific probe requirements. This allows the facility to identify the documents in which the issues are addressed. These issues may be addressed as elements of other documents, such as organizational bylaws, rules and regulations; minutes or reports of the governing body; staff meetings with attached reports; nursing policies; and safety policies. If a document to support a specific probe is a form, do not provide a blank form. Instead, demonstrate that the form is being used.

Documents To Be Available for Review
There are various ways to submit/prepare your required validations for the probe assessments. These can be submitted in the following ways:

- Digital documents through your facility portal on the UHMS Website. After logging in, scroll down to the ***Document Upload section***. Here you can upload documents for review of each individual probe.
- Other digital document options are:
    - Provide each surveyor with a computer with the document loaded on it.
    - USB Drives that work with Apple iPads.
- Paper documents: prepare either surveyor-specific binders or hanging files and place document evidence in appropriate probe designations.

Responsibilities and Surveyor Preparation
After the assigned surveyor(s) review the organization's application materials, and typically within two weeks prior to the survey start date, the AST Team Chief or designated surveyor will contact the organization's designated Primary Contact. During this contact, the surveyor will provide an overview of the upcoming survey. Based on the surveyor's review of the application materials, they may request that the organization provide additional explanation or documentation at the time of the survey. Questions or concerns regarding surveyor responsibilities should be directed to the UHMS HFA office prior to the survey.

During the Onsite Survey

Survey Team Procedures
When arriving at the survey site, the Surveyor(s) will provide identification and introduce themselves. The facility should provide a brief orientation of the organization. The Surveyor(s) will provide a brief overview and ask the organization to identify key personnel who will provide information and the facility access necessary to complete the survey. The team will make every effort to minimize disruption to the daily routine of the facility being surveyed; however, the facility must also dedicate sufficient staff attention to ensure the survey process is efficient and timely. Though most of the evaluation will take place using the facility's preplanned documentation for reviews, facility overview, and personal interviews, surveyors may request additional documentation or observe a procedure. During the observation portion, photographs will be taken to validate compliance with accreditation standards. It is the surveyor's intention to avoid the inclusion of patient names and images. The UHMS HFA Program holds the right to use any photo as an opportunity for educational purposes. The facility's cooperation in such instances is greatly appreciated. Failure to provide the additional information deemed necessary by the Survey Team Chief may be grounds for terminating the survey process.

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The facility's staff participation in the UHMS HFA accreditation survey is limited to attendance at the survey opening and/or summation conferences. The UHMS HFA Surveyor has the right to limit or exclude the participation of any individual(s) in any or all parts of onsite survey activities.

The length of the survey will depend on the size and type of facility being surveyed. However, a minimum of two days is anticipated regardless of the type of facility. A typical schedule is provided in this manual for information. Due to the complexity of combined or international surveys, the schedule may be adjusted for the specific needs of the survey. Typically, three briefings will be given upon completion of a survey before the AST departs.

- First outbrief is with the Medical Director of Hyperbaric Medicine (or his/her designee), the
- Second outbrief to the Executive Staff and/or governing body, medical staff, and other administrative personnel as designated by the host facility
- Third outbrief will be to the entire hyperbaric staff.

Each briefing will consist of a summary of the team's observations and recommendations. It must be noted, however, that the survey team collects information only during the survey process. AST Teams do not render a preliminary or final accreditation decision, and no indication of success measured against the total accreditation process will be provided.

Once the survey is complete, the AST Chief will prepare an *Accreditation Survey Report,* consolidating recommendations from other team members, and submit it to the Accreditation Council within ten (10) days of survey completion.

Surveyor Conduct During the Survey

Surveyors are representatives of UHMS HFA. Their priorities when conducting surveys are to be ambassadors for UHMS HFA, objective factfinders, and educators. Surveyors may not participate in surveys of organizations that may be in direct competition with their business interests, or that bear any significant beneficial interest to the Surveyors or their immediate family.

Additionally, while serving as representatives of UHMS HFA, Surveyors may not solicit personal business or engage in any activities that appear to further their personal or entrepreneurial endeavors. Immediately report any concerns or questions about survey team conduct to the UHMS HFA office.

Additions to the Survey Team

An organization that applies for a survey accepts possible additions to the survey team as determined by UHMS HFA, as follows:

- **Observers:** UHMS HFA staff and individuals approved by UHMS HFA may observe a survey as part of staff development, training, and ongoing quality improvement of the accreditation process. Observers do not participate in the onsite survey process in any manner.
- **Additional Surveyors:** UHMS HFA reserves the right to assign additional Surveyors as part of ongoing Surveyor education procedures.

The presence of Observers or Additional Surveyor(s) does not result in any additional charge to the organization. All additional personnel will be held to UHMS HFA confidentiality standards and code of conduct.

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Survey Scope

The hyperbaric facility seeking accreditation will be assessed in the following major concentration areas with their respective survey probe identifier:

Physician Surveyor Review Section
- HBOG - Hyperbaric Governance
- HBOPR - Hyperbaric Patient Rights
- HBOPC - Hyperbaric Patient Care
- HBOPI - Hyperbaric Professional Improvement
- HBOL - Hyperbaric Leadership
- HBOMS - Hyperbaric Medical Staff
- HBOCR - Hyperbaric Clinical Research

Nurse Surveyor Review Section
- HBOA - Hyperbaric Administration
- HBOPA - Hyperbaric Patient Assessment
- HBOPE - Hyperbaric Patient Education
- HBOQI - Hyperbaric Quality Improvement
- HBOHR - Hyperbaric Human Resources
- HBOIM - Hyperbaric Information Management
- HBOIP - Hyperbaric Infection Prevention
- HBOTP - Hyperbaric Teaching and Publication

Technician Surveyor Review Section
- HBOO - Hyperbaric Operations
- HBOM - Hyperbaric Maintenance
- HBOC - Hyperbaric Facility Construction
- HBOF - Hyperbaric Chamber Fabrication
- HBOV- Hyperbaric Chamber Ventilation
- HBOFP - Hyperbaric Chamber Fire Protection
- HBOE - Hyperbaric Chamber Electrical Systems and Services
- HBOGH - Hyperbaric Gas Handling
- HBOEC - Hyperbaric Environment of Care

NOTE: Each specific probe is color-coded to indicate the chamber classification emphasis according to the legend below:

	Class A hyperbaric facility only
	Class B hyperbaric facility only
	All hyperbaric facilities

Survey Probe Reference Acronyms:

AAAHC	Accreditation Association for Ambulatory Health Care
ASME	American Society of Mechanical Engineers
ANSI	American National Standards Institute
BNA	Baromedical Nurses Association

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CGA	Compressed Gas Association
CFR	Code of Federal Regulations
JC	The Joint Commission
NFPA	National Fire Protection Association
NIAHO	National Integrated Accreditation for Healthcare Organizations
PVHO	Pressure Vessels for Human Occupancy
HFG	UHMS Guidelines for Hyperbaric Facility Operations (aka - Hyperbaric Facilities Guide)

Survey Rating Process

Information gathered from a careful review of the *Hyperbaric Facility Accreditation Presurvey Questionnaire* and the on-site survey forms the basis for a facility's accreditation decision. The survey team evaluates a hyperbaric facility's degree of conformance with the consolidated requirements. Although it is desirable for a facility to conform to all requirements, the UHMS HFA seeks to ascertain substantial conformance with them. Surveyors will determine substantial conformance through a combination of personal interviews, observations, and document reviews. The rating scheme is based on a similar approach used by the Rehabilitation Accreditation Commission - CARF. This scheme was selected due to its ease of application, its established validation as a measurement tool, and its flexibility in achieving survey team consensus. Conformance for each survey area will be determined using a rating scale of 0 to 3. Each rating corresponds to the following conformance level:

Rating 0 ***Non-conformance***.
The hyperbaric facility does not even partially conform to the standard's major provision or its intent. When a rating of 0 is assigned, a recommendation of conformance must be made that addresses the probe's requirement.

Rating 1 ***Partial conformance***.
The hyperbaric facility meets some provisions of the standard and its intent, yet does not meet the standard or its intent in its entirety. When a rating of 1 is assigned, a recommendation must be provided explaining what the facility should do to be in full conformance with the requirement.

Rating 2 ***Conformance***.
The hyperbaric facility fully meets the provisions of the standard and its intent. No recommendation or comment is required, but a surveyor can comment or make a recommendation if they choose to.

Rating 3 ***Exemplary conformance***.
The hyperbaric facility significantly exceeds all provisions of the standard and its intent. A "comment" statement must be provided to justify the assignment of an exemplary notation.

NA Not applicable
A comment is not required but can be optional.

Accreditation Final Decision Process

A three-year or four-year term of accreditation is awarded when UHMS HFA concludes that a facility is in substantial conformity with the probes, adheres to UHMS HFA accreditation policies, and there are no reservations about the facility's continuing commitment to provide high-quality patient care and services consistent with the probes. Most facilities that have made a good-faith effort to achieve and maintain accreditable status succeed in reaching this goal.

After the on-site survey and receipt of the *Accreditation Survey Report,* the Accreditation Council will carefully review the report, supplemented by other relevant information, prior to making a formal accreditation decision and

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will not disclose it to the organization seeking accreditation or to any third party. A surveyor, a UHMS staff member, an elected (voting) member of the UHMS Board of Directors or the Accreditation Council, or anyone with a potential conflict of interest with the specific hyperbaric facility under consideration is not allowed to participate in deliberations or voting relative to the accreditation status of the hyperbaric facility seeking accreditation.

A decision by the Accreditation Council of the UHMS HFA to accredit a hyperbaric facility is final. The organization will be notified in writing of the accreditation decision and will receive a detailed report of the survey findings. If UHMS HFA decides to deny accreditation, the organization usually has an opportunity to provide additional information before a final denial decision is rendered, and the final denial decision is subject to the organization's right of appeal.

The facility's scope of practice determines the designation level at the time of the survey. The level determination is not intended to dictate what a facility can or cannot do, but rather to be descriptive of the facility's practice patterns either at the time of the survey or implemented during the time preceding the reaccreditation survey.

NOTE: *We do not accredit organizations; we accredit only individual facilities.*

The following categories of hyperbaric facility accreditation have been established:

Facility Levels

- Level One - a hyperbaric program that offers a full scope of services for the hyperbaric patient. They are typically hospital-based facilities that cover all recognized indications, including emergency life- or limb-threatening injuries, and are available to treat emergent patients 24/7.
- Level Two - a hyperbaric program that provides a reduced scope of service for the hyperbaric patient (does not treat emergency patients). They are typically in the hospital setting and not available 24/7. These programs provide high-quality care to outpatients Monday through Friday and are not equipped or staffed for emergency indications.
- Level Three - a hyperbaric program that offers appropriate hyperbaric treatment in a non-affiliated setting (non-hospital-based or not affiliated with a hospital).
- Level Four - International

Once the *Accreditation Survey Report* has been received and evaluated, the Accreditation Council will determine a hyperbaric facility's accreditation level:

Accreditation Outcome

- Accredited:
  Established based on assessed conformance with minimum standards that all non-affiliated, hospital-affiliated, and hospital-based hyperbaric facilities are expected to meet; (3 years)
- Accredited with a Plan for Improvement (POA) (3 years)
- Accredited after a Plan for Improvement has been completed (POA); (3 years)
- Accredited with Distinction (WD)
  Established by clearly demonstrating that the minimum conformance has been exceeded in specific activities deserving the added recognition as hyperbaric community leaders;
  The decision to award a facility accreditation with distinction is based on a formal point system assigned to elements that must be met. A facility must achieve a consolidated score of 6 points out of a possible total of 10.5 points. (4 years)
- Accredited with Distinction after a Plan for Improvement (POA)
  After meeting the above WD requirement, there are areas that require a Plan for Improvement to be completed (4 years)
- Do not Accredit
- Provisional Accreditation
  For unusual circumstances, the UHMS will award provisional accreditation
  - Valid for one year.

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- To retain accreditation, the facility must undergo a full survey prior to the expiration of the one-year provisional accreditation.

- The Accreditation Council has the discretion and right to refuse or deny accreditation with appropriate due cause. (See specific areas of denials below)

Accredited with Distinction Guidance

There are nine distinct focus areas, each with varying weightings (ranging from 1 to 2 points), used to determine *With Distinction* (WD) status. The surveyor's recommended point value for each focus area reflects whether the WD criterion is fully met or not; no partial points are awarded. Additionally, the recommended point value for each focus area should reflect the surveyor team's consensus. To achieve WD accreditation, a facility must score at least 6 out of 10.5 points. For criteria #1-#5, the facility must actively meet them at the time of the survey. For criteria #6-#9, the facility must have met them at some point within the past three years (or four years for facilities previously accredited with distinction). Meeting criterion #1 is mandatory for all facilities seeking WD recognition. The remaining points can be earned by fulfilling any combination of the other eight criteria. A facility can meet all the WD criteria but still not receive WD; the Accreditation Committee (AC) makes its decision based on the complete survey results, not solely on WD status.

The new WD criteria and associated point values are as follows:

#1. The hyperbaric facility Medical Director is **One** of the following: (1 point – compliance with this element is mandatory)

- Board certification in Undersea and Hyperbaric Medicine by ABEM, ABPM, or the Osteopathic Conjoint Committee.
- Completion of an ACGME-approved or equivalent fellowship in Undersea and Hyperbaric Medicine, even if board certification was not obtained or not renewed.
- Certificate of Added Qualification (CAQ) in Undersea and Hyperbaric Medicine issued by UHMS.
- Designation as a Fellow (FUHM) by the Undersea and Hyperbaric Medical Society

#2. Through either direct provision or established formal procedures for inter-facility cooperation, ensure that all patients seen and treated by the hyperbaric facility seeking accreditation are afforded, when medically indicated, timely access to hyperbaric treatment on a 24-hour-per-day, seven-day-per-week basis. (2 points)

#3. As evidenced by patient treatment records documenting the incorporation of critical care monitoring, ventilator management, and/or IV infusion support during the performance of hyperbaric treatments and, concurrently, a review of existing provider credentialing files, the hyperbaric facility has an adequately equipped chamber and the appropriately trained and experienced staff to provide hyperbaric care to critically ill patients. (1.5 points)

#4. All eligible nurses and technicians who provide clinical hyperbaric care to patients are CHRN-, CHT-, or CHS-certified. (1 point)

#5. Active hyperbaric facility engagement in a Quality Improvement program (to include Process Improvement) that is:

1. Initiated by the hyperbaric facility;
2. Designed to create improvements in the quality of hyperbaric patient care or safety; and
3. Evidenced by accumulated metrics, data, or impact assessments from ongoing or completed Quality Improvement projects. (1 point)

#6. Members of the hyperbaric facility deliver HBO2-focused presentations at local, regional, national, or international conferences. (1 point)

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#7. Hyperbaric medicine-related publication in textbooks, peer-reviewed journals, or other professionally referenced documents. (1 point)

#8. Provision of instruction in Undersea and Hyperbaric Medicine. To satisfy this criterion, one or more of the following must be in place and exercised on a recurring basis:

1. An ACGME-approved Undersea and Hyperbaric Medicine Fellowship; or
2. Educational programs that support clinical rotations, clerkships, or electives for students or staff (i.e., physicians, nurses, technologists, respiratory therapists, etc.), so long as the programs have:
    a. A developed course content;
    b. Are approved by the governing body or through a collaborative education agreement with an academic institution; and
    c. Are overseen and presented by qualified instructors (i.e., UHM board-certified physicians, certified hyperbaric registered nurses, certified hyperbaric technologists); or
3. Educational courses, lectures, and presentations that either:
    a. Are ACGME-, NBDHMT-, or UHMS-approved for CEU/CME credits in Undersea and Hyperbaric Medicine; or
    b. Provide training that can be applied in support of formal qualification by a UHM certifying board (e.g., ABMS, NBDHMT). (1 point)

#9. Research in the field of hyperbaric medicine is conducted both:

1. Under an IRB-approved human use, IACUC-approved animal use, or institutionally approved equipment test and evaluation protocol; and
2. With the intent to publish or present in UHM professional venues. (1 point)

Rights of Reconsideration and Revocation of Accreditation

When the accreditation decision is based on survey findings, it reflects the facility's conformance with the UHMS HFA Probes in effect at the time of the survey. An explanation will accompany the decision by the UHMS Accreditation Council for Deferred Accreditation that the hyperbaric facility has an opportunity to provide additional information before a final denial or revocation decision is rendered. In such cases, the hyperbaric facility can submit a written request substantiating the request for reconsideration by the UHMS within 14 working days of receipt of the accreditation decision. Failure to provide a request for reconsideration within the specified time renders the initial accreditation decision final.

If the facility requesting reconsideration responds within the allotted time, the UHMS HFA has 30 days to re-evaluate the initial *Accreditation Survey Report* and the supplemental information provided in the written request for reconsideration. Such a re-evaluation may require a supplemental site visit, for which the requesting facility will incur an additional cost in accordance with the published fee schedule. If a decision is made to revoke accreditation, the organization will be notified of the revocation, including the effective date. The decision of the Accreditation Council, following a thorough evaluation, on a request for reconsideration is final and cannot be appealed further.

UHMS HFA reserves the right to revoke or deny the accreditation of any organization at any time without prior notice. Revocation or denial of accreditation may occur if UHMS HFA determines that an organization:

1. No longer satisfies UHMS HFA program participation eligibility criteria.
2. Is no longer in compliance with UHMS HFA Policies and Procedures or probes.
3. Has significantly compromised or jeopardized patient care.
4. Fails to act in good faith in providing data and other information to UHMS HFA.
5. Fails to notify UHMS HFA within 30 calendar days of any significant change. For a list of what may constitute a significant change, refer to the Organizational Change Update below**.**
6. Fails to allow a surveyor timely access to the facility to conduct a survey.

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The applicant waives all other rights to sue or to the resolution of any such claims against UHMS HFA, its officers, directors, employees, agents, Surveyors, and members of its committees in a court of law. The applicant recognizes and agrees that it shall not be entitled to monetary damages, whether compensatory, consequential, collateral, punitive, or otherwise, from UHMS HFA, its officers, directors, employees, agents, Surveyors, and members of its committees as a result of any controversy or claim with UHMS HFA arising out of any procedures or decision with respect to accreditation.

Accreditation Notification Process

All efforts will be made by the UHMS HFA to complete the review process and to notify the hyperbaric facility of the accreditation decision within 60 days after submission of the formal *Accreditation Survey Report.* Notification may be received in two forms:

Accredited: Receives a mailed paper copy of the factual findings and deficiencies of the survey (with recommendations), along with the letter of accreditation notification and an accompanying certificate of accreditation.

Accredited After Plan for Improvement (POA): Receives an electronic copy of the notification of results, final survey report, and instructions on the next steps of the POA process

The survey report and decision letter may not be released until the fees are paid in full.

Plan of Action (Improvement) (POA)

The facility is expected to correct deficiencies on all probes rated less than fully conformant. All information will be sent electronically to the UHMS HFA office for review.

The deficiencies are provided by the Accreditation Council in a Plan of Action (POA):

- Explanation of the corrective actions, including all steps taken to bring the facility into conformity.
- Title of the party responsible for POA implementation
- Implementation timeline and completion date
- Monitoring activities to ensure that the POA is effective and that the specific deficiency cited remains corrected and/or in compliance with the Standard requirements

The facility's corrective actions should be documented and made available upon request by UHMS HFA and during subsequent surveys. The next survey team will have information on any cited deficiencies and will verify that corrective actions were implemented within the timeframe documented by the organization.

Your Feedback is Appreciated

Following the release of the decision, the facility is encouraged to provide feedback on the entire survey process and the Surveyor(s). The facility will receive a link to provide feedback upon decision release. A facility's feedback will have no bearing on the accreditation decision, but it provides valuable feedback to UHMS HFA for continuous improvement.

Term of Accreditation

Accredited facilities are expected to always maintain conformity with the current UHMS HFA probes. Following an accreditation survey, a facility may be awarded a three-year to four-year term of accreditation, or it may be denied accreditation/have its accreditation revoked. Refer to Denial or Revocation of Accreditation.

UHMS HFA staff are available throughout a facility's term of accreditation to provide assistance and guidance.

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Expiration Dates

The Expiration Date is determined by the Accreditation Council's closing date of the outcome of the facility's initial survey. An organization that is in substantial conformity with UHMS HFA probes is accredited for an initial three-year or four-year term and must renew its accreditation every three or four years. A formal letter is sent with the expiration date, next survey date, and confirmation request at the closing of the survey. Confirmation should be provided via email to HFAinfo@uhms.org.

A facility that has completed its onsite renewal surveys prior to its Expiration Date will be considered accredited until a final decision is made regarding its renewal. The facility's Expiration Date will not change. If a facility achieves accreditation after revocation or a lapse in accreditation, UHMS HFA will establish a new Expiration Date.

Public Recognition of UHMS HFA Accreditation

The UHMS HFA Certificate of Accreditation is recognized as a symbol of quality by third-party payers, medical organizations, insurance companies, state and federal agencies, and the public. UHMS HFA displays a searchable list of currently accredited organizations at UHMS.org.

A UHMS HFA-Accredited Facility is encouraged to publicly display its certificate. It is the responsibility of each facility to comply with any state regulations that may specify posting requirements. The UHMS HFA Certificate will reflect the legal name of the facility.

Representation of accreditation to the public must accurately reflect the UHMS HFA-Accredited entity. Only locations accredited by UHMS HFA may obtain and/or display the Certificate of Accreditation or represent UHMS HFA Accreditation.

If the facility loses its accreditation for any reason, all certificates remain the property of UHMS HFA and must be destroyed. The facility must remove all representations of UHMS HFA Accreditation from its written and electronic marketing media, including its social media and websites.

A facility must ensure continuous compliance with the authorized directives for representing its UHMS HFA Accreditation status and UHMS HFA branding as required in the UHMS HFA Marketing Kit available on the UHMS HFA website. In addition, we want to celebrate your accomplishment. If you are willing to send us a photo of how you celebrate your accreditation, email it to HFAinfo@UHMS.org. Please remember that everyone in the picture must give consent prior to being posted on the internet.

To submit feedback about an accredited facility, the public may be referred to www.uhms.org.

Maintaining Accreditation

An accredited facility acts as an advocate for its patients and the community through the provision of quality patient care. Therefore, an accredited facility is required to maintain its operations in conformance with the most current UHMS HFA probes and policies throughout its accreditation term. This involves correcting any deficiencies cited during a survey in a timely manner, submitting a Plan of Action (POA) to UHMS HFA as necessary, and implementing continuous quality improvements to maintain ongoing conformance. The UHMS HFA reserves the right to modify its policies and procedures from time to time, provided that it informs all accredited facilities of the changes and that such changes are reflected in the current edition of the *Hyperbaric Facility Accreditation Manual.*

To maintain the currency of accreditation, an accredited facility must undergo full and regular surveys every three years (or four years for facilities accredited with distinction). All presurvey documents (*Application for Hyperbaric*

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Facility Accreditation Survey, Hyperbaric Facility Accreditation Presurvey Questionnaire, etc.) required at the time of re-application must be submitted, along with fees in place at the time of re-application, to the UHMS HFA for consideration and processing. Failure to initiate this process within the time described above may cause accreditation to lapse.

Accredited facilities must implement a process to monitor any suspense related to their status as an accredited facility. Failure to monitor accreditation due dates may result in a lapse in accreditation.

UHMS HFA reserves the right to amend its probes and policies, provided it provides all accredited organizations with notice of such amendments or includes them in the most recent version of the manual.

Organizational Change Update

Maintaining the currency of organizational information is important to your accreditation status. If there are any significant changes, please notify the UHMS within 30 days of the change. Failure to notify the UHMS may result in loss of accreditation. Depending on the nature and significance of the changes, an interim site survey may be required to maintain accreditation.
Any such change/event that negatively affects public perception of the accredited facility or UHMS HFA, as the accrediting body, must also be reported.

Below are representative examples of changes that the Society should be notified of. These examples are not all-inclusive.

Site/Facility Change
Has your hyperbaric facility relocated since completion of your last accreditation survey? If so, please provide contact information for the new location.
Has your hyperbaric facility undergone remodeling or expansion since your last accreditation survey? If so, please provide the details of the remodeling or expansion such as the installation of additional chambers, new patient treatment rooms, etc.

Services Change
Has your hyperbaric facility added or deleted any services since completion of your last accreditation survey? If so, please provide details of the service change. Representative examples include, but are not limited to:

- Adding a comprehensive wound care service to your existing hyperbaric service
- Expanding your hyperbaric treatment coverage to a 24/7 full-service hyperbaric facility
- Reducing your hyperbaric treatment coverage from a 24/7 full-service hyperbaric facility to a non-24/7 service
- Cessation of treatment operations for an extended period

Merger/Joint Venture
Has your hyperbaric facility merged with another organization? If so, please provide details of the merger and describe how the merger affects the management and operation of your hyperbaric facility (Policies and procedures and bylaws, Credentialing).
Has your hyperbaric facility entered into a joint venture with another organization? If so, please provide details of the joint venture and how the joint venture affects the management and operation of your hyperbaric facility (Policies and procedures and bylaws, Credentialing).

Joint Commission (JC)/DNV Change
The UHMS has a Complementary Cooperative Accreditation Agreement with the JC. We are required to track and list JC Accreditation on our Accredited Facilities List. If your status has changed, we need to be

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notified within 30 Days of the change. Example: If the organization changes from the JC to DNV or DNV to JC, please email the status change to us.

Service Provider (Contractor) Change
Has the hyperbaric service provider (contractor) of your hyperbaric facility changed in any way? If so, please provide details of the new hyperbaric service provider (contractor). Also, describe how the management and operation of your hyperbaric facility differ with the new hyperbaric service provider (contractor) or internal management.

Key Personnel Change
Has the Medical Director of your hyperbaric facility changed? If so, please provide information on the new Medical Director. Please also provide a current curriculum vitae.

Has the Clinical or Non-clinical Program Manager of your hyperbaric facility changed? If so, please provide information on the new Program Manager. Please also provide a current curriculum vitae.

Has the Technical Director (if assigned) of your hyperbaric facility changed? If so, please provide information on the new Technical Director. A current curriculum vitae should also be provided.

Has the Safety Director of your hyperbaric facility changed? If so, please provide information on the new Safety Director. A current curriculum vitae should also be provided.

Has the Hyperbaric Survey Contact Person changed? If so, please provide their contact information.

Please submit your change information, along with supporting documentation as required, within 30 days electronically to: HFAInfo@UHMS.org

If there are any questions regarding organizational changes, please contact us. Accreditation is not automatically maintained when an accredited facility undergoes significant changes as described above. UHMS HFA will determine whether the current accreditation term will be maintained and will establish any such conditions.

End of Accreditation

When a facility's accreditation term has ended, and the facility is not seeking renewal, or it is choosing to withdraw from the accreditation process prior to the Anniversary Date of its accreditation, the facility must:

- Remove and destroy all UHMS HFA Accreditation Certificates.
- Review all internal and public-facing information, documents, and correspondence, and internal recorded phone messages, to ensure that anything bearing the UHMS HFA name and/or logo has been removed or destroyed.
- Review marketing materials: website, print, radio, or television ads, education handouts, and all other public-facing materials to ensure the removal of references to the UHMS HFA name, logo, and accreditation status.
- Cease all other activity that would create a public perception of UHMS HFA accreditation.

Comments and Suggestions Regarding the Probes

UHMS HFA welcomes comments or suggestions about the Probes at any time. Open public comments, revisions, additions, or deletions to the Probes for inclusion in the next Accreditation Manual will be completed during the annual review. UHMS HFA will consider all public comments. For details on public comment on probes, please go to the UHMS.org website, Facility Accreditation.

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Survey Schedule

The survey schedule is intended as a guide rather than a rigid itinerary. While all required elements must be reviewed before the survey is completed, the sequence of activities may be adjusted based on facility operations and staff availability. The duration of the on-site survey may also vary depending on the number of facilities being evaluated and the complexity or type of facility.

The Accreditation Survey Team (AST) departure time is likewise flexible. At facilities that are well organized and fully prepared, the survey may be completed ahead of schedule, allowing for an earlier departure.

The following example illustrates a typical two-day survey schedule for a single facility.

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Accreditation Survey Team (AST)					
DAY ONE					
0800-0815	AST arrive on-site				
0815-0845	Opening Conference & Program Overview (Given by Facility Staff)				
0845-0900	Facility Orientation (Tour)				
AST Team Chief		CHRN		CHT	
0900-0930	Medical Director - Discussion	Document Review		Document Review	
Document Review		0900-1200	HBOA (Administration) HBOPA (Patient Assessment) HBOPE (Patient Education) HBOIM (Information Management)	0900-1200	HBOO (Operations) HBOM (Maintenance) HBOF (Chamber Fabrication) HBOV (Chamber Ventilation)
0930-1200	HBOG (Governance) HBOPR (Patient Rights) HBOMS (Medical Staff) HBOPC (Patient Care)				
1200-1300	Lunch				
1300-1530	HBOPI (Professional Improvement) HBOL (Leadership) HBOCR (Clinical Research)	1300-1530	HBOQI (Quality Improvement) HBOHR (Human Resources) HBOTP (Teaching & Publication) HBOIP (Infection Prevention)	1300-1530	HBOFP (Fire Protection) HBOE (Electrical Systems) HBOGH (Gas Handling) HBOFC (Facility Construction)
1530-1630	AST Review (Closed Door)				

DAY TWO			
0800-0900	Observe Patient Care Operations	0800-0900	HBOEC (Environment of Care)
0900-1000	Validation and Follow-up		
1000-1200	Draft Preliminary Report		
1130-1200	Medical Director Outbrief		
1200-1300	Lunch		
1330-1330	*Setup for* Hospital Executive Staff Outbrief		
1330-1400	Hospital Executive Staff Outbrief		
1400-1600	Facility Staff Outbrief		
1600	AST Team Depart		

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Concentration Area

Probes in the Concentration Area will be applied
to all facilities seeking accreditation.

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Physician Probes

IN THIS SECTION

- HBOG - Hyperbaric Governance
- HBOPR - Hyperbaric Patient Rights
- HBOPC - Hyperbaric Patient Care
- HBOPI - Hyperbaric Professional Improvement
- HBOL - Hyperbaric Leadership
- HBOMS - Hyperbaric Medical Staff
- HBOCR - Hyperbaric Clinical Research

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The Physician Role and Responsibilities:

The physician (AKA Team Chief) is the leader of the surveyor team. If there is an issue during the survey, feel free to address the team chief.

The physician surveyor will evaluate designated physician focus areas to verify compliance with established policies, procedures, and clinical practices through discussions and interviews with the Medical Director. The surveyor will also interview medical office staff and review relevant documentation and medical records to confirm appropriate provider credentialing, compliance with documentation requirements, and the delivery of quality patient care.

The Team Leader will lead the outbrief discussions prior to departure.

Focus Areas:

Hyperbaric Governance
An accreditable facility has a governing body that sets policy and is responsible for the organization. This area describes general requirements for an organization and its governing body.

Hyperbaric Medical Staff
Credentialing, Privileging and Peer Review: This area describes the requirements for credentialing, privileging and peer review of health care professionals to provide patient care in an accreditable facility.

- Credentialing is a three-phase process of assessing and validating an individual's qualifications to provide services. The objective of credentialing is to establish that the applicant has the specialized professional background that he or she claims and that the position requires. An accreditable facility: 1) establishes minimum training, experience, and other requirements (i.e., credentials) for physicians and other health care professionals; 2) establishes a process to review, assess, and validate an individual's qualifications, including education, training, experience, certification, licensure, and any other competence-enhancing activities against the organization's established minimum requirements; and 3) carries out the review, assessment, and validation as outlined in the organization's description of the process.

- Privileging is a three-phase process. The objective of privileging is to determine the specific procedures and treatments that a health care professional may perform. An accreditable facility: 1) determines the clinical procedures and treatments that are offered to patients; 2) determines the qualifications related to training and experience that are required to authorize an applicant to obtain each privilege; and 3) establishes a process for evaluating the applicant's qualifications using appropriate criteria and approving, modifying, or denying any or all requested privileges in a nonarbitrary manner. The granting of hyperbaric-specific privileges must be reviewed by someone with direct knowledge of the provider's skill and applicable knowledge. In most cases, this is the Hyperbaric Medical Director, and their intermediate signature should be in place before the department chair signs off on the privileging request.

- Peer Review: An accredited facility maintains an active and organized peer review process integrated into the quality management and improvement program. This peer review should also include the medical director. Accredited facilities may determine which health care professionals can peer review each other within the following guidelines: 1) differently licensed practitioners reviewing each other must be privileged to provide similar services to similar patients; and 2) prevailing laws must permit peer review by differently licensed practitioners.

- Proctoring for new physicians/providers includes specific details, such as the number of proctored treatments before independent supervision, assurance of adequate knowledge of supportive equipment

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such as ventilators and IV pumps, and a working knowledge of specific hyperbaric equipment, including the ability to compress or decompress the chamber.

Hyperbaric Patient Rights and Responsibilities
An accreditable facility recognizes the basic human rights of patients. The design and size of the facility should be adequate to guarantee confidentiality and patient privacy.

Hyperbaric Patient Care
An accreditable facility provides high-quality health care services in accordance with the principles of professional practice and ethical conduct, and with concern for the costs of care and for improving the community's health status.

Hyperbaric Professional Improvement
Risk Management: An accreditable facility develops and maintains a program of risk management appropriate to the organization, designed to protect the life and welfare of the organization's patients and employees. In striving to improve the quality of care and to promote more effective and efficient use of facilities and services, an accreditable organization maintains a quality management and improvement program that links peer review, quality improvement activities, infection prevention and safety, and risk management in an organized, systematic way. The intent of this area is to ensure that administrative and clinical personnel are involved in the facility's quality management and improvement activities.

Hyperbaric Leadership
An accreditable facility develops and maintains a program with Senior leadership, whose role is to provide HBO planning, strategic and operational programs, communicate the vision, mission, values, and goals, develop programs for retention, professional development and education, promote staff member advancement goals and participate in HBO activities, and assigns staff to oversee activities in these areas of importance.

Hyperbaric Clinical Research
If research is conducted, an accreditable facility establishes and implements policies governing research that are consistent with its mission, goals, and objectives and with its clinical capabilities.

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Hyperbaric Governance Concentration Area	
HBOG 1.0	**REFERENCES**
The hyperbaric facility's organization is a legal entity or an organized subordinate of a legal entity.	NIAHO p 46 AAAHC 2.I.A NIAHO B.2.SR.1.SR.1b NIAHO B.1.SR.1.SR.1h
Supporting Documentation: • Evidence of state or local licensing of the medical facility, if applicable • Evidence of written charter or contract • Evidence of articles of organization, articles of incorporation, partnership agreement, operating agreement, legislative or executive act, or bylaws, unless the organization is a sole proprietorship.	
HBOG 2.0	**REFERENCES**
The governing body determines the organization's mission, goals, and objectives.	JC LD.02.01.01 AAAHC 2.I.C.1
Supporting Documentation: • Documentation of the organization's mission, goals and objectives	
HBOG 2.1	**REFERENCES**
The governing body ensures that the hyperbaric facility is adequate and appropriate personnel are available to carry out its mission, goals, and objectives.	JC LD.01.07.01 JC LD.04.01.11 AAAHC 2.I.C.2 NFPA 99, 14.3.1.3.3
Supporting Documentation • Evidence of a staffing policy • Evidence of a medical staff policy	
HBOG 2.2	**REFERENCES**
The governing body provides an organizational structure and specifies functional relationships among all organizational elements.	JC LD.01.01.01 AAAHC 2.I.C.3
Supporting Documentation: • Evidence of an organizational chart	
HBOG 2.3	**REFERENCES**
The governing body adopts bylaws or similar written policies, regulations, and procedures for the proper management of the organization.	JC LD.01.01.01 AAAHC 2.I.C.4 NIAHO GB.1.SR.1.SR.1c NFPA 99, 14.3.1.3.3
Supporting Documentation: • Evidence of medical staff bylaws • Evidence of written policies defining proper management of the organization	

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HBOG 2.4	REFERENCES
The governing body reviews all medical ethical issues pertaining to the organization and its staff and responds appropriately when necessary.	JC LD.04.01.01 AAAHC 2.I.C.8
Supporting Documentation: • Evidence of a policy regarding medical ethics	
HBOG 2.5	**REFERENCES**
The governing body maintains effective lines of communication throughout all elements of the organization.	AAAHC 2.I.C.9
Supporting Documentation: • Evidence of meetings with senior leadership and all elements of the organization	
HBOG 2.6	**REFERENCES**
The governing body establishes a financial management system appropriate for the organization.	JC LD.04.01.03 AAAHC 2.I.C.10 NIAHO GB.3.SR.1-5 -
Supporting Documentation: • Evidence of a financial management system policy • Evidence of budgetary plan with short- and long-term goals • Examples: capital expenditures	
HBOG 2.7	**REFERENCES**
The governing body determines the policy on the rights of the patient.	JC RI 01.01.01 AAAHC 2.I.C.11 NIAHO PR.1.SR.1
Supporting Documentation: • Evidence of a policy on the rights of the patient • Additional: observation of posted policies of rights of the patient and or handouts to patients regarding patient rights consistent with written policy	
HBOG 2.8	**REFERENCES**
The governing body approves all major contracts and/or agreements pertaining to the adequacy of care provided to patients and the safe operation of the organization.	JC LD.04.03.09 AAAHC 2.I.C.12 NIAHO GB.4.SR.1-3
Supporting Documentation: • Evidence of a policy regarding major contracts and /or agreements pertaining to the adequacy/scope of care provided • Examples: document showing required reviews at defined intervals, a signature page of current contract/agreement, and/or executive committee approval in meeting minutes	

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HBOG 2.9	REFERENCES
The governing body established policies related to the employment of medical practitioners, hyperbaric chamber operation staff and administrative personnel.	AAAHC 2.I.C.2 AAAHC 2.I.C.12.a NIAHO MS.1.SR.1 NIAHO SM p.1.SR.1 -
Supporting Documentation: • Evidence of medical staff bylaws • Evidence of staffing policy to include job description/ job classification/requirements for hyperbaric chamber staff and administrative personnel	
HBOG 2.10	**REFERENCES**
The governing body established policies pertaining to the organization's responsibilities to provide continuing education opportunities for health care and technical personnel.	AAAHC 2.I.C.17 NIAHO MS.9.SR.1 NIAHO SM6.SR.3 -
Supporting Documentation: • Evidence of medical staff bylaws • Evidence of established policies regarding continuing education opportunities from health care and technical personnel	
HBOG 2.11	**REFERENCES**
The organization establishes policies to provide after-hours information related to treatment of the hyperbaric patient.	AAAHC 2.I.C.12.e
Supporting Documentation: • Evidence of after-hours policy • Evidence of after-hours/emergency information that is disseminated to patients (The surveyor may call the after-hours number to confirm a message to patients as a means of supportive documentation)	
HBOG 2.12	**REFERENCES**
The governing body establishes appropriate policies to ensure conformance with Centers of Medicare and Medicaid Services, if the hyperbaric facility participates in the federal/state reimbursement program.	AAAHC 2.I.C.12.f
Supporting Documentation: • If the Hyperbaric facility participates in the federal/state reimbursement program, have evidence of an appropriate policy to ensure conformance to Medicare and Medicaid Services	
HBOG 2.13	**REFERENCES**
The governing body formulates short and long-range plans for the organization in accordance with the mission, goals and objectives of the organization.	AAAHC 2.I.C.13
Supporting Documentation: • Evidence of short and long-range plans for the organization in accordance with the mission, goals and objectives of the organization	

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HBOG 2.14	REFERENCES
The governing body provides policies on nondiscrimination due to race, creed, sex or nationality,	JC LD.04.03.07
Supporting Documentation: • Evidence of policy on nondiscrimination due to race, creed, sex or nationality	

HBOG 2.15	REFERENCES
The governing body establishes marketing and promotional policies in accordance with the guidance of the Food and Drug Administration.	21 CFR, Part 801.109 21 CFR, Part 868.5470 AAAHC 2.I.C.15
Supporting Documentation: • Evidence of marketing and promotional policies that align with FDA guidelines	

HBOG 2.16	REFERENCES
The governing body ensures that a risk management program has been developed for the organization.	AAAHC 2.I.C.16
Supporting Documentation: • Evidence of a policy regarding risk management programs • Example: Medical Staff Bylaws that specify policy regarding risk management programs	

HBOG 2.17	REFERENCES
The governing body ensures that the organization complies with the requirements of the Americans with Disabilities Act of 1990.	42 U.S.C. §12101 et seq. AAAHC 2.I.C.14
Supporting Documentation: • Evidence of a policy that requires members of the organization to comply with the Americans with Disabilities Act of 1990 • Observation of documentation of the American with Disabilities Act of 1990 in a publicly displayed area	

HBOG 2.18	REFERENCES
The governing body ensures that policies related to the safe operation of the hyperbaric facility are established.	JC LD.03.01.01 AAAHC 2.I.C.18 NIAHO PE.1.SR.4-5 - NFPA 99, 14.3.1.3.3 NFPA 99, 14.3.1.4.4
Supporting Documentation: • Evidence of policies related to the safe operation of the hyperbaric facility are established (Example of policies to include staffing, equipment, oversight of incidents, safety management, etc.)	

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HBOG 3.0	REFERENCES
The governing body meets at least annually to review the organization's status on issues such as patient rights, quality of care, quality improvement, safety, equipment maintenance, administrative requirements, continuing medical education and code conformance.	JC LD.01.02.01 AAAHC 2.I.F AAAHC 2.I.G NIAHO M.2.SR.3.SR.3f
Supporting Documentation: • Evidence of a policy the indicates the governing body will meet at least annually • Evidence of the governing body that meets at least annually to review the organization's status on issues such as patient rights, quality of care, quality improvement, safety, equipment maintenance, administrative requirements, continuing medical education and code conformance • Evidence of monthly or more frequent Meeting minutes/attendance, agenda/announcement of meeting	
HBOG 3.1	**REFERENCES**
The governing body maintains a written record (minutes) of meetings where issues such as patient's rights, quality of care, quality improvement, safety, equipment maintenance administrative requirements, continuing medical education and code conformance, etc., are discussed.	AAAHC 2.I.F AAAHC 2.I.G
Supporting Documentation: • Evidence of meetings/meeting minutes/agenda/attendance	
HBOG 3.2	**REFERENCES**
The governing body ensures that written job descriptions for all management positions are established.	JC LD.01.02.01 HFG Section 2, 3, 4 and 5
Supporting Documentation: • Evidence of written Job descriptions for all management positions	
HBOG 4.0	**REFERENCES**
The governing body ensures that policies related to the peer review process of granting, reappointing, and terminating clinical privileges for the hyperbaric practitioner are developed.	AAAHC 2.III.A HFG Section 2
Supporting Documentation: • Evidence of policies related to the process of initial granting, reappointing, and terminating clinical privileges for the hyperbaric provider are developed. (Proctorship) • Medical Staff Bylaws and Delineation of Privileges for Hyperbaric Services	

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HBOG 4.1	REFERENCES
At minimum, the governing body policies related to granting clinical privileges for the hyperbaric practitioner include the following elements: education and training, peer evaluation, current state license, DEA certification, a list of privileges requested, and other criteria directly related to the quality of care.	AAAHC 2.II.B.3.a AAAHC 2.II.B.3.b AAAHC 2.II.B.3.c AAAHC 2.II.B.3.d AAAHC 2.II.B.3.e NIAHO MS.6.SR.1-12 HFG Section 2
Supporting Documentation: • Evidence of Medical Staff Bylaws and delineation of privileges	
HBOG 4.2	**REFERENCES**
The governing body's policy on granting clinical privileges considers additional information concerning the applicant from other sources, e.g., *the Federation of State Medical Boards National Practitioner Data Bank.*	JC MS.06.01.05 AAAHC 2.II.B.3.f
Supporting Documentation: • Evidence of Medical Staff Bylaws • Validated by Credentialing office	
HBOG 4.3	**REFERENCES**
The governing body provides a policy to establish the period of time for which privileges are granted to the hyperbaric practitioner.	AAAHC 2.II.B.3.5 NIAHO M.6.SR.1
Supporting Documentation: • Evidence of a policy to establish the period of time for which privileges are granted to the hyperbaric practitioner • Medical Staff Bylaws may serve as supportive documentation	
HBOG 4.4	**REFERENCES**
The governing body ensures that separate credentials files are maintained for each hyperbaric practitioner where specific privileges and/or any restrictions are specified.	JC MS.06.01.03
Supporting Documentation: • Evidence that separate credentials files are maintained for each hyperbaric practitioner • Supported by Credentialing Office • Ensure hyperbaric-specific privileges have the HBO Medical Director as an intermediate signature in the privileging/reprivileging process.	

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HBOG 5.0	REFERENCES
The governing body ensures that there is a mechanism to assess that all members of the hyperbaric medical staff provide the same level of quality of hyperbaric patient care.	JC MS.06.01.07 JC MS.08.01.01 JC MS.09.01.01 HFG Section 2

Supporting Documentation:
• Evidence of a mechanism to assess that all members of the hyperbaric medical staff provide the same level of quality of hyperbaric care
  • Medical Staff privilege renewal
  • Onboarding privileges **(**Proctorship program documents**)**
  • Ongoing Clinical Competencies
  • Peer review process
  • Completion of required CME	

HBOG 6.0	**REFERENCES**
The hyperbaric leadership implements short and long-term strategic plans.	HFG Section 2, 3, 4, & 5
Supporting Documentation: • Evidence of short and long-term strategic plans • Evidence of implementation of short and long-term strategic plans	
HBOG 6.1	**REFERENCES**
Policies and procedures are in place to allocate and protect assets of the organization.	AAAHC 3.A.4
Supporting Documentation: • Evidence of a policy regarding allocation of assets of the organization	

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Hyperbaric Patient Rights Concentration Area	
HBOPR 1.0	**REFERENCES**
The hyperbaric facility addresses ethical issues in providing patient care.	AAAHC 1
Supporting Documentation: • Policies and procedures related to ethics	
HBOPR 1.1	**REFERENCES**
The hyperbaric facility demonstrates respect for maintaining confidentiality of the hyperbaric patient.	NIAHO PR.1 SR.8
Supporting Documentation: • Policies and procedures related to patient confidentiality	
HBOPR 1.2	**REFERENCES**
The hyperbaric facility demonstrates respect for maintaining the privacy of the hyperbaric patient.	JC RI.01.01.01 AAAHC 1.C
Supporting Documentation • Policies and procedures related to patient confidentiality	
HBOPR 1.3	**REFERENCES**
The hyperbaric facility demonstrates respect for maintaining the security of the hyperbaric patient.	JC RI.01.07.03
Supporting Documentation: • Policies and procedures related to patient security	
HBOPR 1.4	**REFERENCES**
The hyperbaric patient's right to hyperbaric treatment is respected and supported.	JC RI.01.02.01 AAAHC 1.A
Supporting Documentation: • Policies and procedures related to patient rights	
HBOPR 1.4.1	**REFERENCES**
The hyperbaric patient receives a written statement of his or her rights.	JC RI.02.01.01 AAAHC 1.F.1
Supporting Documentation: • Policies and procedures related to patient rights	

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HBOPR 1.5	REFERENCES
The hyperbaric patient is involved in all aspects of their hyperbaric treatment and is given the opportunity to participate in decisions regarding their hyperbaric treatment.	JC RI.01.02.01 AAAHC 1.E
Supporting Documentation: • Documented in the EMR (look for detailed plan of care discussed with patient) • Patient observation	
HBOPR 1.5.1	**REFERENCES**
The hyperbaric patient is provided, as complete as possible, information concerning their diagnosis, evaluation, treatment, and prognosis.	AAAHC 1.D
Supporting Documentation: • Patient education and provider discussion. (expected outcome according to evidence base, with good risk v. benefits and alternative therapeutic options)	
HBOPR 1.5.1.1	**REFERENCES**
When it is not medically advisable to provide the information in HBOPR 1.5.1 to the hyperbaric patient, the information is provided to a person so designated by the hyperbaric patient or to a legally authorized person.	AAAHC 1.D
Supporting Documentation: • Policies and procedures related to authorized patient proctor	
HBOPR 2.0	**REFERENCES**
Informed consent is obtained from the hyperbaric patient or legally-authorized person.	JC RI.01.03.01
Supporting Documentation: • Copy of informed consent • Documented in the EMR	
HBOPR 2.1	**REFERENCES**
All consent forms for the hyperbaric patient are documented in accordance with local hospital policy.	JC RI.01.03.01
Supporting Documentation: • Policies and procedures related to hyperbaric patient consent	

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HBOPR 4.0	REFERENCES
The following information is made available to the hyperbaric patient: A. patient conduct and responsibilities B. hyperbaric services available C. provisions for after-hour and emergency care D. payment policies E. methods for expressing grievances and suggestions to the hyperbaric facility	JC RI.01.01.01 JC RI.01.01.03 JC RI.01.02.01 JC RI.01.07.01 AAAHC 1.F
Supporting Documentation: • Policies and procedures related to patient rights • Patient education literature	
HBOPR 5.0	**REFERENCES**
Marketing or advertising regarding the competence and capabilities of the hyperbaric facility is not misleading to the hyperbaric patient.	21 CFR, Part 801.109 AAAHC 2.I.C.15
Supporting Documentation: • Patient education/marketing literature/website	

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Hyperbaric Patient Care Concentration Area	
HBOPC 1.0	**REFERENCES**
The care and treatment of the hyperbaric patient is planned to ensure that it is appropriate to the patient's needs and condition.	JC PC.02.01.01 HFG Section 2, 3, 6
Supporting Documentation: • An individualized hyperbaric medicine evaluation for each patient	
HBOPC 1.1	**REFERENCES**
When planning for the care and treatment of the hyperbaric patient, the following is considered: A. the patient's history B. the patient's physical status C. diagnostic data D. the risks and benefits of the hyperbaric treatment	JC PC.01.02.01 HFG Section 2, 3, 6
Supporting Documentation: • An individualized hyperbaric medicine evaluation, including history and physical, for each patient that includes and discusses relevant data points including lab values and imaging studies • Documented discussion of the risks and benefits of hyperbaric oxygen therapy by the physician or non-physician practitioner within the assessment and plan section of the above hyperbaric medicine evaluation	
HBOPC 1.2	**REFERENCES**
Before obtaining informed consent for hyperbaric treatment, the risks, benefits, and potential complications associated with hyperbaric treatment are discussed with the hyperbaric patient or their legal guardian.	JC PC.02.01.21 JC RI.01.01.03 AAAHC 6.1
Supporting Documentation • Documentation of the risk/benefit/complications discussion with the patient/guardian is included in the hyperbaric medicine assessment and plan	
HBOPC 1.3	**REFERENCES**
A plan of hyperbaric care is developed and documented in the patient's medical record before hyperbaric treatment is initiated.	HFG Section 2, 3,
Supporting Documentation: • Documentation of the patient's diagnosis, number of treatments planned, and treatment protocol is included in the hyperbaric medicine evaluation and exists separate from the nursing plan of care (This may be indicated in the hyperbaric medicine assessment and plan or delineated in the hyperbaric treatment order for the patient.) The patient should be informed that the treatment may require more than the original treatments expected or fewer treatments when there is a better-than-expected response.	

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HBOPC 2.0	REFERENCES
Hyperbaric patient care procedures (such as debridement) are performed in a manner that respects privacy.	JC RI.01.01.01 AAAHC 1.A
Supporting Documentation: • Photographic documentation or visual assessment of private room treatment area (e.g., no wound care done in the general hyperbaric treatment area)	
HBOPC 3.0	**REFERENCES**
The hyperbaric facility addresses prescribing or ordering and procuring medications not available in the hyperbaric facility.	NIAHO MM1-5
Supporting Documentation: • Documentation of the ability to electronically or hand-prescribe medications	
HBOPC 3.1	**REFERENCES**
Preparing and dispensing medication(s) adhere to law, regulation, licensure, and professional standards of practice.	JC MM.03.01.01 JC MM.05.01.07 JC MM.05.01.11
Supporting Documentation: • Documentation of Pyxis in hyperbaric unit (if available) • Documentation that medications are prepared and dispensed by appropriate licensed staff members	
HBOPC 3.2	**REFERENCES**
Preparation and dispensing of medication(s) is appropriately controlled.	JC MM.05.01.07 JC MM.05.01.11
Supporting Documentation: • Documentation that medications are prepared and dispensed by appropriate licensed staff members	
HBOPC 3.3	**REFERENCES**
Emergency medications are consistently available, controlled, and secure in the hyperbaric treatment area.	JC MM.03.01.03
Supporting Documentation: • Documentation of securely stored emergency medications (e.g., locked adult and/or pediatric [if applicable] "Crash Cart") • Visual observation of "secured" medication	
HBOPC 5.0	**REFERENCES**
The clinical hyperbaric facility provides for hyperbaric health care providers and staff, ways to communicate with hyperbaric patients in their primary language or in a format that permits them to understand.	NIAHO PR.4
Supporting Documentation: • Documentation of a language services department/provider or other interpreter/translator availability in the hyperbaric medicine facility	

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HBOPC 7.0	REFERENCES
Senior hyperbaric leaders ensure conformance and maintenance, through personal initiative or appropriate delegation, of patient, staff, department and hospital (as appropriate) training and safety requirements.	HFG Section 2
Supporting Documentation: • Education policy or procedure • Evidence of attendance or compliance; i.e.; education records	
HBOPC 7.1	**REFERENCES**
Senior hyperbaric leaders ensure the proper administration of the hyperbaric facility within recognized local and national standards.	HFG Section 2
Supporting Documentation: • Evidence of validation in job description • Evidence in scope of practice	
HBOPC 7.2	**REFERENCES**
Senior hyperbaric leaders ensure adequate physician rest and recovery.	HFG Section 2
Supporting Documentation: • Evidence of staff schedules to validate staffing practices	

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Hyperbaric Professional Improvement Concentration Area	
HBOPI 1.0	**REFERENCES**
The hyperbaric facility maintains a hyperbaric reference library with open access to all facility staff.	AAAHC 16.A.2 HFG Section 11
Supporting Documentation: • All materials should be up to date or most recent edition • Examples of current reference material list: UHMS Indications Manual, UHMS Facilities Guidelines, UHMS Operations Manual and a recognized textbook of Hyperbaric Medicine should be in the facility (All staff should know what references are available and where/how to access them - easy and quick access to updated digital sources if hard copy references are no longer maintained by facility policy.)	
HBOPI 2.0	**REFERENCES**
The hyperbaric facility provides orientation and training to familiarize all personnel with the facility's policies, procedures, etc.	NIAHO SM.6SR.1-4
Supporting Documentation: • Evidence of facility-specific orientation policy • Evidence of facility-specific policy on ongoing education expectations	
HBOPI 3.0	**REFERENCES**
The hyperbaric facility encourages participation in seminars, workshops, and other education activities related to the practice of hyperbaric medicine and facility safety.	AAAHC 2.III.G2 NIAHO MS.9 HFG Section 2, 3, 4
Supporting Documentation • Documented participation in seminars, workshops, and other educational activities related to practice of hyperbaric medicine and facility safety via certificates (or letters) of participation.	
HBOPI 4.0	**REFERENCES**
The hyperbaric facility monitors the requirements for continued staff licensure and certification.	AAAHC 2.II.J (1-4) HFG Section 2, 3, 4
Supporting Documentation: • Evidence in Medical Staff bylaws, e.g., Medical staff credentialing • Evidence of certifications in nursing and technical staff personnel files • Facility-specific policy on continued employment/privileges if applicable.	

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Hyperbaric Leadership Concentration Area	
HBOL 1.0	**REFERENCES**
Senior hyperbaric leaders provide for hyperbaric program planning by defining a mission, a vision, and values for the hyperbaric facility and creating the strategic, operational, programmatic, and other plans and policies to achieve the mission and vision of the hyperbaric facility.	JC LD.02.01.01 JC LD.04.01.07 AAAHC 2.I.C.1 AAAHC 2.I.C.5
Supporting Documentation: • Document(s) stating the governing body's mission/vision/values • Evidence of plan and policy describing how to achieve mission and vision	
HBOL 1.1	**REFERENCES**
Senior hyperbaric leaders communicate the hyperbaric facility's mission, values and plans.	JC LD.01.02.01 JC LD.02.01.01 JC LD.03.04.01
Supporting Documentation • Evidence of policies regarding leadership communication • Evidence of communication from senior hyperbaric leaders	
HBOL 1.2	**REFERENCES**
Planning by senior hyperbaric leaders provides for setting performance improvement priorities and identifies how the hyperbaric facility adjusts priorities in response to unusual or urgent events.	JC LD.03.07.01 JC PI.01.01.01 JC PI.02.01.01 JC PI.04.01.01 NIAHO QM.6 SR.4 SR.5
Supporting Documentation • Documentation of policies regarding performance improvement • Evidence of performance improvement actions undertaken by the hyperbaric facility	
HBOL 2.0	**REFERENCES**
The hyperbaric facility provides patient care according to its written goals and scope of services.	JC PC.01.01.01 JC PC.01.03.01
Supporting Documentation: • Evidence that the physician/provider's plan of care is documented prior to starting hyperbaric oxygen treatments • Should include evidence of a nursing plan of care consistent with the BNA guidelines	
HBOL 3.0	**REFERENCES**
Senior hyperbaric leaders develop programs for recruitment, retention, development, and continuing education of all hyperbaric staff members.	JC LD.01.04.01 JC LD.03.08.01 JC MS.12.01.01 HFG Section 2, 3, 4
Supporting Documentation: • Evidence of continuing education requirements are delineated in the facility's policy/procedure • Evidence of recruitment, retention, and development for all hyperbaric staff members is present	

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HBOL 3.1	REFERENCES
Senior hyperbaric leaders implement programs to promote hyperbaric staff member's job-related advancement and educational goals.	JC HR.01.05.03 HFG Section 2
Supporting Documentation: • Documentation of senior leadership edicts/policies that address ongoing education and advancement goals for staff (Examples include annual evaluations, academic promotion documentation, or offerings of hyperbaric-related CME activity.)	
HBOL 4.0	**REFERENCES**
Senior hyperbaric leaders recommend a sufficient number of qualified and competent persons to provide hyperbaric care.	JC LD.03.06.01 NFPA 99, 14.3.1.4.2 NIAHO MS.11 SR.1 HFG Section 2, 3, 4, 5
Supporting Documentation: • Staffing guidelines addressing the type of chambers utilized, and the complexities of patient diagnoses are clear and present in a well defined document. • Hyperbaric staffing numbers are complete and adequate for the type and number of chambers present in the facility (or, if a position is unfilled, documentation of the posted job description for the vacancy)	
HBOL 5.0	**REFERENCES**
Senior hyperbaric leaders participate in hyperbaric facility performance improvement activities.	JC PI.03.01.01 JC PI.03.07.01 JC PI.04.01.01 NIAHO QM.4 HFG Section 2, 6, & 8
Supporting Documentation: • Documentation of the involvement of senior leaders in the hyperbaric facility performance improvement activities to include at least the review and approval of PI activities of the facility	
HBOL 5.2	**REFERENCES**
Senior hyperbaric leaders assign facility personnel to participate in performance-improvement activities.	JC LD.01.02.01 JC LD.03.02.01 JC LD.03.05.01 JC LD.03.07.01 JC PI.02.01.01 JC PI.04.01.01
Supporting Documentation: • Written performance improvement program including who/how staff is assigned to participate • Examples of PI programs that have been performed with evaluation of results and how this (did or did not) changed provision of patient care • Examples of ongoing PI program(s)	

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HBOL 5.3	REFERENCES
Senior hyperbaric leaders assign adequate personnel to participate in performance-improvement activities.	JC LD.03.06.01 HFG Section 3, 4, 8
Supporting Documentation: • Evidence in job description • Policy or procedure on performance improvement	
HBOL 5.4	**REFERENCES**
Senior hyperbaric leaders provide for hyperbaric staff training in the methods of performance improvement.	JC LD.03.06.01 AAAHC 5.I.A HFG Section 2, 3, 4,& 8
Supporting Documentation: • Evidence of quality improvement program • Documentation of training in methods of performance improvement	

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Hyperbaric Medical Staff Concentration Area	
HBOMS 1.0	**REFERENCES**
The Hyperbaric Medicine Director is certified by an appropriate specialty board or affirmatively establishes comparable competence through the credentialing process.	JC MS.06.01.03 HFG Section 2
Supporting Documentation: • Evidence of certification documents • Validation with conversation/documentation with Credentialing Staff office	
HBOMS 1.1	**REFERENCES**
All hyperbaric medical staff personnel participate in continuing education related to the practice of hyperbaric medicine.	JC MS.12.01.01 HFG Section 2
Supporting Documentation: • Evidence of education maintained in Medical Staff Records **(**Documentation can be supplied from any source, but it is usually best if the HBO Medical Director has tracked CME directly or has easy access for periodic review with the professional staff, and includes 12 HBO-specific category 1 CME hours per year or 24 in 2 years.)	
HBOMS1.1.1	**REFERENCES**
Participation in continuing education activities by hyperbaric medical staff is documented.	JC MS.12.01.01 HFG Section 2, 3, 4
Supporting Documentation • Evidence of education is maintained in medical staff records and personnel files	
HBOMS 2.0	**REFERENCES**
The senior leaders of the hyperbaric facility define the qualifications and performance expectations for all hyperbaric staff positions.	JC HR.01.02.01 HFG Section 2, 3, 4 & 6
Supporting Documentation: • Evidence of involvement in Leadership Meetings and dissemination of leadership expectations/actions	
HBOMS 2.1	**REFERENCES**
The hyperbaric physician and non-physician providers ensure that the facility is staffed with adequate personnel whose qualifications are consistent with their job responsibilities.	JC HR.01.01.01 NFPA 99, 14.3.1.4.2 HFG Section 2, 3, 4 & 6
Supporting Documentation: • Evident in program overall General Policy specifically listing all individuals who work in the department • Qualifications are listed in all staff job descriptions	

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HBOMS 2.2	REFERENCES
At least two trained and credentialed Hyperbaric physician or non-physician providers are on staff for a full-time Clinical Hyperbaric Medicine Program.	HFG Section 2

Supporting Documentation:
• Evidence in department policy
• Validated with Medical Staff Director and/or Credentialing staff/records
  • Hyperbaric provider board certification credentials or UHMS CAQ
  • Hyperbaric provider hyperbaric training/fellowship records
• Hyperbaric provider schedule	

HBOMS 2.3	**REFERENCES**
A trained and credentialed hyperbaric physician is designated as, and is responsible for, the duties of Medical Director.	HFG Section 2
Supporting Documentation: • Evidence in job description and/or department policy/contract • Hyperbaric provider board certification credentials or UHMS CAQ for medical director • Hyperbaric provider hyperbaric training/fellowship records for medical director • Hyperbaric provider schedule for medical director a minimum of 25% (preferably 50%) of their time spent in hyperbaric duties	
HBOMS 2.4	**REFERENCES**
Hyperbaric physician or non-physician provider staffing ensures coverage for twenty-four hour hyperbaric medicine consultation in programs offering emergency hyperbaric oxygen treatment.	HFG Section 2
Supporting Documentation: • Evidence in policy and/or scope of care documents	
HBOMS 2.5	**REFERENCES**
Hyperbaric physician or non-physician provider staffing ensures timely and appropriate patient evaluation and treatment.	HFG Section 2
Supporting Documentation: • Policy validating this element	
HBOMS 2.6	**REFERENCES**
Hyperbaric physician or non-physician provider staffing ensures appropriate physician supervision during hyperbaric treatments.	HFG Section 2
Supporting Documentation: • Policy validating this element	

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HBOMS 3.0	REFERENCES
All hyperbaric health care providers have the necessary and appropriate training and skills to deliver hyperbaric therapy in a safe, appropriate, and ethical manner.	AAAHC 4.B AAAHC 4.C HFG Section 1, 2, 3, 4, 5
Supporting Documentation: • Documentation of introductory 40-hour training course completion as well as completion of proctored experience in hyperbaric oxygen therapy at the facility (minimum of 5 proctored consultations and attendance at more than 25 hyperbaric treatment sessions) as applicable.	
HBOMS 3.1	
The Hyperbaric Medicine Physician is an MD (or equivalent) or DO graduate.	HFG Section 2
• Validation of successful graduation (e.g., state medical board physician profile)	
HBOMS 3.1.1	**REFERENCES**
The Hyperbaric Medicine Physician is board-certified or board-eligible in a recognized medical or surgical specialty per local policy.	HFG Section 2
Supporting Documentation: • Documentation of board certification or board eligibility if applicable	
HBOMS 3.1.2	**REFERENCES**
The Hyperbaric Medicine Physician has completed at least a 40-credit-hour UHMS-approved Introductory Course in Hyperbaric Medicine (ICHM).	HFG Section 2
Supporting Documentation: • Documentation of UHMS-approved ICHM completion	
HBOMS 3.1.3	**REFERENCES**
The Hyperbaric Medicine Physician maintains an unrestricted license to practice medicine in the state where the physician delivers hyperbaric therapy.	HFG Section 2
Supporting Documentation: • Documentation of medical licensure (e.g., online state medical board data)	
HBOMS 3.1.4	**REFERENCES**
The Hyperbaric Medicine Physician is specifically credentialed to practice clinical hyperbaric medicine in the sponsoring medical facility under the process delineated by the facility's privileges or credentials committee.	HFG Section 2
Supporting Documentation: • Documentation of hyperbaric-specific credentialing in the medical facility	

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HBOMS 3.1.5	REFERENCES
The Hyperbaric Medicine Physician was allowed to work unsupervised by the Hyperbaric Medical Director after a period of proctorship where the Hyperbaric Medicine Physician demonstrated consistent competence in standard clinical hyperbaric treatments, procedures, and safety.	HFG Section 2
Supporting Documentation: • Documentation of adequate proctoring (minimum of 5 proctored consultations and attendance at a minimum of 25 hyperbaric sessions)	
HBOMS 3.1.6	**REFERENCES**
The Hyperbaric Medicine Physician is board certified in Undersea and Hyperbaric Medicine (UHM) or possesses a UHMS Certificate of Added Qualification (CAQ), or has a documented minimum of 10 years of experience providing hyperbaric therapy for approved indications.	HFG Section 2
Supporting Documentation: • Documentation of UHM board certification through ABEM or ABPM, PATH CAQ, or 10+ years of hyperbaric medicine practice	
HBOMS 3.2	**REFERENCES**
The Hyperbaric Medicine non-physician practitioner maintains an unrestricted license to practice in the state where the non-physician practitioner delivers hyperbaric therapy.	HFG Section 2
Supporting Documentation: • Documentation of non-physician practitioner license (e.g., from the appropriate state licensing board)	
HBOMS 3.2.1	**REFERENCES**
The Hyperbaric Medicine non-physician practitioner has completed at least a 40- credit-hour UHMS-approved Introductory Course in Hyperbaric Medicine (ICHM).	HFG Section 2
Supporting Documentation: • Documentation of UHMS-approved ICHM completion	
HBOMS 3.2.2	**REFERENCES**
The Hyperbaric Medicine non-physician practitioner is certified, as eligible, by the BNA or NBDHMT, and/or enrolled in/certified by the UHMS PATH program (preferred) for a Certificate of Added Education (CAE)	HFG Section 2
Supporting Documentation: • Documentation of certification or enrollment in specific pathway	

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HBOMS 3.2.3	REFERENCES
The Hyperbaric Medicine non-physician practitioner is specifically credentialed to practice clinical hyperbaric medicine in the sponsoring medical facility under the process delineated by the facility's privileging or credentials committee.	HFG Section 2
Supporting Documentation: • Documentation of hyperbaric-specific credentialing in the medical facility	

HBOMS 3.2.4	REFERENCES
The hyperbaric medicine non-physician practitioner was allowed to work unsupervised by the hyperbaric Medical Director after a period of proctorship where the Clinical Hyperbaric Medicine Physician demonstrated consistent competence in standard clinical hyperbaric treatments, procedures, and safety.	HFG Section 2
Supporting Documentation: • Documentation of adequate proctoring (minimum of 5 proctored consultations and attendance at a minimum of 25 hyperbaric sessions)	

HBOMS 3.3	REFERENCES
The Hyperbaric Medical Director meets the entry-level qualifications, training, and practice guideline requirements.	HFG Section 2
Supporting Documentation: • Documentation of medical license, 40-hour ICHM completion, hyperbaric-specific credentialing in the medical facility, adequate proctoring (minimum of 5 proctored consultations and attendance at a minimum of 25 hyperbaric sessions), and board certification/PATH completion/10+ years of hyperbaric medicine experience	

HBOMS 3.3.1	REFERENCES
The Hyperbaric Medical Director is in good standing and supports a high standard of practice.	HFG Section 2
Supporting Documentation: • Documentation of medical staff privileging, as well as the Medical Director's CV, board certification, and CME certificates	

HBOMS 3.3.2	REFERENCES
The Hyperbaric Medical Director demonstrates leadership, management, teaching, and administrative abilities.	HFG Section 2
Supporting Documentation: • Documentation of Medical Director's CV that contains teaching, administrative, and management responsibilities	

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HBOMS 3.3.3	REFERENCES
The Hyperbaric Medical Director has a working understanding of the codes and regulations associated with the classes of hyperbaric chambers used in the hyperbaric facility.	HFG Section 2
Supporting Documentation: • Documentation that Medical Director is familiar with hyperbaric facility codes and regulations (e.g., completion of a Hyperbaric Safety Director course, participation in hospital safety committees, documentation of hyperbaric safety-related CME, etc.)	
HBOMS 3.3.4	**REFERENCES**
The Hyperbaric Medical Director supports the pursuit of scholarly activities and debate in the field of hyperbaric medicine.	HFG Section 2
Supporting Documentation: • Documentation of Medical Director's CV that includes publications and presentations related to hyperbaric medicine practice and/or participation in local, national, or international hyperbaric meetings	
HBOMS 3.4	**REFERENCES**
All hyperbaric medicine physicians and non-physician practitioners successfully complete and maintain documentation of at least 12 credit hours or 24 credit hours of Physician Category I CME in hyperbaric medicine related topics for each 12 months or 24 months of hyperbaric medicine practice.	HFG Section 2
Supporting Documentation: • Documentation of CME credits: 12 hours or 24 credit hours of hyperbaric-related Category 1 CME for every 12 months or 24 months of clinical hyperbaric medicine practice	
HBOMS 4	**REFERENCES**
All hyperbaric medicine physicians and non-Physician Providers are involved in active peer review process and develop quality initiatives with areas of opportunity	HFG Section 2
Supporting Documentation: • Documented clinical peer review process for all medical provider personnel	

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Hyperbaric Clinical Research Concentration Area	
HBOCR 1.0	**REFERENCES**
For hyperbaric facilities that are involved in clinical research, research activities are performed in accordance with ethical and professional practice and legal requirements and these activities are periodically monitored.	AAAHC 19.A
Supporting Documentation: • Evident in Research-specific policy	
HBOCR 1.1	**REFERENCES**
An appropriate Institutional Review Board (IRB) or equivalent approves clinical research protocols.	AAAHC 19.B
Supporting Documentation: • Evident in Research-specific policy, e.g., Medical Staff Bylaws, IRB documents	
HBOCR 1.2	**REFERENCES**
Clinical research conducted in a hyperbaric facility is appropriate to the expertise of the hyperbaric staff and the resources of the facility.	AAAHC 19.A.1
Supporting Documentation • Evident in Research-specific policy, e.g., Medical Staff Bylaws, IRB documents	
HBOCR 1.3	**REFERENCES**
Hyperbaric personnel involved in clinical research are provided with adequate facilities.	AAAHC 19.A.2
Supporting Documentation: • Evident in Research-specific policy, e.g., Medical Staff Bylaws, IRB documents	
HBOCR 1.4	**REFERENCES**
Provisions are made to ensure that the rights and welfare of all research subjects are adequately protected and that the informed consent of the subject, in the language spoken by him or her, is obtained by adequate and appropriate methods.	AAAHC 19.C NIAHO PR.4
Supporting Documentation: • Evident in Research-specific policy, e.g., Medical Staff Bylaws, IRB documents • Example of current, IRB approved research-specific consent form • Evidence of an interpreter service for all languages	
HBOCR 1.5	**REFERENCES**
All members of the hyperbaric staff are informed of the hyperbaric facility's research policies.	AAAHC 19.B
Supporting Documentation: • Evident in Research-specific policy, e.g., Medical Staff Bylaws, IRB documents • Documentation of CITI Training or equivalent for all members that are involved in research • CITI Research Reference site: Responsible Conduct of Research (RCR) | CITI Program https://about.citiprogram.org	

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HBOCR 2.0	REFERENCES
If the hyperbaric patient participates in clinical research, they are informed that the research project they are involved in has been approved by an Institutional Review Board.	AAAHC 19.B
Supporting Documentation: • Evident in program's research-specific policy and IRB documents.	
HBOCR 2.1	**REFERENCES**
All hyperbaric patients participating in clinical research are given a description of the expected benefits.	JC RI.01.03.05
Supporting Documentation: • Evident in program's research-specific policy and IRB documents.	
HBOCR 2.2	**REFERENCES**
All hyperbaric patients participating in clinical research are given a description of the potential discomforts and risks.	JC RI.01.03.05
Supporting Documentation: • Evident in program's research-specific policy and IRB documents.	
HBOCR 2.3	**REFERENCES**
All hyperbaric patients participating in clinical research are given a full explanation of the procedures to be followed, especially those that are experimental.	JC RI.01.01.03 JC RI.01.03.05
Supporting Documentation: • Evident in program's research-specific policy and IRB documents.	
HBOCR 2.4	**REFERENCES**
All hyperbaric patients asked to participate in clinical research are told that they may refuse to participate, and that their refusal will not compromise their access to hyperbaric oxygen therapy.	JC RI.01.03.05
Supporting Documentation: • Evident in program's research-specific policy and IRB documents	

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Nurse Probes

IN THIS SECTION

- HBOA - Hyperbaric Administration
- HBOPA - Hyperbaric Patient Assessment
- HBOPE - Hyperbaric Patient Education
- HBOQI - Hyperbaric Quality Improvement
- HBOHR - Hyperbaric Human Resources
- HBOIM - Hyperbaric Information Management
- HBOIP - Hyperbaric Infection Prevention
- HBOTP - Hyperbaric Teaching and Publication

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The Nurse's Role and Responsibilities:

The RN discusses the overall facility processes with the Nurse Leader and Program Manager, including areas of excellence and opportunity recognized by the facility.
The RN Surveyor:

1. observes active patient treatment and education process
2. completes an infection control walk-through
3. interview patients
4. reviews active patients' EMR
5. RN Care plan

For programs without direct RN oversight and participation in the facility, the RN Surveyor will discuss with the medical provider to ensure this complement of probes is met.

Focus areas:

Hyperbaric Administration
An accreditable facility is administered in a manner that ensures the provision of high-quality health services and that fulfills the organization's mission, goals, and objectives. Organizations may find it helpful to use the personnel worksheet to evaluate compliance with some probes found in this area.

Hyperbaric Patient Assessment
An accreditable facility maintains that each patient is thoroughly assessed in their physical, psychological, and social status at specified intervals, determined by policy, and provides appropriate, coordinated care throughout the facility.

Hyperbaric Patient Education
UHMS HFA encourages all health care organizations to provide or make available health education and health promotion services to meet the needs of the population served. These services should be provided in accordance with ethical and professional practices and legal requirements.

Hyperbaric Quality Improvement
An accreditable facility maintains an active, integrated, organized, ongoing, data-driven, and peer-based quality improvement (QI) program that meets the following Standards. Note: The intent of this chapter is that administrative and clinical personnel are involved in the quality management and improvement activities of the organization.

Hyperbaric Human Resources
An accreditable facility defines the qualifications and performance expectations for all hyperbaric staff positions. The facility provides evidence of a staffing mix competent in education and practice to maintain a high-quality, safe program.

Hyperbaric Information Management
An accreditable facility manages and maintains electronic and/or paper clinical records and a health information system.

Hyperbaric Infection Prevention
An accreditable facility provides health care services while adhering to safe practices for patients, staff, and all others. The facility maintains ongoing programs designed to (1) prevent and control infections and communicable diseases, and (2) provide a safe and sanitary environment of care. An accreditable facility maintains an active and ongoing infection prevention and control program.

Hyperbaric Teaching and Publication

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If staff is involved in teaching or publishing, an accreditable facility has policies governing those activities that are consistent with its mission, goals, and objectives.

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Hyperbaric Administration Concentration Area	
HBOA 1.1	**REFERENCES**
Policies and procedures are established to ensure that only qualified hyperbaric program management personnel are employed.	AAAHC 3.A.2 JC HR 01.01.01 NFPA-99 14.3.1.4.2 NFPA-99 14.3.1.4.3 NIAHO SM.1 SR.1 NIAHO SM.2 SR.1c NIAHO Sm.2 SR.1d
Supporting Documentation: • Policies and procedures related to hiring, Job Descriptions	
HBOA 1.6	**REFERENCES**
Procedures are implemented to ensure that information is disseminated in a timely manner within the hyperbaric facility.	AAAHC3.A.5 AAAHC 2.F JC LD 03.04.01
Supporting Documentation: • Staff interview to discuss how information is disseminated	
HBOA 1.6.1	**REFERENCES**
The hyperbaric facility staff meetings are held regularly, at least quarterly.	AAAHC 2.F.4
Supporting Documentation • Staff meeting minutes	
HBOA 2.0	**REFERENCES**
Personnel policies are developed and made available to each employee of the hyperbaric facility.	AAAHC 3.C NFPA-99 14.3.1.4.1.1
Supporting Documentation: • Staff interview	
HBOA 2.1	**REFERENCES**
Personnel policies are reviewed by senior management of the hyperbaric facility in accordance with local policy.	AAAHC 3.C
Supporting Documentation: • Policies related to frequency of policy review • Review policies to determine if completed according to policy.	

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HBOA 5.0	**REFERENCES**
Policies and procedures are in place to educate all hyperbaric facility staff on the recognition of potential hazards associated with the operation of a hyperbaric facility.	NFPA-99 14.3.1.4.3 NFPA-99 14.3.1.5.1 NFPA-99 14.3.1.5.2 NFPA-99 14.3.1.5.3 HFG Section 3 & 4
Supporting Documentation: • Policies and procedures related to hazards associated with operation of HBO facility • Orientation records for each staff member • 40-hr training course completion records for each staff member • Safety Drills	
HBOA 6.0	**REFERENCES**
A safety director of the hyperbaric facility has been designated in writing.	NFPA-99 14.3.1.3.2 HFG Section 4
Supporting Documentation: • Safety Director/Coordinator training certificate • Written designation as safety director/coordinator	
HBOA 6.1	**REFERENCES**
The hyperbaric Safety Director has been supported by the governing body and facility management to obtain additional training related to hyperbaric safety.	NFPA-99 14.3.1.3.1 HFG Section 4
Supporting Documentation: • Safety Director/Coordinator training certificate	
HBOA 6.5	**REFERENCES**
The hyperbaric Safety Director or Technical Director (if so designated) works closely with the medical director to establish the minimum staff qualifications, experience, and complement based on the number and type of hyperbaric chambers in use, their maximum treatment capacity, and the type of hyperbaric patient therapy typically provided.	NFPA-99 14.3.1.3.2.1 NFPA-99 14.3.1.4.2 HFG Section 4
Supporting Documentation: • Staffing model(s) • Interview with Medical Director and Safety/Technical director/coordinator regarding staffing model, patient type, etc.	
HBOA 8.0	**REFERENCES**
Hyperbaric facility scope of services or operating guidelines are developed and reviewed in accordance with local policy.	JC LD 04.01.07 NIAHO SM3
Supporting Documentation: • Facility Scope of Service or Operating Guidelines	

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Hyperbaric Patient Assessment Concentration Area	
HBOPA 1.0	**REFERENCES**
Each hyperbaric patient is assessed for their physical, psychological and social status.	JC PC 01.02.01 JC PC 01.02.03 JC PC 01.02.09 JC PC 01.02.13 NIAHO NS.4 SR.2
Supporting Documentation: • HBO Consultation documentation	
HBOPA 1.1	**REFERENCES**
The nutritional status of each hyperbaric patient is assessed when warranted by the patient's needs or condition.	JC PC 01.02.01 NIAHO DS.2 SR.1 NIAHO NS.4 SR.2g
Supporting Documentation: • Documentation of nutrition assessments • Staff Interview	
HBOPA 1.2	**REFERENCES**
The functional status of each hyperbaric patient is assessed when warranted by the patient's needs or condition.	JC PC 01.02.01 NIAHO NS.4 SR.2f
Supporting Documentation • Documentation of functional assessments • Staff Interview	
HBOPA 1.3	**REFERENCES**
Pain is assessed in each hyperbaric patient at least prior to each hyperbaric treatment.	JC PC 01.02.01 JC PC.01.02.07 NIAHO NS.4 SR.2C
Supporting Documentation: • Documentation of pain assessments • Patient interview	
HBOPA 1.4	**REFERENCES**
Diagnostic testing necessary to determine the needs of the hyperbaric patient are performed as necessary.	JC PC 01.02.15
Supporting Documentation: • Documentation of diagnostic testing • Staff Interview	

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HBOPA 1.5	REFERENCES
Each hyperbaric patient is reassessed at intervals determined by local hospital policy.	JC PC 01.02.03 NIAHO NS.3 SR.4 NIAHO NS.4 SR.4
Supporting Documentation: • Policies on reassessment NCD/LCD • Documentation of patient assessment	
HBOPA 1.5.1	**REFERENCES**
When significant changes are noted in the condition of the hyperbaric patient, the hyperbaric physician contacts the patient's primary physician.	JC PC 02.01.19 JC PC 02.02.01
Supporting Documentation: • Documentation of collaboration with the patient's PCP. • Staff Interview	
HBOPA 2.0	**REFERENCES**
Initial patient assessments are performed in accordance with local hospital policy.	JC PC 01.02.021 JC PC 01.02.03 NIAHO NS.3 SR.2 NIAHO NS.4 SR.3
Supporting Documentation: • HBO initial assessment documentation per, NCD/LCD • Policies related to assessment	

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Hyperbaric Patient Education Concentration Area	
HBOPE 1.0	**REFERENCES**
The hyperbaric facility plans for and supports the provisions and coordination of education activities for the hyperbaric patient.	JC PC 02.03.1 HFG Section 3 NIAHO NS.3 SR.1
Supporting Documentation: • Policies related to patient education Educational Materials	
HBOPE 1.1	**REFERENCES**
The hyperbaric facility identifies and provides the resources necessary for achieving education objectives for the hyperbaric patient.	JC PC 02.03.01 JC PC 02.01.21 HFG Section 3 AAAHC 4.F.
Supporting Documentation: • Policies related to patient education Educational Materials	
HBOPE 1.2.1	**REFERENCES**
The hyperbaric patient receives education and training specific to the patient's assessed needs, abilities, learning preferences, and readiness to learn as appropriate to the care and services provided by the hyperbaric facility.	JC PC 02.03.01 HFG Section 3
Supporting Documentation • Documentation of learning needs assessment to include: 1) Patient's assessed needs. 2) emotional barriers, 3) desire and motivation to learn, 4) physical and cognitive limitations, and barriers to communication. Policies related to education	
HBOPE 1.2.1	**REFERENCES**
The hyperbaric facility evaluates the patient's understanding of the education and training provided.	JC PC 02.03.01
Supporting Documentation: • Documentation of response to education	
HBOPE 1.3	**REFERENCES**
The hyperbaric patient receives education about nutritional interventions, modified diets, etc., that are applicable.	JC PC 02.03.01 NIAHO DS.2 SR.2
Supporting Documentation: • Educational materials related to nutrition	

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HBOPE 1.4	REFERENCES
The hyperbaric facility educates the hyperbaric patient on the plan of care, treatment, and services.	JC PC 02.03.01
Supporting Documentation: • Educational materials related to HBO treatment and services Documentation of education provided that contains a plan of care, treatment, and services	
HBOPE 1.5	**REFERENCES**
The hyperbaric patient is educated on other resources, and when necessary, how to obtain further care, services, or treatment to meet their needs.	JC PC 04.01.05 AAAHC 4.F.
Supporting Documentation: • Discharge instructions educational materials related to resources	
HBOPE 1.6	**REFERENCES**
The hyperbaric facility provides education to the hyperbaric patient regarding their responsibilities to their hyperbaric treatment.	BNA Guidelines
Supporting Documentation: • Documentation of education related to patients' responsibilities and compliance.	
HBOPE 1.7	**REFERENCES**
Based on the patient's condition and assessed needs, the education and training provided to the patient by the facility include any of the following: Basic health practices, hyperbaric safety. Information on safe and effective use of medications. Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management. Information on oral health. Information on safe and effective use of medical equipment or supplies provided by the facility. Habilitation or rehabilitation techniques to help the patient reach maximum independence. Fall reduction strategies.	JC PC 02.03.01 BNA Guidelines
Supporting Documentation: • Documentation of education	
HBOPE 1.8	**REFERENCES**
Nursing interventions are developed to educate and address the risks of injury related to fire with hyperbaric oxygen therapy.	BNA Guidelines
Supporting Documentation: • Nursing Care Plan	
HBOPE 1.8.1	**REFERENCES**
Nursing interventions are developed to educate and address the risk of injury related to atmospheric pressure changes inside the HBO chamber.	BNA Guidelines
Supporting Documentation: • Nursing Care Plan	

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HBOPE 1.8.2	REFERENCES
Nursing interventions are developed to educate and address risk of injury related to oxygen toxicity.	BNA Guidelines
Supporting Documentation: • Nursing Care Plan	
HBOPE 1.8.3	**REFERENCES**
Nursing interventions are developed to educate and address the potential adverse effects related to hemodynamic changes	BNA Guidelines
Supporting Documentation: • Nursing Care Plan	
HBOPE 1.8.4	**REFERENCES**
Nursing interventions are developed to educate and address the risk of vision changes associated with HBOT.	BNA Guidelines
Supporting Documentation: • Nursing Care Plan	
HBOPE 1.8.5	**REFERENCES**
Nursing interventions are developed to educate and address the risk of impaired physical mobility.	BNA Guidelines
Supporting Documentation: • Nursing Care Plan	
HBOPE 1.8.6	**REFERENCES**
Nursing interventions are developed to educate and address the risk of injury while transferring in/out of the chamber.	BNA Guidelines
Supporting Documentation: • Nursing Care Plan	
HBOPE 1.8.7	**REFERENCES**
Nursing interventions are developed to educate and address the risk of ineffective breathing gas delivery related to patient needs/limitations	BNA Guidelines
Supporting Documentation: • Nursing Care Plan	
HBOPE 1.8.8	**REFERENCES**
Nursing interventions are developed to educate and address the risk of knowledge deficit related to HBOT and treatment procedures.	BNA Guidelines
Supporting Documentation: • Nursing Care Plan	

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HBOPE 1.8.9	REFERENCES
Nursing interventions are developed to educate and address the risk of ineffective coping related to stress of illness and/or poor psychosocial support system.	BNA Guidelines
Supporting Documentation: • Nursing Care Plan	
HBOPE 1.8.10	**REFERENCES**
Nursing interventions are developed to educate and address the risk of anxiety related to HBOT and other medical procedures	BNA Guidelines
Supporting Documentation: • Nursing Care Plan	
HBOPE 1.8.11	**REFERENCES**
Nursing interventions are developed to educate and address the risk of pain.	BNA Guidelines
Supporting Documentation: • Nursing Care Plan	
HBOPE 1.8.12	**REFERENCES**
Nursing interventions are developed to educate and address the risk of discomfort related to humidity changes.	BNA Guidelines
Supporting Documentation: • Nursing Care Plan	
HBOPE 1.8.13	**REFERENCES**
Nursing interventions are developed to educate and address the potential for imbalanced nutrition.	BNA Guidelines
Supporting Documentation: • Nursing Care Plan	
HBOPE 1.8.14	**REFERENCES**
Nursing interventions are developed to educate and address the potential for altered tissue perfusion related to carbon monoxide poisoning, decompression sickness, arterial gas embolism and other neurologic conditions.	BNA Guidelines
Supporting Documentation: • Nursing Care Plan	
HBOPE 1.8.15	**REFERENCES**
Nursing interventions are developed to educate and address the potential for unstable blood glucose levels.	BNA Guidelines
Supporting Documentation: • Nursing Care Plan	

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HBOPE 1.8.16	REFERENCES
Nursing interventions are developed to educate and address the potential for ineffective tissue perfusion related to disease pathology or medical treatments.	BNA Guidelines
Supporting Documentation: • Nursing Care Plan	

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Hyperbaric Quality Improvement Concentration Area	
HBOQI 1.0	**REFERENCES**
The hyperbaric facility has established a quality improvement program.	JC PI 01.01.01 JC PI 02.01.01 JC PI 03.01.01 JC PI 04.01.01 JC LD 03.05.01 JC LD 03.06.01 JC LD 03.07.01 NIAHO QM1 SR 1a NIAHO QM3 AAAHC 5.1.A
Supporting Documentation: • Quality Improvement Program with goals, interventions, and evaluation (e.g. PDCA)	
HBOQI 1.1	**REFERENCES**
The hyperbaric facility leaders set expectations for using data for improving safety and quality of care, treatment, or services.	JC PI 01.01.01 JC PI 02.01.01 JC PI 03.01.01 JC PI 04.01.01 JC LD 03.05.01 JC LD 03.07.01 JC LD 03.09.01 NIAHO QM.2 NIAHO QM.7 AAAHC 5.1.D
Supporting Documentation: • Meeting minutes Interviews Quality Improvement Program	
HBOQI 1.3	**REFERENCES**
The hyperbaric facility takes action in improvement priorities, to achieve and sustain improvements.	JC PI 02.01.01 JC PI 03.01.01 JC PI 04.01.01 JC LD 03.02.01 NIAHO QM. 3 NIAHO QM.5.1 AAAHC 5.1.D
Supporting Documentation • Meeting minutes • Interviews • Quality Improvement Program	

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HBOQI 2.1	REFERENCES
Examples of hyperbaric quality improvement activities should include (but not limited to) the evaluation of the following hyperbaric patient care issues: A. Unexpected results or complications of hyperbaric treatment and threats to patient safety B. Patient centered care C. Clinical performance and practice patterns of hyperbaric providers D. Medical record review for quality of care and completeness of entries, at least annually E. Customer satisfaction F. Infection control systems G. Physical and environment management systems H. Staff training and competence.	NIAHO QM.2bSR 3a NIAHO QM.7 AAAHC 5.2.B AAAHC 5.2.C AAAHC 3.F.1 HFG Section 8 JC LD 03.07.01 JC LD 03.08.01 JC LD 03.09.01
Supporting Documentation: • Quality Improvement Program	
HBOQI 2.1.2	**REFERENCES**
Findings of the patient satisfaction assessment are provided to the governing body for review and corrective action when necessary	AAAHC 3.F.3
Supporting Documentation: • Results of Patient Satisfaction Surveys Meeting minutes demonstrating shared with governing body • Action plans related to satisfaction surveys	
HBOQI 2.0	**REFERENCES**
Data are collected to monitor the stability of existing hyperbaric processes, identify opportunities for improvement, identify changes that will lead to improvement, and sustain improvement.	JC LD 03.06.01 NIAHO QM.7 AAAHC 5.2.D
Supporting Documentation: • Quality Improvement Program	
HBOQI 2.6	**REFERENCES**
The hyperbaric facility maintains written documentation defining the quality improvement activities.	JC IM 01.01.01 JC IM 02.01.03 NIAHO QM.1 NIAHO QM.2 AAAHC 5.1.A
Supporting Documentation: • Interviews • Quality Improvement Program	

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HBOQI 3.0	REFERENCES
A group or individual oversees the quality management system and has the responsibility and authority for ensuring the requirements are initiated and maintained.	JC IM 01.01.01 JC PI 01.01.01 JC PI 02.01.01 JC LD 03.02.01 JC LD 03.06.01 NIAHO QM.4 SR1A AAAHC 5.1.A
Supporting Documentation: • Interviews • Quality Improvement Program	

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Hyperbaric Human Resources Concentration Area	
HBOHR 2.2	**REFERENCES**
At least one Clinical Hyperbaric Registered Nurse (CHRN) or Certified Hyperbaric Technologists (CHT/CHS) is always on duty in the clinical area when a patient is receiving hyperbaric treatment.	HFG Section 3 NFPA-99 14.3.1.4.6
Supporting Documentation: • Staff Schedules • Staffing matrix/protocols • Staff credentials / Certification records	
HBOHR 2.2.1	**REFERENCES**
A Registered Nurse is responsible for ensuring that a RN assessment is conducted in accordance with local hospital policy for outpatients.	HFG Section 3 AAAHC 4.C
Supporting Documentation: • Policies related to RN assessment • Chart Reviews	
HBOHR 2.2.2	**REFERENCES**
A Registered Nurse ensures that there is RN supervision of non-physician wound care treatments.	HFG Section 3 NFPA 14.1.3.1.4.6. AAAHC 4.C
Supporting Documentation • Policies related to RN supervision / Wound Cares • Chart Review	
HBOHR 2.2.3	**REFERENCES**
A Registered Nurse ensures that there is RN attendance of any critically ill or emergency patient.	HFG Section 3 NIAHO SM.4 SR.1 AAAHC 4.C
Supporting Documentation: • Nursing schedules • Chart Review • Policies related to scope of service/policy for provision of care	
HBOHR 2.2.4	**REFERENCES**
A Registered Nurse ensures RN case management as appropriate.	HFG Section 3 AAAHC 4.C
Supporting Documentation: • Chart Review • Interviews with staff	

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HBOHR 2.2.5	REFERENCES
RN-licensed activities are defined.	HFG Section 3 NIAHO SM.2 SR.1 AAAHC 4.B JC HR.01.02.07
Supporting Documentation: • Job Descriptions • Policies related to RN responsibilities/activities and staffing model • Staffing matrix/protocols	
HBOHR 2.2.6	**REFERENCES**
LVN/LPN-licensed activities are defined.	HFG Section 3 NIAHO SM.2 SR.1 AAAHC 4.B
Supporting Documentation: • Job Descriptions • Policies related to LVN responsibilities/activities and staffing model. • Staffing matrix/protocols	
HBOHR 2.3	**REFERENCES**
A minimum of one hyperbaric technician or trained hyperbaric staff member is on duty in the hyperbaric facility when non-treatment hyperbaric chamber operations are ongoing.	HFG Section 3 & 4
Supporting Documentation: • Staffing matrix / protocols • Chamber maintenance records	
HBOHR 3.0	**REFERENCES**
Hyperbaric staff mix determinations provide for safe hyperbaric treatment by allowing for the following factors: A. Type and number of hyperbaric chambers used at the hyperbaric facility B. Anticipated patient treatment load C. Types of patient treatments anticipated (routine or emergency) D. Number of patient treatments to be conducted daily E. Location of hyperbaric facility (hospital based, clinic, or non-affiliated) F. Experience level of available nursing and technical staff G. Degree of ancillary technical support (hospital maintenance staff, etc.)	HFG Section 3 & 4 NFPA-99 14.3.1.4.2 NIAHO SM.4 SR.1 AAAHC 4.C
Supporting Documentation: • Nursing and provider schedules • Policies related to scope of service/policy for provision of care	

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HBOHR 4.0	REFERENCES
The hyperbaric facility provides an orientation process to acquaint new hyperbaric staff to their initial job and assesses the staff's ability to fulfill specified responsibilities.	HFG Section 3 & 4 JC HR 01.04.01 NIAHO SM.6 SR.2 AAAHC 3.D
Supporting Documentation: • Orientation records for all staff • Hyperbaric training records for all staff	
HBOHR 4.1	**REFERENCES**
The hyperbaric facility supports ongoing education and training for all hyperbaric staff.	HFG Section 3 & 4 JC HR 01.05.03 NIAHO SM.6 SR.3
Supporting Documentation: • Safety Drills • HBO CEUs/Training records for all staff. • HBO Training/CMEs for provider staff	
HBOHR 4.2	**REFERENCES**
The hyperbaric facility assesses each hyperbaric staff member's ability to meet the performance expectations stated in his or her job description in accordance with local policy.	HFG Section 3 & 4 JC HR 01.02.05 JC HR 01.07.01 NIAHO SM.7 SR.1 NIAHO SM.7 SR.2
Supporting Documentation: • Job Descriptions • Performance Appraisals for all staff	
HBOHR 5.0	**REFERENCES**
All hyperbaric health care providers have the necessary and appropriate training and skills to deliver hyperbaric therapy in a safe, appropriate and ethical manner.	JC HR 01.01.01 AAAHC 4.C AAAHC 4.D NIAHO GM.2 SR.1D.
Supporting Documentation: • 40-hour approved Hyperbaric Medicine Introductory Course Orientation materials	
HBOHR 5.1	**REFERENCES**
The Hyperbaric Registered Nurse holds a current nursing license in the state in which the nurse is practicing.	HFG Section 3 NIAHO SM.1 SR.1 AAAHC 4.B
Supporting Documentation: • RN licenses	

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HBOHR 5.2	REFERENCES
The Hyperbaric Registered Nurse successfully completed at least a 40-credit hour National Board of Diving and Hyperbaric Medical Technology (NBDHMT) or UHMS approved Hyperbaric Medicine Introductory Course.	HFG Section 3 AAAHC 4.C
Supporting Documentation: • Documentation that all RNs have completed a 40-hour approved Hyperbaric Medicine Introductory Course	
HBOHR 5.3	**REFERENCES**
The Hyperbaric Registered Nurse is current in BLS.	HFG Section 3 AAAHC 4.C AAAHC 7.II.D.
Supporting Documentation: • Verification that all RNs are current in BLS	
HBOHR 5.4	**REFERENCES**
The Hyperbaric Registered Nurse obtained hyperbaric certification when eligible.	HFG Section 3
Supporting Documentation: • Certification certificates	
HBOHR 5.5	**REFERENCES**
The Certified Registered Nurse in hyperbaric will obtain required continuing education units (CEUs) or re-testing requirements as designated by the certifying body.	HFG Section 3 NIAHO SM.5 SR.3
Supporting Documentation: • RN CEU records	
HBOHR 6.0	**REFERENCES**
The Hyperbaric Nursing Director/Manager (if designated) has successfully completed at least a 40-hour NBDHMT or UHMS approved Hyperbaric Medicine Introductory Course.	HFG Section 3 AAAHC 4.C
Supporting Documentation: • 40-hr training course records	
HBOHR 6.2	**REFERENCES**
The Hyperbaric Nursing Director/Manager (if designated) has at least 12 months recent practical experience in hyperbaric nursing.	HFG Section 3
Supporting Documentation: • Interview • Employment Records	

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HBOHR 6.3	**REFERENCES**
The Hyperbaric Nursing Director/Manager (if designated) possesses a Bachelor of Science degree.	HFG Section 3
Supporting Documentation: • BSN degree proof	
HBOHR 6.4	**REFERENCES**
The Hyperbaric Nursing Director/Manager (if designated) possesses a working knowledge of the codes and regulations that govern the operation of a hyperbaric medicine facility.	HFG Section 3 AAAHC 4.C
Supporting Documentation: • Interview	
HBOHR 6.5	**REFERENCES**
The Hyperbaric Nursing Director/Manager (if designated) participates in professional organizations appropriate for the hyperbaric nurse.	HFG Section 3
Supporting Documentation: • Proof of membership	
HBOHR 6.6	**REFERENCES**
The Hyperbaric Nursing Director/Manager (if designated), maintains a minimum of 60 CEUs per the most recent 4-year period with 30 CEUs in the field of hyperbaric medicine/nursing.	HFG Section 3 NIAHO SM 6 SR.3
Supporting Documentation: • CEU records	
HBOHR 7.0	**REFERENCES**
Hyperbaric Chamber Operations Staff have successfully completed at least a 40-credit-hour Livestream ACHM, NBDHMT or UHMS approved Hyperbaric Medicine Introductory Course.	HFG Section 4 AAAHC 4.C
Supporting Documentation: • 40-hr training course records	
HBOHR 7.1	**REFERENCES**
Hyperbaric Chamber Operations Staff working in a clinical hyperbaric medicine facility are licensed, if required, in their specialty in the state in which they perform their duties.	HFG Section 4 NIAHO SM.1 SR.1 AAAHC 4.B
Supporting Documentation: • Appropriate active license for all chamber operators	

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HBOHR 7.2	REFERENCES
Hyperbaric Chamber Operations Staff are current in BLS certification.	HFG Section 4 AAAHC 4.B AAAHC 7. II. D.
Supporting Documentation: • Current BLS for all chamber operators.	
HBOHR 7.3	**REFERENCES**
Hyperbaric Chamber Operations Staff have a working knowledge of all hyperbaric safety codes and standards.	HFG Section 4 AAAHC 4.C
Supporting Documentation: • Interview	
HBOHR 7.4	**REFERENCES**
Hyperbaric Chamber Operations Staff have a working knowledge of decompression procedures.	HFG Section 4 AAAHC 4.C
Supporting Documentation: • Interview	
HBOHR 7.5	**REFERENCES**
Hyperbaric Chamber Operations Staff are hyperbaric certified with CHT, CHS, and/or CHWS.	HFG Section 4
Supporting Documentation: • Proof of membership	
HBOHR 7.6	**REFERENCES**
Hyperbaric Chamber Operations Staff participate in professional hyperbaric organizations.	HFG Section 4
Supporting Documentation: • Proof of membership	
HBOHR 7.7	**REFERENCES**
Hyperbaric Chamber Operations Staff have training and/or experience in hyperbaric chamber maintenance, to include a mechanical background where appropriate.	HFG Section 4
Supporting Documentation: • Employment record • Documentation of training in HBO chamber maintenance	

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HBOHR 8.0	REFERENCES
The Hyperbaric Safety Director has successfully completed at least a 40-credit hour Livestream ACHM, NBDHMT or UHMS approved Hyperbaric Medicine Introductory Course.	HFG Section 4 AAAHC 4.C
Supporting Documentation: • 40-hour training course record	
HBOHR 8.1	**REFERENCES**
The Hyperbaric Safety Director has successfully completed a UHMS approved hyperbaric safety director training course.	HFG Section 4 NFPA-99 14.3.1.3.2 AAAHC 4.C
Supporting Documentation: • Hyperbaric Safety Director Training Record	
HBOHR 8.2	**REFERENCES**
The Hyperbaric Safety Director has been Hyperbaric certified within 1 year of assuming the responsibilities of safety director.	HFG Section 4
Supporting Documentation: • Certification record	
HBOHR 9.0	**REFERENCES**
The Hyperbaric Technical Director (if designated) has successfully completed at least a 40-credit hour Livestream ACHM, NBDHMT or UHMS approved Hyperbaric Medicine Introductory Course.	HFG Section 4 AAAHC 4.C
Supporting Documentation: • Technical directors' certification of completion of 40-hr training course	
HBOHR 9.1	**REFERENCES**
The Hyperbaric Technical Director (if designated) has documented experience of at least 5 years in hyperbaric facility operations.	HFG Section 4 AAAHC 4.C
Supporting Documentation: • Employment records	
HBOHR 9.2	**REFERENCES**
The Hyperbaric Technical Director (if designated) is Hyperbaric certified with CHT, CHS, and/or CHWS.	HFG Section 4
Supporting Documentation: • Certification records	

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HBOHR 10.0	REFERENCES
The non-clinical Hyperbaric Program Manager (if designated) has successfully completed an introductory hyperbaric course or specialized non-clinical hyperbaric course, or site-specific hyperbaric training and orientation.	HFG Section 5
Supporting Documentation: • Certification of course completion or documentation of completion of hyperbaric training and orientation.	
HBOHR 10.1	**REFERENCES**
The non-clinical Hyperbaric Program Manager (if designated) has a working knowledge in hyperbaric chamber operations.	HFG Section 5
Supporting Documentation: • Documentation of training related to chamber operations	
HBOHR 10.2	**REFERENCES**
The non-clinical Hyperbaric Program Manager (if designated) has a working knowledge of all applicable hyperbaric safety codes and standards.	HFG Section 5
Supporting Documentation: • Documentation of training related to safety codes and standards	
HBOHR 10.3	**REFERENCES**
The non-clinical Hyperbaric Program Manager (if designated) has a working knowledge of decompressioning chamber procedures for patient safety.	HFG Section 5
Supporting Documentation: • Documentation of training related to decompression procedures	
HBOHR 10.4	**REFERENCES**
The non-clinical Hyperbaric Program Manager (if designated) participates in professional hyperbaric organizations.	HFG Section 5
Supporting Documentation: • Documentation of membership	

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Hyperbaric Information Management Concentration Area	
HBOIM 1.0	**REFERENCES**
The hyperbaric facility develops and maintains a system for the collection, processing, maintenance, storage, retrieval, and distribution of hyperbaric patient records.	JC IM 01.01.01 JC IM 02.01.03 JC IM 02.02.03 HFG Section 2, 3, & 4 NIAHO MR.1 SR.2 NIAHO MR.2 SR.2 AAAHC 6.A
Supporting Documentation: • Policies regarding the handling of patient medical records. • Observe how patient records are reviewed/utilized and moved throughout the unit.	
HBOIM 1.0	**REFERENCES**
The hyperbaric facility develops and maintains a system for the collection, processing, maintenance, storage, retrieval, and distribution of hyperbaric patient records.	NIAHO MR.2 SR.1 AAAHC 6.E
Supporting Documentation: • Documentation review of current patients. • Policies regarding documentation expectation.	
HBOIM 2.0	**REFERENCES**
The hyperbaric facility establishes an individual clinical record for each patient assessed for or receiving hyperbaric treatment.	NIAHO MR.2 SR.1 AAAHC 6.E
Supporting Documentation • Documentation review of current patients. • Policies regarding documentation expectation.	
HBOIM 2.1	**REFERENCES**
Only authorized hyperbaric personnel make entries into the hyperbaric patient record.	JC IM 02.01.03 NIAHO MR.4 SR.3
Supporting Documentation: • Policies regarding information management/security of records.	

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HBOIM 2.2	REFERENCES
Entries in a hyperbaric patient record are documented with each hyperbaric treatment by provider and/or clinical staff; these entries include, but are not limited to: A. Date, and timed, provider and profession (MD, RN, etc.) B. Purpose of assessment or treatment C. Clinical findings D. Diagnosis or impression E. Studies ordered, such as TCOM, laboratory, etc. F. Therapy administered G. Nursing Care Plan H. Complete HBO orders I. Disposition, recommendations, and instructions given to the patient J. Planned and unplanned interruptions of information system process (down time process) K. Are legible L. The facility ensures the following responsibilities are maintained including, but not limited to:	JC IM 01.01.01 NIAHO MR.5 SR.3 NIAHO MR.6 SR.1 NIAHO MR.7 SR.1 AAAHC 6.F AAAHC 6.H
Supporting Documentation: • Documentation review of current patients. • Policies regarding documentation expectations.	
HBOHBOIM 3.0	**REFERENCES**
A. The confidentiality, security, and physical safety of records B. The time retrieval of individual hyperbaric patient records on request C. The unique identification of each hyperbaric patient's record D. The supervision of the collection, processing, maintenance, storage, retrieval, and distribution of hyperbaric patient records E. The maintenance of a predetermined, organized and secured record format. The hyperbaric facility has established policies pertaining to hyperbaric patient records that address, but not limited to, the following:	JC IM01.01.01 JC IM 02.01.01 JC IM 02.01.03 JC IM 02.02.03 NIAHO MR.2 NIAHO MR.3 SR.2 NIAHO MR.4 SR.1 AAAHC 6.B
Supporting Documentation: • Policies regarding documentation	

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HBOIM 4.0	REFERENCES
A. Confidentiality of patient records B. Retention of active records for 5 years or more per local or national law C. Retirement of inactive records D. Timely entry of data in records E. Planned and unplanned interruptions of information system process (down time process) F. Release of information per local or national law, court order or subpoena G. Frequency of records review of at least annually Except when otherwise required by law, the content and format of hyperbaric clinical records, including the sequence of information, are uniform, and use only standardized terminology, definitions, abbreviations, acronyms, symbols, and dose designations.	JC IM 01.01.01 JC IM 01.01.03 JC IM 02.01.01 JC IM 02.02.01 NIAHO MR.3 SR.1 NIAHO MR.4 SR.1 NIAHO MR.2 SR.2. AAAHC 6.A
Supporting Documentation: • Policies regarding documentation	
HBOIM 4.1	**REFERENCES**
Reports, histories and physicals, progress notes, and other pertinent patient information are reviewed and incorporated into the hyperbaric patient record in a timely manner.	JC IM 02.02.01 JC IM 02.02.03 MR.6 SR.1 AAAHC 6.F AAAHC 6.H
Supporting Documentation: • Documentation review of current patients.	
HBOIM 4.2	**REFERENCES**
Hyperbaric patient records are reviewed on an ongoing basis for completeness and timeliness of information, and action is taken to improve the quality and timeliness of documentation that impacts hyperbaric patient care.	AAAHC 6.A
Supporting Documentation: • Documentation review of current patients.	
HBOIM 5.0	**REFERENCES**
Hyperbaric patient records are reviewed on an ongoing basis for completeness and timeliness of information, and action is taken to improve the quality and timeliness of documentation that impacts hyperbaric patient care.	JC PI 01.01.01 JC PI 02.01.01 JC PI 03.01.01 AAAHC 6.A HFG Section 2, 3, & 4
Supporting Documentation: • Staff interview for access to knowledge-based information resources.	
HBOIM 5.1	**REFERENCES**
HBO staff and providers have access to knowledge-based information resources that are readily available, current, and authoritative.	JC IM.03.01.01
Supporting Documentation: • Knowledge-based resources e.g. med interactions	

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Hyperbaric Infection Prevention Concentration Area	
HBOIP 1.0	**REFERENCES**
The facility has established a written infection prevention and control plan, according to local policy to reduce the risks of endemic and epidemic nosocomial infection in hyperbaric patients, staff and visitors. The facility has an active, written infection prevention and control program, that is evaluated at least annually, for the surveillance, prevention, and control of healthcare-associated infections and other infectious diseases.	AAAHC 7.1.D JC IC.04.01.01 EP.1 JC IC.04.01.01 EP.3 JC IC.04.01.01 EP.5 JC IC.05.01.01 EP.1 JC IC.05.01.01 EP.2 JC IC.06.01.01 EP.1-5 NIAHO IC.1 SR.1 NIAHO IC.1 SR.3 NIAHO IC.1 SR.6
Supporting Documentation: • Infection prevention and control plan (ICPC) • Policies and procedures related to ICPC • Evidence of at least annual review of ICPC	
HBOIP 1.1	**REFERENCES**
Procedures are in place to ensure that proper cleaning is performed for equipment and surfaces (i.e. curtains, changing areas) in the hyperbaric facility to prevent cross-contamination. Procedures are in place to maintain a clean and sanitary environment and avoid sources and transmission of infections (e.g. hand-hygiene, curtains, changing areas).	AAAHC 7.1.D JC IC 04.01.01 EP.1-5 JC IC.06.01.01 EP.1-5 NIAHO IC.1 SR.3
Supporting Documentation: • Policies and procedures related to avoiding transmission of infections. • Evidence of approved cleaning solutions. • Evidence of routine curtain changes • Evidence of hand hygiene audits • Visual inspection	
HBOIP 1.2	**REFERENCES**
The facility has one or more qualified person(s) responsible for its infection prevention and control program.	AAAHC 7.1.C AAAHC 7.1.I JC IC 04.01.01 JC IC 05.01.01 NIAHO IC.1 SR2A NIAHO IC.1 SR3
Supporting Documentation • Policies regarding who is responsible for infection prevention within the facility • Staff interview to discuss how infection prevention is managed at the departmental level.	

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HBOIP 1.3	REFERENCES
The facility allocates necessary resources for the implementation of its infection prevention and control plan through: Development of policies and procedures based on evidence aimed at reducing MDRO, CLABSI, CAUti, and SSI. There is an established process in place to address potential exposure risks.	JC IC.07.01.01 EP1-2 NIAHO IC.1 SR4A
Supporting Documentation: • Policies related to exposure risks. • Exposure Control Plan • Training and education related to exposure risks and bloodborne pathogens/transmission. • Policies related to bloodborne pathogens and transmission.	
HBOIP 1.4	**REFERENCES**
The facility allocates necessary resources for the implementation of its infection prevention and control plan through: Surveillance to minimize, reduce or eliminate the risk of infection. Utilization of standard precautions. Utilization of transmission-based precautions in response to pathogens. Policies and procedures are established to address sterilization and high-level disinfection of reusable instruments and devices according to manufacturer's recommendations and state and federal requirements.	JC IC.04.01.01 EP4 NIAHO IC.1 SR5
Supporting Documentation: • Policies and procedures related to sterilization and high-level disinfection	
HBOIP 1.2.2	**REFERENCES**
The facility allocates necessary resources for the implementation of its infection prevention and control plan through: investigating outbreaks of infectious disease.	JC IC 06.01.01
Supporting Documentation: • Policies describing how to investigate infectious outbreaks	
HBOIP 1.2.3	**REFERENCES**
The facility allocates necessary resources for the implementation of its infection prevention and control plan through: Reporting infection surveillance, prevention, and control information to local, state, and federal public health authorities in accordance with law and regulation. And, communication to providers, students, staff, visitors, patients, and families regarding their responsibility for preventing and controlling infection, including hand hygiene and respiratory practices.	JC IC 06.01.01
Supporting Documentation: • Policies related to infection prevention	

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Hyperbaric Teaching and Publication Concentration Area	
HBOTP 1.0	**REFERENCES**
For hyperbaric facilities that are involved in formal teaching activities, processes have been developed to ensure adequate coverage for patient care and administrative activities.	HFG Section 10
Supporting Documentation: • Interview	
HBOTP 2.0	**REFERENCES**
For hyperbaric facilities that are involved in publication activities, policies have been developed that address: A. The need for governing body approval when the views, policies, and procedures expressed in the publication are attributed to the hyperbaric organization. B. The terms and conditions of compensation from publication and the cost of publication.	AAAAHC 2.F.5 AAAHC 2.F.3 AAAHC 3.B.1
Supporting Documentation • Policies related to publication activities	
HBOTP 3.0	**REFERENCES**
The clinical staff (RNs, Technician, LPN/LVN, RT) of the hyperbaric facility is actively involved in clinical and lay community education activities related to the practice of hyperbaric medicine.	AAAHC 2.G.2 HFG Section 10
Supporting Documentation: • Verification of educational activities by hyperbaric staff.	
HBOTP 3.1	**REFERENCES**
The Hyperbaric providers are actively involved in medical and lay community education activities related to the practice of hyperbaric medicine.	AAAHC 2.G.2 HFG Section 10
Supporting Documentation: • Verification of educational activities by hyperbaric staff.	
HBOTP 4.0	**REFERENCES**
The Clinical Hyperbaric Registered Nurse demonstrates an interest in learning, practicing, and maintaining competency in the field of hyperbaric nursing.	JC HR 01.05.03 HFG Section 3
Supporting Documentation: • RN continuing education	
HBOTP 4.1	**REFERENCES**
The Hyperbaric Nursing Director/Manager (if designated) actively participates in hyperbaric education and leadership activities.	HFG Section 3
Supporting Documentation: • Nurse Director/Manager leadership and education records	

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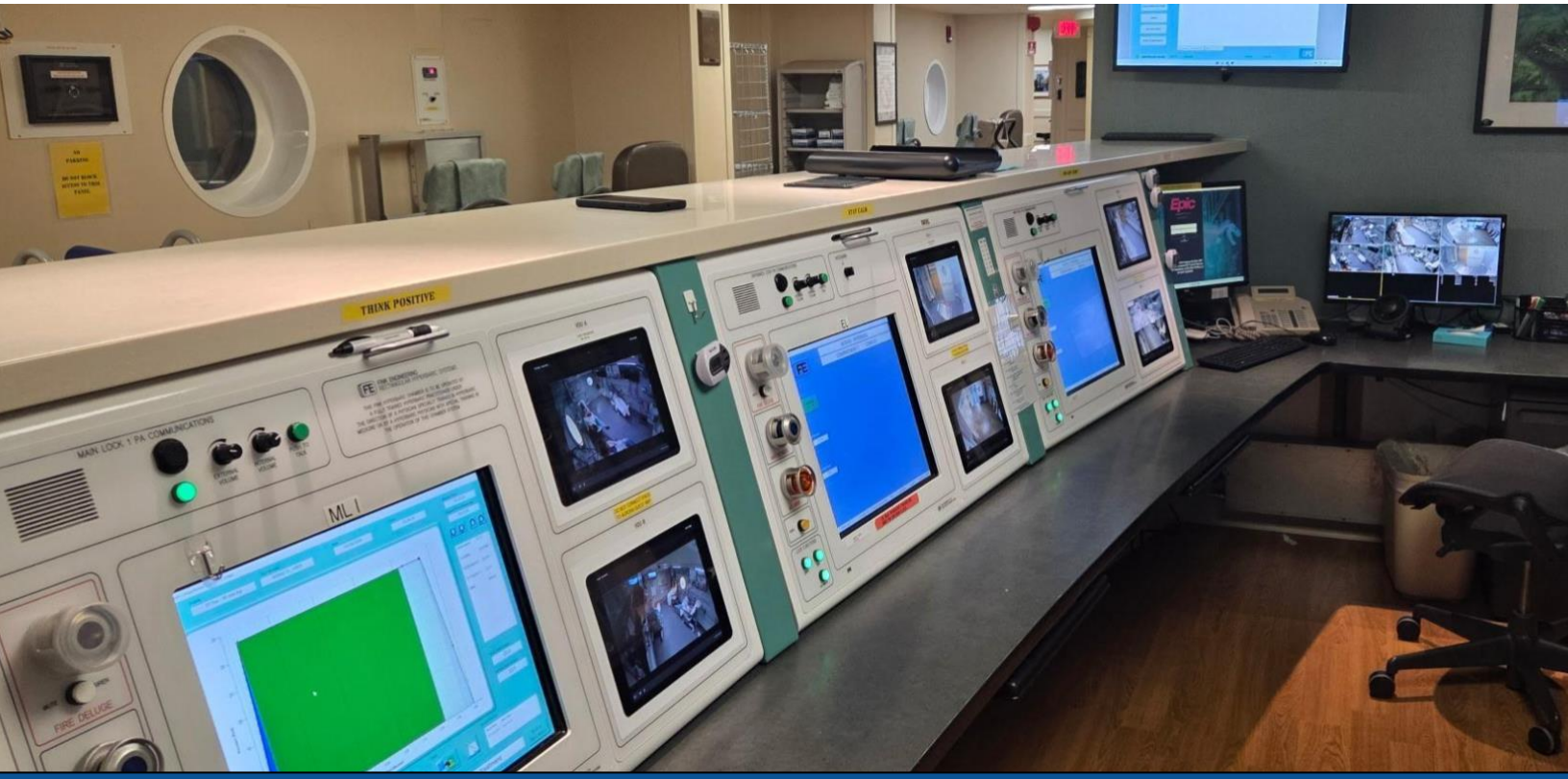
Technician Probes



IN THIS SECTION

- HBOO - Hyperbaric Operations
- HBOM - Hyperbaric Maintenance
- HBOC - Hyperbaric Facility Construction
- HBOF - Hyperbaric Chamber Fabrication
- HBOV- Hyperbaric Chamber Ventilation
- HBOFP - Hyperbaric Chamber Fire Protection
- HBOE - Hyperbaric Chamber Electrical Systems and Services
- HBOGH - Hyperbaric Gas Handling
- HBOEC - Hyperbaric Environment of Care

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The Technician's Role and Responsibilities

The technician concentrates on the operations, maintenance, and activities related to hyperbaric medicine. They confirm that emergency training drills are conducted routinely and ensure that all equipment and documentation are properly maintained. During the survey, the technician will request a tour of the LOX farm, observe the chamber exhaust point, the medical gas room, and any other supporting equipment relevant to chamber operations.

Focus area:

Hyperbaric Operations
An accreditable facility requires written policies, emergency procedures, and documentation that must be accessible to hyperbaric staff and reviewed regularly. The document emphasizes the authority and responsibilities of the Hyperbaric Safety Director, including oversight of safety policies, approval of equipment and materials used in the chamber, and collaboration with facility leadership and clinicians. It requires ongoing staff training, documented emergency drills, and procedures to safely operate or decompress chambers during equipment or power failures.

Hyperbaric Maintenance
An accreditable facility outlines maintenance, inspection, and safety requirements for hyperbaric chambers and related systems, referencing codes and standards such as NFPA 99, CGA, and PVHO. It specifies requirements for equipment testing, gas outlet labeling and verification, electrical system maintenance, and proper storage of hazardous materials. It also establishes procedures for fire protection system inspections, maintenance log documentation, and approval processes for equipment installation or modification. Overall, it functions as a structured checklist of documentation and compliance evidence needed to ensure the safe operation and routine upkeep of hyperbaric facilities.

Hyperbaric Facility Construction
An accreditable facility details the building construction, fire-safety-resistant ratings, sprinkler systems, and safety gas-zone valves as described in codes and standards from NFPA 99, NFPA 13, and NFPA 750.

Hyperbaric Chamber Fabrication
An accreditable facility specifies which FDA-approved materials and equipment may be used in the hyperbaric chambers, as provided by codes and standards from NFPA 99 and PVHO.

Hyperbaric Chamber Ventilation
An accreditable facility maintains policies and procedures to provide oversight and maintenance logs to ensure proper ventilation, temperature, and humidification of the HBO environment. Monitors the air and evaluates exhaust points per NFPA and PVHO codes and standards.

Hyperbaric Chamber Fire Protection
An accredited facility ensures policies and procedures to oversee the fire suppression systems and activation of deluge and handlines. This includes identifying prohibited items in the HBO facility and including the types of firefighting equipment identified in NFPA 99.

Hyperbaric Chamber Electrical Systems and Services
An accreditable facility ensures policies and procedures that describe the electrical systems and services related to the chamber facility as described in NFPA 99 and NFPA 70

Hyperbaric Gas Handling
An accreditable facility ensures policies and procedures are available to provide proper gas handling techniques as per NFPA 99, NFPA 55, and CGA.

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Hyperbaric Environment of Care
An accreditable facility provides a functionally safe and sanitary environment for its patients, personnel, and visitors, as demonstrated by meeting codes and standards of Life Safety 101.

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Hyperbaric Operations Concentration Area	
HBOO 1.0	**REFERENCES**
Policies, operating guidelines, maintenance, and emergency procedures have been established and are available in the facility.	NFPA 99 14.3.1.4.1 NFPA 99 14.3.1.4.1.1 NFPA 99 14.3.1.4.1.2 NFPA 99 14.3.1.5.1 HFG Section 3, 4, 6 & 7
Supporting Documentation: • Department policies, emergency procedures, and safety manuals must be accessible to hyperbaric physicians and staff at the workplace, regardless of whether they are in print or stored electronically. These documents should be reviewed and revised in accordance with institutional policy. • Emergency procedures are available at the chamber side and in the hyperbaric suite.	
HBOO 1.01	**REFERENCES**
The hyperbaric safety director works closely with facility management personnel, biomedical personnel, chamber manufacturers, and the hyperbaric physician(s) to establish and maintain policies and procedures for the safe operation and maintenance of the hyperbaric facility.	NFPA-99 14.3.1.3.2.1 NFPA-99 14.3.1.3.2.2 HFG Section 4
Supporting Documentation: • Interview with Safety Director/Coordinator Documentation supporting collaborative work with facility management and HBO physicians.	
HBOO 1.02	**REFERENCES**
The hyperbaric safety director has been given written authority to restrict or remove any potential hazardous supply or equipment from the hyperbaric chamber.	NFPA-99 14.3.1.3.2.3 HFG Section 4
Supporting Documentation: • Interview with Safety Director/Coordinator Documentation supporting safety director's authority	
HBOO 1.03	**REFERENCES**
The hyperbaric safety director has been involved in the planning and development, and maintenance of regulations, guidelines, policies and procedures related to the safe operation of the hyperbaric facility.	NFPA-99 14.3.1.3.2.1 NFPA-99 14.3.1.3.2.2 NFPA-99 14.3.1.3.4.1 HFG Section 4
Supporting Documentation: • Interview with Safety Director/Coordinator regarding his/her involvement in planning policies and guidelines.	

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HBOO 1.1	REFERENCES
Emergency procedures pertaining to fire and mechanical and physiological emergency drills are conducted at least annually and documented.	NFPA 9914.3.1.5.4 NFPA 99 14.3.1.5.4.1 NFPA 99 14.3.1.5.4.2 HFG Section 3, 4, 6 & 7
Supporting Documentation: • Documentation of the time required to execute an evacuation drill is required. • The occupants for the timed evacuation drill shall be permitted to be simulated. • A description of the drill, the date it is performed, and a list of personnel participating be documented for all emergency drills.	
HBOO 1.2	**REFERENCES**
All in-service training sessions on selected hyperbaric safety topics such as fire drills, mock patient emergencies, simulated equipment failure, contaminated air, updates on codes and standards are documented.	NFPA 99 14.3.1.5.4 NFPA 99 14.3.1.5.4.1 NFPA 99 14.3.1.5.4.2 HFG Section 3,4, 6 & 7
Supporting Documentation • A detailed description of each drill, including the date and a list of participating personnel, must be documented for all safety topics and emergency drills.	
HBOO 1.3	**REFERENCES**
Personnel shall be trained to control the chamber and decompress occupants when all powered equipment has been rendered inoperative.	NFPA 99 14.3.1.5.3 HFG Section 3,4, 6 & 7
Supporting Documentation: • A detailed description of each drill, including the date and a list of participating personnel, must be documented for all safety topics and emergency drills.	
HBOO 1.4	**REFERENCES**
During manned hyperbaric chamber operations, the hyperbaric chamber operator is physically present and always maintains visual or audible contact with the hyperbaric chamber control console.	NFPA 99 14.3.1.4.6 HFG Section 3, 4, 6 & 7
Supporting Documentation: • Visual inspection • Institutional policies, procedures, or documented safety guidelines that specifically identify the item mentioned in the probe.	

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HBOO 2.0	REFERENCES
Smoking, open flames, hot objects, and all potential or confirmed ignition sources are prohibited within the hyperbaric chamber(s) and in the immediate vicinity of the chamber(s). That only equipment and materials necessary for patient treatment are permitted in the chamber and that unnecessary electrical equipment and other non-essential items are excluded. Facility policies, chamber preparation procedures, and staff practices to ensure prohibited items are consistently identified, controlled, and prevented from entering the chamber environment.	NFPA 99 14.3.1.6.1.1 NFPA 99 14.3.1.6.1.2 NFPA 99 14.3.1.6.4.3 HFG Section 7
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify items mentioned in the probe. • Provide current risk assessment process at your site	
HBOO 2.1	**REFERENCES**
For Class A chambers, flammable agents used in patient care—such as alcohol swabs, parenteral alcohol-based pharmaceuticals, and topical creams—are allowed under the following conditions: 1. The use of these agents must be approved by the safety director or another authorized individual. 2. The quantities of these agents must be limited to ensure that they do not release enough flammable vapor to exceed the lower explosive limit (LEL) for the material. 3. A safety factor must be considered to account for localized concentrations, stratification, and the lack of ventilation.	NFPA 99 14.3.1.6.2.2 HFG Section 4 & 7
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the item mentioned in the probe.	
HBOO 2.2	**REFERENCES**
Flammable liquids, gases, or vapors are not allowed inside any Class B chamber.	NFPA 99 14.3.1.6.2.3 HFG Section 4 & 7
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the item mentioned in the probe.	
HBOO 3.1	**REFERENCES**
Antistatic procedures, as stipulated by the hyperbaric safety director, are used whenever the chamber atmosphere contains more than 23.5% oxygen by volume.	NFPA 99 14.3.1.6.3.1 HFG Section 4 & 7
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the content mentioned in the probe. • Documentation of antistatic procedures by the safety director/coordinator	

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HBOO 3.2	REFERENCES
For Class A or Class B hyperbaric chambers with an atmosphere containing more than 23.5% oxygen by volume, the patient is electrically grounded by providing a high-impedance conductive pathway in contact with the patient's skin.	NFPA 99 14.3.1.6.3.2 HFG Section 4 & 7
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the content mentioned in the probe. • Patient observation of use of grounding strap	
HBOO 4.0	**REFERENCES**
Textile materials made of silk, wool, or synthetics are prohibited inside Class A multiplace or Class B monoplace hyperbaric chambers.	NFPA 99 14.3.1.6.4.1 HFG Section 4
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the content mentioned in the probe. • Observation of clothing/linens used	
HBOO 4.1	**REFERENCES**
Only Garments made of 100% cotton or a 50/50 blend of cotton/polyester fabrics are permitted inside Class A and Class B hyperbaric chambers.	NFPA 99 14.3.1.6.4.2 HFG Section 4
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the content mentioned in the probe. • Observation of linen used	
HBOO 4.2	**REFERENCES**
When prohibited materials such as suture material, alloplastic devices, bacterial barriers, surgical dressings, and biologic interfaces must be used inside a Class A or Class B hyperbaric chamber, written authorization signed by the hyperbaric safety director/coordinator is required.	NFPA 99 14.3.6.4.3 NFPA 99 14.3.6.4.4 NFPA 99 14.3.1.6.4.3 HFG 4 & 7
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the content mentioned in the probe. • Provide current risk assessment process	
HBOO 4.3	**REFERENCES**
Drapes used in a Class A multiplace chamber shall meet the flame propagation performance criteria contained in the NFPA 701.	NFPA 99 14.3.1.6.7 NFPA 701 10.1.1.1-10.1.1.4 HFG Section 4
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the drape materials in the HBO environment. • Provide current risk assessment process for material used in chamber	

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HBOO 4.5	REFERENCES
The use of flammable hair sprays, hair oils, skin oils, lotions and cosmetics are forbidden for any chamber attendant/patient inside Class A multiplace and Class B monoplace hyperbaric chambers.	NFPA 99 14.3.1.6.5 NFPA 99 14.3.1.6.5.2 HFG Section 2,3,4
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the content mentioned in the probe. • Signage found within the department identifying prohibited items.	
HBOO 4.6	**REFERENCES**
Hyperbaric patients are re-clothed with garments approved by the hyperbaric safety director/coordinator for wear inside Class A multiplace and Class B monoplace hyperbaric chambers.	NFPA 99 14.3.1.6.4.2 NFPA 99 14.3.1.6.4.3
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify use of clothing. • Observation to verify clothing worn by patients in the chamber.	
HBOO 4.7	**REFERENCES**
Other fabric items such as sheets, pillow cases, and blankets used inside Class A multiplace and Class B monoplace hyperbaric chamber shall be approved by the Safety Director/Coordinator.	NFPA 99 14.3.1.6.4.2 NFPA 99 14.3.1.6.4.3 NFPA 99 14.3.1.6.4.2
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the fabric allowed in the chamber environment. • Observation to verify linen and fabrics used in the chamber.	
HBOO 5.0	**REFERENCES**
All equipment used inside a Class A multiplace chamber is approved by the hyperbaric safety director/coordinator.	NFPA 99 14.3.2.1 NFPA 99 14.3.2.1.1 - 14.3.2.1.5

Supporting Documentation:
• Documentation of the process established to evaluate and approve chamber equipment. Including an assessment of compliance with all relevant requirements of this code, which encompasses the following considerations:
  • The potential release of energy into the chamber environment
  • The potential release of toxic gases into the chamber environment
  • The risk of damage from exposure to maximum chamber pressure
  • The functional performance of the equipment at various chamber pressures, up to the maximum chamber pressure	

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HBOO 5.2	REFERENCES
Photographic equipment using photoflash, flood lamps, or similar equipment is not used inside the hyperbaric chamber when pressurized.	NFPA 99 14.3.2.1.2 NFPA 99 14.3.2.1.3 HFG Section 2,3,4
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the content mentioned in the probe.	
HBOO 5.4	**REFERENCES**
Only Class I or Class II lasers are used in a Class A multiplace chamber under any condition.	NFPA 99 14.3.2.1.4 HFG section 2,3,4
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the content mentioned in the probe.	
HBOO 5.6	**REFERENCES**
The use of paper inside the Class A multiplace hyperbaric chamber is kept to an absolute minimum. Paper taken into the Class A multiplace chamber should be stored in a closed metal container.	HFG Section 7 NFPA 99 14.3.1.6.9
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the content mentioned in the probe • Photographic evidence of metal container	
HBOO 5.9	**REFERENCES**
Only equipment approved by the Safety Director/Coordinator is allowed inside the hyperbaric chamber.	NFPA 99 14.3.2.1.1 NFPA 99 14.3.2.1.5 HFG Section 7
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the equipment used inside the chamber • List of approved equipment used in chamber by Safety Director/Coordinator	
HBOO 5.10	**REFERENCES**
Oxygen Containers, valves, fittings and interconnecting equipment are all metal to the extent possible.	NFPA 99 14.3.2.2 HFG Section 7
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the content mentioned in the probe • Visual/photographic verification	

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HBOO 5.11	REFERENCES
Valve seats, gaskets, hoses, and lubricants are selected for oxygen compatibility.	NFPA 99 14.3.2.3 HFG Section 7
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the content mentioned in the probe	
HBOO 5.12	**REFERENCES**
Equipment used inside a Class A hyperbaric chamber that requires lubrication is lubricated with an oxygen-compatible flame-resistant material.	NFPA 99 14.3.2.4 HFG section 7
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the content mentioned in the probe	
HBOO 5.12.1	**REFERENCES**
Bearings on equipment such as gurneys, etc., used in a Class A multiplace chamber that are not factory sealed are lubricated with an oxygen compatible lubricant.	NFPA 99 14.3.2.4.1 HFG Section 7
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the content mentioned in the probe	
HBOO 5.13	**REFERENCES**
Equipment made of cerium, magnesium, magnesium alloys or similar materials are not allowed inside the Class A multiplace or Class B monoplace hyperbaric chamber.	NFPA 99 14.3.2.5 HFG Section 7
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the content mentioned in the probe	
HBOO 5.14	**REFERENCES**
Hydrocarbon detectors are installed if radiation equipment is used inside a Class A multiplace hyperbaric chamber.	NFPA 99 14.3.2.6 HFG Section 7
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the content mentioned in the probe	
HBOO 5.15	**REFERENCES**
If radiation equipment is used inside a Class A multiplace hyperbaric chamber, it is not operated when flammable gases with concentrations in excess of 1000 parts per million are detected.	NFPA 99 14.3.2.6.1 HFG Section 4
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the content mentioned in the probe	

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HBOO 6.0	REFERENCES
Oxygen and other gases are not introduced into a Class A multiplace or Class B monoplace hyperbaric chamber in their liquid state.	NFPA 99 14.3.3.2 HFG Section 4
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the content mentioned in the probe	
HBOO 6.1	**REFERENCES**
Flammable gases are not used or stored inside a hyperbaric chamber or within the hyperbaric facility.	NFPA 99 14.3.3.3 HFG Section 4
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the content mentioned in the probe	
HBOO 6.2	**REFERENCES**
The amount and type of pressurized gas containers stored in a Class A multiplace hyperbaric chamber are approved by the hyperbaric safety director.	NFPA 99 14.3.3.4 HFG Section 7
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the content mentioned in the probe	
HBOO 7.0	**REFERENCES**
The ability to decompress a Class A multiplace hyperbaric chamber from 3 ATA to surface in less than 6 minutes is documented.	NFPA 99 14.2.5.1 HFG Section 7
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the content mentioned in the probe • Document of evidence/validation of last decompression with timing in accordance to local/manufacturer's policy	
HBOO 7.1	**REFERENCES**
The ability to decompress a Class B monoplace hyperbaric chamber from 3 ATA to surface in less than 2 minutes is documented.	NFPA 99 14.2.5.2 HFG Section 7
Supporting Documentation: • Institutional policies, procedures, or documented safety guidelines that specifically identify the content mentioned in the probe • Document of evidence/validation of last decompression with timing in accordance to local/manufacturer's policy	

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Hyperbaric Maintenance Concentration Area	
HBOM 1.0	**REFERENCES**
The hyperbaric safety director/coordinator shall ensure that all valves, regulators, meters, and similar equipment are proper, safe, and compensated for use in the hyperbaric environment and tested as part of the routine maintenance program of the facility.	NFPA, 14.3.4.1.1 HFG Section 4,7
Supporting Documentation: • Evidence of the initial manufacturer's documentation supporting the testing frequency. • Facilities/department testing logs. • Evidence of the certifications for all related equipment.	
HBOM 1.1	**REFERENCES**
All pressure relief valves on the hyperbaric chamber shall be tested and calibrated as part of the routine maintenance program of the facility.	NFPA 99,14.3.4.1.1.1 HFG Section 4, 7
Supporting Documentation: • Evidence of the annual maintenance documentation • Evidence of the manufacturer's recommend testing interval and documentation showing test results.	
HBOM 1.2	**REFERENCES**
The hyperbaric safety director/coordinator shall ensure that all gas outlets are properly labeled or stenciled in accordance with CGA C-7 *Guide to Classification and Labeling of Compressed Gases.*	NFPA 99, 14.3.4.1.2 CGA C-7 HFG Section 4,7
Supporting Documentation • Photographic evidence of outlets and connection points • Visual inspection with facility walk-through	
HBOM 1.3	**REFERENCES**
The gases being delivered to a labeled gas outlet has been verified to be accurate.	CGA C-7 HFG Section 7
Supporting Documentation: • Evidence from the manufacturer verifying gas being delivered or gas analyzer at the gas outlet documents.	
HBOM 1.3.1	**REFERENCES**
Chamber treatment gases (breathing medical air and oxygen) are USP grade.	NFPA 99 14.2.10.6.2 NFPA 99 14.2.10.6.3 HFG Section 7
Supporting Documentation: • Evidence from the manufacturer verifying gas being delivered or gas analyzer at the gas outlet documents. • Photographic evidence	

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HBOM 1.4	REFERENCES
Storage areas for hazardous materials shall not be in the room housing the hyperbaric chamber.	NFPA 99 14.3.4.1.4 HFG Section 7
Supporting Documentation: • ●Department Policy(s) of no hazardous material in the hyperbaric chamber suite.	
HBOM 1.5	**REFERENCES**
Flammable gases, except as provided in 14.3.1.6.2.2(1), shall not be used or stored in the hyperbaric room..	NFPA 99, 14.3.4.1.4 HFG Section 7
Supporting Documentation: • Department Policy(s) of no gases being used or stored in the hyperbaric chamber suite.	
HBOM 1.6	**REFERENCES**
All replacement parts and components used in the maintenance of the hyperbaric chamber and related supporting systems shall conform to the original design specifications.	NFPA 99, 14.3.4.1.5 HFG Section 7
Supporting Documentation: • Evidence of original design specifications parts being used Invoice/PO documentations. • Evidence of maintenance logs.	
HBOM 2.0	**REFERENCES**
The installation, repair, modification of equipment related to the hyperbaric chamber shall receive an engineering evaluation, tested under pressure, and approved in writing by the safety director/coordinator.	NFPA 99, 14.3.4.2.1 HFG Section 4, 7
Supporting Documentation: • Evidence of medical equipment/device approval form. (if applicable) • Evidence of full risk assessment of equipment and supporting documentation hyperbaric safety director/coordinator.	
HBOM 2.1	**REFERENCES**
The hyperbaric safety director/coordinator shall maintain a log of all maintenance performed and tests conducted on all hyperbaric chamber equipment and systems.	NFPA 14.3.4.2.1.1 HFG Section 7
Supporting Documentation: • Evidence of maintenance logs	
HBOM 2.2	**REFERENCES**
Operating equipment logs are maintained and shall be signed by the hyperbaric safety director/coordinator prior to placing the hyperbaric chamber back in service.	NFPA 99, 14.3.4.2.2.1 NFPA 99 *See A.14.3.1.3.2* HFG Section 4,7
Supporting Documentation: • Evidence of operating equipment logs signed by qualified/competent staff prior to running chamber • Safety Director/Coordinator signature when equipment is returned to service	

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HBOM 2.3	REFERENCES
The hyperbaric safety director shall ensure that only electrical equipment necessary for safe operation of the chamber, required patient care, and patient entertainment provided by the facility shall be permitted in the chamber. These are inspected and tested as part of the facility's routine maintenance program.	NFPA 99, 14.2.9.3.3 HFG Section 4,7
Supporting Documentation: • Evidence of department logs for annual PMs of ancillary hyperbaric chamber equipment. (Site Specific Bio-Medical Services/Clinical Engineering)	
HBOM 3.0	**REFERENCES**
All electrical circuits shall be tested in accordance with the routine maintenance program of the facility.	NFPA 99, 14.3.4.4.1 HFG Section 7
Supporting Documentation: • Evidence of annual maintenance log/documents	
HBOM 3.1	**REFERENCES**
In the event of a fire, there are procedures in place to de-energize all nonessential electrical equipment within the hyperbaric chamber before extinguishing the fire	NFPA 99, 14.3.4.4.1.2 (A) HFG Section 7
Supporting Documentation: • Evidence of initial installation reports, and maintenance reports.	
HBOM 4.1	**REFERENCES**
Furniture leg tips, casters, tires, and other conductive devices on furniture are inspected to ensure they are free of wax, lint, or other extraneous material that could insulate them and render them non conductive.	NFPA 99,14.3.4.5.1 HFG Section 7
Supporting Documentation: • Photographic evidence • Evidence of maintenance logs	
HBOM 4.3	**REFERENCES**
Casters or metal furniture leg tips shall not be capable of impact sparking	NFPA 99, 14.3.4.5.2 HFG Section 7
Supporting Documentation: • Photographic evidence	
HBOM 4.4	**REFERENCES**
Casters are lubricated only with flame resistant, oxygen compatible lubricants	NFPA 99, 14.3.4.5.4
Supporting Documentation: • Evidence of lubricant used and referenced on safety data sheets (SDS)	

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HBOM 4.5	REFERENCES
Wheelchairs and gurneys with bearings lubricated and sealed by the manufacturer shall be permitted in Class A chambers where conditions prescribed in NFPA 99 14.2.10.4 are met.	NFPA 99, 14.3.4.5.5 NFPA 99, 14.2.10.4 HFG Section 7
Supporting Documentation: • Evidence of facility policies/guidelines providing guidelines for staff competence in evaluating patient transfer equipment	
HBOM 4.8.1	**REFERENCES**
Materials containing rubber shall be inspected as part of the routine maintenance program of the facility, especially at points of kinking	NFPA 99, 14.3.4.6.5 HFG Section 7
Supporting Documentation: • Evidence of hyperbaric/facility department logs. • Photographic evidence	
HBOM 4.9	**REFERENCES**
Electrical switches, valves, and electrical monitoring equipment associated with fire protection shall be visually inspected before each chamber pressurization.	NFPA 99 14.3.4.3.1 HFG Section 7
Supporting Documentation: • Evidence of hyperbaric/facility department logs.	
HBOM 4.10	**REFERENCES**
Fire detection equipment, if installed, shall be tested each week.	NFPA 99 14.3.4.3.2 HFG Section 7
Supporting Documentation: • Evidence of hyperbaric/facility department logs.	
HBOM 4.11	**REFERENCES**
Testing shall include activation of trouble circuits and signals.	NFPA 99 14.3.4.3.2.1 HFG Section 7
Supporting Documentation: • Evidence of hyperbaric/facility department logs	
HBOM 4.11.1	**REFERENCES**
Full testing, including discharge of extinguishing media, shall be conducted annually.	NFPA 99 14.3.4.3.3 HFG Section 7
Supporting Documentation: • Evidence of hyperbaric/facility department logs	

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HBOM 4.11.2	REFERENCES
Signage indicating the fire suppression system is out of service shall be conspicuously placed on the operating console until the fire suppression system is restored to service.	NFPA 99 14.3.1.4.5 HFG Section 7
Supporting Documentation: • Evidence of signage used for down time/maintenance • Photographic evidence	
HBOM 4.11.3	**REFERENCES**
Policy followed for when an inspection, test, or maintenance procedure of the fire suppression system results in the system being placed out of service, a protocol shall be followed that notifies appropriate personnel and agencies of the planned or emergency impairment.	NFPA 99 14.3.1.4.4 HFG Section 7
Supporting Documentation: • Evidence of policy(s) use for down time/maintenance.	
HBOM 5.0	**REFERENCES**
Written guidance is provided for a preventive maintenance program for all hyperbaric related equipment by local technical personnel or third-party maintenance contractor.	HFG Section 7
Supporting Documentation: • Evidence of a policy/procedure(s) which outlines the preventative maintenance program(s).	
HBOM 6.0	**REFERENCES**
Written guidance is provided for a major maintenance program for specific hyperbaric facility components such as compressors, chamber control components, fire suppression systems, etc.	HFG Section 7
Supporting Documentation: • Evidence of a policy/procedure(s) which outlines the preventative maintenance program(s).	
HBOM 7.0	**REFERENCES**
All acrylic viewports and cylindrical tubes are visually inspected daily per the inspection requirements as outlined in ASME PVHO-2 *Safety Standards for Pressure Vessels for Human Occupancy In-service Guidelines for PVHO Acrylic Windows* and documented by individual viewport or chamber serial number or designation	ASME PVHO-2 2-4.1 thru 2-4.3.1 ASME PVHO-2 1-2.1 ASME PVHO-2 2-1.3 HFG Section 7, 8
Supporting Documentation: • Evidence of a policy/procedure(s) which outlines the preventative maintenance program(s). • Evidence of daily inspection of acrylic products • Evidence of each hyperbaric/facility element in specific department logs.	

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Hyperbaric Facility Construction Concentration Area	
HBOC 1.0	**REFERENCES**
For a hyperbaric facility with a Class A multiplace hyperbaric chamber, the chamber(s) and ancillary service equipment is protected by a 2-hour fire-resistive-rated construction.	NFPA 99, 14.2.1.1
Supporting Documentation: • Facility document showing construction for resistance to fire • Photographic evidence of door and/or fire wall above drop ceiling	
HBOC 1.1	**REFERENCES**
Connecting doors to the chamber(s) and ancillary service equipment rooms are at least B-label, 1 ½ hour fire doors.	NFPA 99, 14.2.1.1.6
Supporting Documentation: • Visual door inspection • Photographic evidence of label	
HBOC 2.0	**REFERENCES**
When used for hyperbaric procedures, the room housing either a Class A multiplace or Class B monoplace hyperbaric chamber(s) are used exclusively for hyperbaric operations.	NFPA 99, 14.2.1.1.7
Supporting Documentation • Policy or guidelines with scope of operations in the hyperbaric area. • Visual inspection with walkthrough of facility • Photographic evidence of hyperbaric center	
HBOC 2.1	**REFERENCES**
Multi-use service equipment rooms (ex. medical gases, compressors) are protected by 2-hour fire-resistive-rated construction and at least B-label, 1 ½ hour fire doors.	NFPA 99, 14.2.1.1.8 NFPA 99, 14.2.1.1
Supporting Documentation: • Facility document showing construction for resistance to fire • Visual inspection of the fire door • Photographic evidence of the fire door label	
HBOC 3.0	**REFERENCES**
A hydraulically calculated automatic wet pipe sprinkler system meeting the requirements of NFPA 13, *Standard for the installation of Sprinkler Systems*, or an automatic water mist fire protection system, is installed in the room housing a Class A multiplace hyperbaric chamber and/or Class B monoplace hyperbaric chamber(s).	NFPA 99, 14.2.1.2 NFPA 99, 14.2.1.2.1 NFPA 13 NFPA 750
Supporting Documentation: • Visual inspection upon facility walkthrough • Photographic evidence of sprinkler system	

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HBOC 3.1	**REFERENCES**
A hydraulically calculated automatic wet pipe sprinkler system meeting the requirements of NFPA 13, *Standard for the Installation of Sprinkler Systems*, or an automatic water mist fire protection system, is installed in the room housing ancillary equipment that supports a Class A multiplace hyperbaric chamber and/or Class B monoplace hyperbaric chamber(s).	NFPA 99, 14.2.1.2 NFPA 13 NFPA 750
Supporting Documentation: • Visual inspection upon facility walkthrough • Photographic evidence of sprinkler system	
HBOC 4.0	**REFERENCES**
For piped gases entering the room housing the hyperbaric chamber(s), shutoff valves at the site where the piping enters the hyperbaric room are installed.	NFPA 99, 14.2.1.3.2
Supporting Documentation: • Visual inspection upon facility walkthrough • Photographic evidence of shutoff valves	

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Hyperbaric Chamber Fabrication Concentration Area	
HBOF 1.0	**REFERENCES**
All hyperbaric chambers used in the hyperbaric facility are fabricated and stamped in accordance with the design, fabrication, testing, and stamping requirements of ASME PVHO-1, Safety Standard for Pressure Vessels for Human Occupancy.	NFPA 99, 14.2.2.1 NFPA 99, 14.2.2.2 ANSI/ASME PVHO-1, 1-1
Supporting Documentation: • Manufacturer's supporting documentation regarding ASME PVHO-1 standards.	
HBOF 1.1	**REFERENCES**
Viewports and penetrator plates shall be designed and fabricated according to ASME PVHO-1.	NFPA 99, 14.2.2.7.2 ANSI/ASME PVHO-1, 1-7.5
Supporting Documentation: • Manufacturer's supporting documentation regarding ASME PVHO-1 standards.	
HBOF 1.2	**REFERENCES**
The manufacturer(s) of the hyperbaric chamber(s) used in the facility possesses a valid FDA 510(K) Premarket Notification clearance number for the chamber(s) in use.	21 CFR 807.87 21 CFR 868.5470
Supporting Documentation: • Manufacturer's supporting documentation.	
HBOF 2.0	**REFERENCES**
The floor of Class A multiplace hyperbaric chambers shall be designed to support equipment and personnel necessary for the operation of the chamber according to its expected purpose.	NFPA 99, 14.2.2.5
Supporting Documentation: • Manufacturer's supporting documentation.	
HBOF 2.1	**REFERENCES**
The floor of a Class A multiplace hyperbaric chamber shall be noncombustible.	NFPA 99, 14.2.2.5.1
Supporting Documentation: • Manufacturer's supporting documentation.	
HBOF 2.3	**REFERENCES**
If a Class A multiplace hyperbaric chamber has a bilge, access to the bilge is provided for cleaning.	NFPA 99, 14.2.2.5.2
Supporting Documentation: • Manufacturer's supporting documentation • Maintenance policy & procedures for cleaning process • Maintenance logs detailing access and cleaning procedures.	

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HBOF 3.0	REFERENCES
If the interior of the Class A chamber consists of removable floor (deck) plates, the plates shall be mechanically secured and electrically bonded to the chamber to ensure a positive ground and to prevent movement of the plate.	NFPA 99, 14.2.2.5.3
Supporting Documentation: • Manufacturer's supporting documentation • Maintenance logs detailing applicable inspection and /or testing.	
HBOF 4.0	**REFERENCES**
The interior paint/coating of a Class A chamber shall meet the performance criteria of NFPA 101 Class A interior finish, when tested in accordance with ASTM E84. Additional paint applications and curing procedures shall abide by theses sited references.	NFPA 99, 14.2.2.6.1 NFPA 99, 14.2.2.6.2 NFPA 99, 14.2.2.6.3 NFPA 101, 10.2.3.3 (1)
Supporting Documentation: • Manufacturer's supporting documentation. • Maintenance policy & procedures detailing applicable surface refurbishment.	
HBOF 4.2	**REFERENCES**
If sound deadening materials are used within the hyperbaric chamber, they shall be limited combustible materials.	NFPA 99, 14 2.2.6.4
Supporting Documentation: • Manufacturer's supporting documentation.	
HBOF 5.0	**REFERENCES**
Access ports in Class A multiplace chambers for monitoring, and other electrical circuits shall be housed in enclosures that are waterproof, both inside and outside the chamber, for protection in the event of sprinkler activation.	NFPA 99, 14.2.2.7.1
Supporting Documentation: • Manufacturer's supporting documentation. • Maintenance policy & procedures detailing any inspections. • Maintenance logs if applicable. • Risk analysis on each material prior to use.	
HBOF 6.0	**REFERENCES**
Unless specifically designed for interior use in a Class A multiplace chamber, sources of illumination are mounted outside of the chamber and designed to shine through the chamber ports/penetrators.	NFPA 99, 14.2.3.1
Supporting Documentation: • Manufacturer's supporting documentation • Maintenance logs if applicable to routine maintenance.	

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HBOF 6.1	REFERENCES
Lighting fixtures used in conjunction with viewports shall be designed so that the temperature ratings for the viewport material given by ASME PVHO-1 are not exceeded.	NFPA 99, 14.2.3.1(1) ANSI/ASME PVHO-1, 5-5.1
Supporting Documentation: • Manufacturer's supporting documentation • Maintenance policy and procedures applicable to lighting and viewports • Maintenance logs applicable to routine maintenance.	
HBOF 7.0	**REFERENCES**
Emergency lighting for the interior of the chamber shall be provided.	NFPA 99, 14.2.3.2 ANSI/ASME PVHO-1, 5-5.5.2
Supporting Documentation: • Policy and procedures dictating emergency chamber lighting. • Maintenance logs applicable to emergency lighting, inspection and testing.	
HBOF 9.0	**REFERENCES**
ANSI/ASME PVHO-1, 2-1.3 Certification forms are on file for each hyperbaric chamber.	ANSI/ASME PVHO-1, 2-1.3
Supporting Documentation: • Supporting chamber certificate.	

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Hyperbaric Chamber Ventilation Concentration Area	
HBOV 1.1	**REFERENCES**
The minimum threshold ventilation rate for Class A chamber is 3 actual cu ft per minute.	NFPA 99, 14.2.4.1.1.1
Supporting Documentation: • Initial manufacture data supporting ventilation rate. • Verify maintenance documentation/testing of ventilation rate.	
HBOV 1.4	**REFERENCES**
A Class A multiplace chamber is capable of ventilation during both pressurization and non-pressurization	NFPA 99, 14.2.4.1.1.2
Supporting Documentation: • Initial manufacture data supporting ventilation rate. • Verify maintenance documentation/testing of ventilation rate.	
HBOV 2.0	**REFERENCES**
Individual breathing apparatus is available for immediate use by each occupant of a Class A multiplace chamber.	NFPA 99, 14.2.4.1.3
Supporting Documentation: • Manufacture data supporting a 1:1 ratio of breathing apparatus to chamber occupants. • Visual inspection to confirm the 1:1 ratio.	
HBOV 2.1	**REFERENCES**
Individual breathing apparatus is supplied from a gas supply source that is independent from the chamber atmosphere.	NFPA 99, 14.2.4.1.3.1
Supporting Documentation: • Manufacture data supporting this probe's requirement. • Photography or Visual inspection of separate gas supply source for each apparatus.	
HBOV 2.2	**REFERENCES**
The main breathing gas supply is capable of providing sufficient gas flow to allow for the simultaneous use of all breathing apparatus equipment.	NFPA 99, 14.2.4.1.3.2
Supporting Documentation: • Initial manufacture data of gas flow rate, based on the maximum number of occupants. • Verify maintenance documentation/validate sufficient gas flow rate.	
HBOV 2.3	**REFERENCES**
The proper function of individual breathing apparatus at all pressures that can be encountered in the chamber has been documented. This applies to Class A multiplace chambers and Class B monoplace chambers with air break capability.	NFPA 99, 14.2.4.1.3.3 NFPA 99, 14.2.4.4.3
Supporting Documentation: • Initial manufacture data supporting this probe's requirement. • Any maintenance documentation/testing.	

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HBOV 2.4	REFERENCES
Provisions are made to have an individual breathing source/apparatus switch to an alternative air supply that is independent of the chamber atmosphere in the event of a fire inside the chamber.	NFPA 99, 14.2.4.1.3.4
Supporting Documentation: • Initial manufacture data supporting this probe's requirement. • Verify maintenance documentation/testing.	
HBOV 2.5	**REFERENCES**
A risk assessment shall be performed to determine a means for respiratory and eye protection from combustion products allowing unrestricted mobility shall be available outside of Class A or Class B chambers, for use by personnel in the event the air in the vicinity of the chamber is fouled by smoke or other combustion products.	NFPA 99, 14.2.5.4 NFPA 99, A.14.2.5.4 NFPA 99, 14.3.1.5.4.1
Supporting Documentation: • Visual inspection of the respiratory and eye protection. • Documentation of training on the protective equipment. • A risk assessment has been performed to determine if means for respiratory and eye protection is not required by the facility.	
HBOV 3.0	**REFERENCES**
Compressor intakes that provide air to the chamber shall be located away from air contaminated by exhaust from activities of vehicles, internal combustion engines, stationary engines, building exhaust, etc.	NFPA 99, 14.2.4.2.2
Supporting Documentation: • Visual/Photographic inspection of the chamber intakes in relation to any source of contamination. • Attach documentation of the intakes in relation to any possible source of contamination with description of lessons learned or changes made.	
HBOV 3.1	**REFERENCES**
If a conventional oil–lubricated compressor is used to provide chamber air, it is equipped with an air treatment and monitoring package.	NFPA 99, 14.2.4.2.4 NFPA 99, 14.2.4.2.3
Supporting Documentation: • Initial manufacture data supporting this probe. • Visual inspection of the compressor with treatment and monitoring package • Maintenance documentation of the compressor	

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HBOV 3.4	REFERENCES
Air compressor installations consist of two or more individual compressors with capacities such that required system flow rates are maintained on a continuous basis with any single compressor out of operation. Facilities with reserve tanks or when a non-electric compressor is provided for ventilation airflow within the chamber and supply air for chamber pressurization are exempt from this requirement.	NFPA 99, 14.2.4.2.5
Supporting Documentation: • Initial manufacture data supporting this probe. • Visual inspection of the compressor system. • Maintenance documentation/testing of the compressors capacity to maintain the required flow rates.	
HBOV 3.5	**REFERENCES**
Power to each compressor is supplied from a separate electrical branch circuit unless exempted by HBOV 3.4	NFPA 99, 14.2.4.2.5.1
Supporting Documentation: • Documentation of the manufacturer's compressor system installation supporting this probe. • Visual inspection and documentation of maintenance for the compressor system.	
HBOV 3.6	**REFERENCES**
Air compressor installations that supply medical air to piped gas systems as well as the hyperbaric facilities shall meet the requirements of NFPA 99, 5.1.3.6.3 and NFPA 99, 14.2.4.2.6	NFPA 99, 14.2.4.2.6 NFPA 99, 5.1.3.6.3
Supporting Documentation: • Documentation of the manufacturer's installation package supporting this probe. • Visual inspection of the compressor system.	
HBOV 4.0	**REFERENCES**
If the air within a Class A multiplace chamber is warmed or cooled, ambient air is circulated over or past coils through which a constant flow of warm or cool water or water/glycol mixture is circulated.	NFPA 99, 14.2.4.3.1
Supporting Documentation: • Manufacturer's data supporting this probe • Visual inspection of the warming/cooling package • Maintenance logs regarding initial installation/inspection/ recurring maintenance/testing.	
HBOV 4.1	**REFERENCES**
If the air within a Class A multiplace chamber is dehumidified, it is done so through the use of cold coils.	NFPA 99, 14.2.4.3.2
Supporting Documentation: • Manufacturer's data supporting this probe. • Visual inspection of the dehumidification package if applicable. • Maintenance logs if applicable.	

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HBOV 4.2	REFERENCES
If the air within a Class A multiplace chamber is humidified, it is done so through the use of an air-powered water nebulizer.	NFPA 99, 14.2.4.3.3
Supporting Documentation: • Manufacture data supporting this probe. • Photographic/Visual inspection of the system if applicable.	
HBOV 4.3	**REFERENCES**
If a fan is used to circulate the air within a Class A multiplace chamber, the fan shaft is lubricated with a nonflammable lubricant.	NFPA 99, 14.2.4.3.4
Supporting Documentation: • Manufacture data supporting this probe with the type of lubricant used. • Maintenance logs regarding inspection of the system and lubricant used.	
HBOV 5.0	**REFERENCES**
Class B monoplace chambers maintain a minimum ventilation rate of at least 1 actual cubic foot per minute	NFPA 99, 14.2.4.4.1
Supporting Documentation: • Manufacturer's data supporting this probe. • Verify data in Maintenance logs.	
HBOV 5.1	**REFERENCES**
Class B monoplace chambers designed to use nitrogen to reduce the percentage of oxygen in the environment are constantly monitored for oxygen levels.	NFPA 99, 14.2.4.4.2 NFPA 99, 14.2.10.4
Supporting Documentation: • Manufacturer's data supporting this probe. • Photographic/visual observation of monitoring system for oxygen analysis. • Maintenance logs for compliance and testing if applicable.	
HBOV 5.1.1	**REFERENCES**
Class B monoplace chambers designed to use nitrogen to reduce the percentage of oxygen in the environment are equipped with audible and visual alarms	NFPA 99, 14.2.10.4.1
Supporting Documentation: • Visual inspection or photographic evidence of alarms present. • Maintenance logs for testing the alarms.	
HBOV 6.0	**REFERENCES**
air supplied from compressors to all classes of chambers shall meet the requirements for CGA Grade E with the added requirement that condensed hydrocarbons and particulates	NFPA 99, 14.2.10.6.1
Supporting Documentation: • Manufacturer's data supporting this. • Maintenance logs of air purity testing.	

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HBOV 7.0	REFERENCES
When air cylinders are used to provide breathing air in chambers, the breathing air shall be medical air USP.	NFPA 99, 14.2.10.6.2
Supporting Documentation: • Documentation from supplier. • Documentation of any air purity testing	
HBOV 8.0	**REFERENCES**
The chamber atmosphere is continuously monitored for combustible gas concentrations whenever any volatile agents are used in the chamber.	NFPA 99, 14.2.10.3.1
Supporting Documentation: • Policy & procedures supporting this probe. • Visual inspection or photographic evidence of gas analyzer	
HBOV 8.1	**REFERENCES**
Whenever any volatile agents are used in the chamber, the monitor is set to provide audible and visual alarms at 10% Lower Exposure Limit (LEL) for the particular gas used.	NFPA 99, 14.2.10.3.1.1
Supporting Documentation: • Policy and procedures supporting this probe. • Visual inspection or photographic evidence of alarms • Go & No Go lists and/or Risk analysis process.	
HBOV 10.0	**REFERENCES**
Oxygen levels are continuously monitored in a Class A chamber when breathing mixtures containing oxygen concentrations in excess of 21% by volume are being breathed by chamber occupants and/or any flammable agents are present in the chamber	NFPA 99, 14.2.10.4.4
Supporting Documentation: • Policy & procedures supporting this probe. • Visual inspection or photographic evidence of alarms.	
HBOV 10.1	**REFERENCES**
Audible and visual alarms shall indicate volumetric oxygen concentrations in excess of 23.5% range in Class A chambers.	NFPA 99, 14.2.10.4.4.1
Supporting Documentation: • Policy & procedures supporting this probe. • Visual inspection or photographic evidence of functional alarms. • Validation/documentation in maintenance log checks	

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HBOV 11.0	REFERENCES
The atmosphere of a Class A multiplace chamber is monitored for carbon dioxide levels during saturation operations whenever ventilation is not used.	NFPA 99, 14.2.10.5
Supporting Documentation: • Policy & procedures supporting this probe. • Visual inspection or photographic evidence of CO2 monitoring.	
HBOV 12.0	**REFERENCES**
The air supply for both Class A multiplace and Class B monoplace chambers is sampled at least every six months and after major repairs or modifications of the compressor.	NFPA 99, 14.3.4.1.6
Supporting Documentation**:** • Policy and procedures supporting this probe. • Maintenance logs with verification of sampling.	
HBOV 13.0	**REFERENCES**
Exhaust from a Class A multiplace and a Class B monoplace chamber is piped outside the building, the point of exit being clear of all neighboring hazards and clear of possible reentry of exhaust gases into the building.	NFPA 99, 14.2.11.2 NFPA 99, 14.2.11.2.2 NFPA 99, 14.2.11.2.3
Supporting Documentation: • Visual/photographic documentation of inspection of the exhaust lines. • Maintenance logs detailing inspection of the exhaust lines.	
HBOV 13.1	**REFERENCES**
The point of exhaust from a Class A multiplace or Class B monoplace chamber is protected by a screen (minimum 0.3 cm (0.12 in.) mesh) and is situated to prevent the intrusion of rain, snow or airborne debris.	NFPA 99, 14.2.11.2.4
Supporting Documentation: • Photographic/Visual inspection of the exhaust lines. • Maintenance logs for exhaust.	
HBOV 13.2	**REFERENCES**
The point of exhaust from a Class A multiplace chamber or Class B monoplace chamber is identified as an oxygen exhaust by a sign prohibiting smoking or open flame.	NFPA 99, 14.2.11.2.5
Supporting Documentation: • Photographic/Visual inspection of the exhaust lines. • Maintenance logs detailing inspection of the signage.	
HBOV 13.3	**REFERENCES**
Each Class B monoplace chamber shall have an independent exhaust line.	NFPA 99, 14.2.11.2.1
Supporting Documentation: • Photographic/Visual inspection of the exhaust line.	

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HBOV 14.0	REFERENCES
The supply piping for all air, oxygen, or other breathing mixtures from certified commercially supplied cylinders are provided with a particulate filter.	NFPA 99, 14.2.1.3.3
Supporting Documentation: • Maintenance log to support the placement of particulate filter.	
HBOV 14.1	**REFERENCES**
The particular filter used in accordance with HBOV 14.0 meets the construction requirements of ANSI/ASME PVHO-1 and is located as close to the source as practical.	NFPA 99, 14.2.1.3.3 ANSI/ASME PVHO-1, Chapter 4
Supporting Documentation: • Maintenance log to support the placement of the particulate filter. • Visual/Photographic evidence of location	

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Hyperbaric Chamber Fire Protection Concentration Area	
HBOFP 1.0	**REFERENCES**
A fire suppression system consisting of primary fire suppression system (deluge) and a secondary fire suppression system (handline) shall be installed in all Class A chambers.	NFPA 99 14.2.6.1.1
Supporting Documentation: • Identify the two fire suppression systems inside each chamber compartment(s) • Photographic evidence	
HBOFP 1.2	**REFERENCES**
Where a fixed water deluge extinguishing system serves as the primary fire suppression system in accordance with 14.2.6.9, they shall be installed in all chamber compartments that are designed for manned operation.	NFPA 99 14.2.6.2
Supporting Documentation: • Identify the fire suppression systems inside each chamber compartment(s)	
HBOFP 1.6	**REFERENCES**
Fire suppression system design shall be such that activation of the primary fire suppression system automatically cause the following: • An alarm signal shall be transmitted to the facility's central fire alarm system if present. • Visual and aural indication of activation shall occur at the chamber operator's console. • All ungrounded electrical leads for power and lighting circuits contained inside the chamber shall be disconnected. • Emergency lighting *(see 14.2.3.2)* and communication, where used, shall be activated	NFPA 99 14.2.6.1.3
Supporting Documentation • Annual maintenance logs. • System policy(s)/procedure(s) regarding fire system activation.	
HBOFP 1.7	**REFERENCES**
Fire blankets and portable carbon dioxide extinguishers shall not be installed in or carried into the chamber.	NFPA 99 14.2.6.1.5
Supporting Documentation: • Policy (approved/unapproved item list)	
HBOFP 1.8	**REFERENCES**
Booster pumps, control circuitry, and other electrical equipment involved in fire suppression system operation shall be powered from a critical branch of the essential electrical system as specified in NFPA 14.2.9.2.1.2	NFPA 99 14.2.6.1.6
Supporting Documentation: • Electrical schematics of hyperbaric suite to include backup electrical power and alarm system(s). • Evidence of separate circuitry	

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HBOFP 2.0	REFERENCES
In Class A chambers that consist of more than one chamber compartment (lock), the design of the deluge system shall meet the requirements of 14.2.6.2 when the chamber compartments are at different depths (pressures).	NFPA 99 14.2.6.2.1
Supporting Documentation: • Evidence provided in preventive maintenance policy(s) and logs.	
HBOFP 2.2	**REFERENCES**
Manual activation and deactivation deluge controls shall be located at the operator's console and in each chamber compartment (lock) containing a deluge system.	NFPA 99 14.2.6.2.3
Supporting Documentation: • Evidence of the activation buttons/switches inside the treatment compartments and at the control panel. • Photographic evidence	
HBOFP 2.4	**REFERENCES**
Controls shall be designed to prevent unintended activation.	NFPA 99 14.2.6.2.3.1
Supporting Documentation: • Evidence of safety measures taken to protect activation buttons/switches from unintended activation. • Photographic evidence	
HBOFP 2.5	**REFERENCES**
Water shall be delivered from the fixed discharge nozzles as specified in 14.2.6.2.7 within 3 seconds of activation of any affiliated deluge control.	NFPA 99 14.2.6.2.4
Supporting Documentation: • Evidence of supporting documents, maintenance logs.	
HBOFP 2.8	**REFERENCES**
Water shall be available in the deluge system to maintain the flow specified in 14.2.6.2.6 simultaneously in each chamber compartment (lock) containing the deluge system for 1 minute.	NFPA 99 14.2.6.2.6
Supporting Documentation: • Evidence of supporting documents, maintenance logs.	
HBOFP 2.9	**REFERENCES**
The deluge system shall have stored pressure to operate for at least 1 minute without electrical branch power.	NFPA 99 14.2.6.2.7
Supporting Documentation: • Evidence of supporting documents, maintenance logs.	

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HBOFP 3.0	REFERENCES
Where handline extinguishing system serves as secondary fire suppression system in accordance with 14.2.6.1.10, they shall be installed in all chamber compartments (locks) designed of manned operations.	NFPA 9914.2.6.3
Supporting Documentation: • Evidence of the fire suppression systems inside each chamber compartment(s)	
HBOFP 3.1	**REFERENCES**
At least one handline shall be in each personnel transfer compartment (lock).	NFPA 99 14.2.6.3.2
Supporting Documentation: • Evidence of the fire suppression systems inside each chamber compartment(s)	
HBOFP 3.1.1	**REFERENCES**
At least two handlines shall be strategically located in treatment compartments (locks).	NFPA 99 14.2.6.3.1
Supporting Documentation: • Evidence of the fire suppression systems inside each chamber compartment(s)	
HBOFP 3.2	**REFERENCES**
If a bilge is installed, access to the bilge shall be provided for cleaning.	NFPA 99 14.2.2.5.2
Supporting Documentation: • Evidence of the fire suppression system's use for the chamber compartment(s) • Policy(s)/Procedure(s) • Photography evidence	
HBOFP 3.3	**REFERENCES**
Handlines shall have a 12.7 mm (0.5 in.) minimum internal diameter and shall have a rated operating pressure greater than the highest supply pressure of the supply system.	NFPA 99 14.2.6.3.4
Supporting Documentation: • Evidence of the fire suppression system's use for the chamber compartment(s) • Photography evidence	
HBOFP 3.5	**REFERENCES**
Each handline shall be activated by a manual, quick-opening, quarter-turn valve located within the compartment (lock).	NFPA 99 14.2.6.3.5
Supporting Documentation: • Evidence of the fire suppression system's use for the chamber compartment(s)	
HBOFP 3.6	**REFERENCES**
Handlines shall be equipped with override valves that are accessible to personnel outside a class A chamber.	NFPA 99 14.2.6.3.6
Supporting Documentation: • Evidence of the fire suppression system's use for the chamber compartment(s)	

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HBOFP 3.7	REFERENCES
The water supply for the handline system shall be designed to ensure a 345 kPa (50 psi) minimum water pressure above the maximum chamber pressure.	NFPA 14.2.6.3.7
Supporting Documentation: • Evidence of the fire suppression system's use for the chamber compartment(s)	
HBOFP 5.0	**REFERENCES**
Fire extinguishing systems shall be functionally tested at least semiannually as follows: •For deluge systems, in accordance with the requirements of 14.2.6.2.5 and 14.2.6.2.7 •For handline systems, in accordance with the requirements of 14.2.6.3.7.1	NFPA 14.3.4.3.5
Supporting Documentation: • Evidence of the supporting maintenance documents.	
HBOFP 5.2	**REFERENCES**
During initial construction, or whenever changes are made to the installed deluge system that will affect the spray pattern, testing of spray coverage to demonstrate conformance to the requirements of 14.2.6.2.5 shall be performed at surface pressure and at maximum operating pressure.	NFPA 14.3.4.3.5.3
Supporting Documentation: • Evidence of the supporting maintenance documents if any changes were made to the deluge system	
HBOFP 5.4	**REFERENCES**
A detailed record of the test results shall be maintained, and a copy sent to the hyperbaric facility safety director.	NFPA 14.3.4.3.5.4
Supporting Documentation: • Evidence of the supporting maintenance documents showing test results.	
HBOFP 6.0	**REFERENCES**
Class A Chambers At least one sign prohibiting the introduction of flammable liquids, gases, and other articles not permitted into a class A chamber shall be posted in the room housing the chamber(s)	NFPA 99 14.2.6.1.7
Supporting Documentation: • Evidence of signage being displayed in room housing the chamber • Photographic evidence	

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HBOFP 7.0	REFERENCES
Class B Chambers At least one sign prohibiting the introduction of flammable liquids, gases, and other articles not permitted into a class B chamber shall be posted in the room housing the chamber(s)	NFPA 99 14.2.8.1
Supporting Documentation: • Evidence of signage being displayed in room housing the chamber(S) • Photographic evidence	
HBOFP 8.0	**REFERENCES**
Class B Chambers The means for communication shall be provided within the room housing the chamber(s) for notifying the fire department.	NFPA 99 14.2.8.2
Supporting Documentation: • Evidence of a telephone/pull station in hyperbaric chamber room	
HBOFP 8.1	**REFERENCES**
Class A Chambers A means of communication shall be provided at the chamber operator's control console for notifying the fire department	NFPA 99 14.2.6.1.4
Supporting Documentation: • Evidence of a telephone/pull station in hyperbaric chamber room	
HBOFP 9.0	**REFERENCES**
The chamber room shall contain a minimum of one 2-A 10B:C portable fire extinguishers	NFPA 99 14.2.1.2.2
Supporting Documentation: • Photographic evidence	
HBOFP 9.1	**REFERENCES**
Portable fire extinguishers in hyperbaric facilities shall be inspected and maintained in accordance with NFPA 10.	NFPA 99 16 10.1
Supporting Documentation: • Evidence of the supporting maintenance documents. • Evidence of hyperbaric staff verifying inspection completion	

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Hyperbaric Chamber Electrical Systems and Services Concentration	
HBOE 1.0	**REFERENCES**
All hyperbaric chamber service equipment, switchboards, panels or control consoles are located outside of and in the vicinity of the chamber.	NFPA 99 14.2.9.1.2
Supporting Documentation: • Visual evidence supporting the probe • Photographic evidence	
HBOE 1.1	**REFERENCES**
Consoles or module spaces containing both oxygen piping and electrical equipment are continuously ventilated or continuously monitored for excessive oxygen concentrations whenever electrical equipment is energized.	NFPA 99 14.2.9.1.3
Supporting Documentation: • Visual evidence supporting the probe • Photographic evidence	
HBOE 1.2	**REFERENCES**
For fixed electrical installations, no circuit breakers, line fuses, motor controllers, relays, transformers, ballast, lighting panels, or powered panels are located inside a Class A multiplace chamber	NFPA 99 14.2.9.1.4
Supporting Documentation • Visual evidence supporting the probe • Photographic evidence	
HBOE 1.3	**REFERENCES**
Motors located in the chamber that are not a component of medical equipment shall meet one of the following requirements: (1) They shall comply with 501.125(A) of NFPA 70 (2) They shall be totally enclosed IAW 501.125(A) or 501.125(A)(3) of NFPA 70	NFPA 99 14.2.9.3.13 NFPA 70 Article 500
Supporting Documentation: • Documented evidence of safety practices for equipment allowed inside the chamber	
HBOE 1.4	**REFERENCES**
All electrical equipment connected to, or used in conjunction with, hyperbaric patients shall comply with the requirements of Chapter 10 and with the applicable subparagraphs of 14.2.9.3	NFPA 99 14.2.9.1.5
Supporting Documentation: • Documented evidence that support connection of electrical equipment	

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HBOE 1.6	REFERENCES
In the event of activation of the room sprinkler system, electrical equipment shall be protected from sprinkler water. (not the TV, IV pump, TCOM) However, it is not required to remain functional if manual means to control and decompress the chamber are provided.	NFPA 99 14.2.9.1.6
Supporting Documentation: • Visual evidence supporting the probe • Photographic evidence • Documented evidence that support water protection of electrical systems • Evidence may be found in the chamber manufacturer's manual	
HBOE 2.0	**REFERENCES**
Electrical service to a Class A multiplace chamber or Class B monoplace chamber is supplied from two independent sources of electric power.	NFPA 99 14.2.9.2.3
Supporting Documentation: • Visual evidence supporting the probe • Documented evidence of periodic testing of equipment to ensure functional electrical sources	
HBOE 2.1	**REFERENCES**
For hyperbaric chambers located in a hospital, one power source is a prime-motor-driven generator set located on the premises of the hospital and is designated as the Emergency System and meets the requirements of NFPA 99, Chapter 6, "Electrical Systems" based in Healthcare Facilities.	NFPA 99 14.2.9.2.3.1
Supporting Documentation: • Documented evidence of meeting the requirements of Chapter 6 for hyperbaric systems when based in a healthcare facility • Photographic evidence	
HBOE 2.2	**REFERENCES**
For hyperbaric chambers not located in a hospital, the designated emergency system complies with NFPA 70, National Electrical Code, Article 700, Emergency Systems	NFPA 99 14.2.9.2.2 NFPA 70, Article 700
Supporting Documentation: • Per NFPA 70, Article 700: Emergency systems are designed and installed to maintain a specific level of illumination for means of egress and to provide power for fire alarm systems, fire pumps, automatic doors, and similar equipment if the normal power supply fails. • Photographic evidence	
HBOE 2.3	**REFERENCES**
Electrical equipment associated with life support functions of a hyperbaric chamber or facility is connected to the critical branch of the emergency system and restores power within 10 seconds of interruption.	NFPA 99 14.2.9.2.3.2
Supporting Documentation: • Documented evidence that support connection of electrical equipment in log or annual maintenance documents • Photographic evidence	

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HBOE 2.4	REFERENCES
Electrical-motor-driven compressors and auxiliary electrical equipment normally located outside the hyperbaric chamber and used for chamber atmospheric control is connected to the equipment system or emergency system	NFPA 99 14.2.9.2.4 NFPA 99 6 NFPA 70 Article 700
Supporting Documentation: • Documented evidence that support connection of this equipment: i.e. photographic evidence or schematic • Photographic evidence	
HBOE 2.5	**REFERENCES**
Electrical-motor-driven compressors and auxiliary electrical equipment located outside the hyperbaric chamber are arranged for delay-automatic or manual connection to the alternate power source to prevent excessive current draw on the system during restarting.	NFPA 99 14.2.9.2.5
Supporting Documentation: • Documented evidence that support this probe, i.e.: owner's operations manual/installation reports • Photographic evidence	
HBOE 2.6	**REFERENCES**
Electrical control and alarm systems design prevents hazardous conditions such as loss of chamber pressure control, deluge activation, spurious alarms, etc., that do not occur during power interruption or power restoration.	NFPA 99 14.2.9.2.1.1
Supporting Documentation: • Documented evidence that supports this probe, i.e.: owner's operations manual/installation reports • Photographic evidence	
HBOE 3.0	**REFERENCES**
All equipment shall be rated, or tested and documented, for intended hyperbaric conditions prior to use	NFPA 99 14.2.9.3.2
Supporting Documentation: • Documented evidence that supports this probe, i.e.: owner's operations manual/installation reports • Documented evidence of the decision process for any equipment used in treatments. (i.e.; Medical Device Approval Form) • Photographic evidence	
HBOE 3.1	**REFERENCES**
Only electrical equipment necessary for the safe operation of the chamber and required for patient care and patient entertainment provided by the facility is allowed inside a Class A multiplace chamber.	NFPA 99 14.2.9.3.3
Supporting Documentation: • Documented evidence that supports this probe, i.e.: owner's operations manual/installation reports • Documented evidence of the decision process for any equipment used in treatments. (i.e.; Medical Device Approval Form) • Photographic evidence	

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HBOE 3.2	REFERENCES
Only portable equipment necessary for the logistical and operational support shall be permitted in the chamber during manned pressurization.	NFPA 99 14.2.9.3.4
Supporting Documentation: • Documented evidence of the decision process for any equipment used in treatments. (i.e.; Medical Device Approval Form) • Policy describing equipment location/storage	
HBOE 3.3	**REFERENCES**
A continuous ground shall be maintained between all conductive surfaces enclosing electrical circuits and the chamber hull using approved grounding means unless prohibited by NFPA 99 14.2.9.3.6.3.	NFPA 99 14.2.9.3.6.2
Supporting Documentation: • Documented evidence of how the chamber is grounded, i.e.: owner's operations manual/installation reports • Photographic evidence	
HBOE 3.3.1	**REFERENCES**
The resistance between the grounded chamber hull and the electrical ground does not exceed 1 ohm.	NFPA 99 14.2.9.4.1.3
Supporting Documentation: • Documented/demonstrated evidence on how the chamber is ground is tested, (daily safety checklist, pre-treatment checklist).	
HBOE 3.3.1.1	**REFERENCES**
Ensure the chamber is grounded correctly and checked based on the chamber manufacturer's guidelines	HFG 4th Edition Section 7
Supporting Documentation: • Documented evidence on how the chamber ground is tested. • Daily safety checklist, pre-treatment checklist. • Photographic evidence	
HBOE 3.3.1.2	**REFERENCES**
Safety Time Out/Pause should include checking the patient's ground. Verify that the patient is properly grounded before beginning each treatment in a Class B monoplace chamber.	HFG 4th Edition Section 7
Supporting Documentation: • Documented evidence on how the chamber is ground is tested, daily safety checklist, pre-treatment checklist. • Patient observation • Photographic evidence	

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HBOE 3.5	REFERENCES
Flexible cords used to connect portable utilization equipment to the fixed electrical supply circuit shall meet the following requirements: (1) They shall be of the type approved for extra-hard use in accordance with Table 400.4 of NFPA 70 (2) Electrical conductive casings of all portable equipment for use in the chamber shall be grounded, (3) All portable equipment for use in the chamber shall meet the requirements of 501.140 of NFPA 70.	NFPA 99 14.2.9.3.8 NFPA 70 . Table 400.4 NFPA 70. 501.140
Supporting Documentation: • Documented evidence of the cords being used, i.e.: medical equipment policies • Photographic evidence	

HBOE 3.7	REFERENCES
Electrical receptacles installed in a Class A multiplace chamber are waterproof.	NFPA 99 14.2.9.3.9.1
Supporting Documentation: • Documented evidence from the manufacturer that all outlets inside a multiplace chamber are waterproof • Photographic evidence	

HBOE 3.8	REFERENCES
Electrical receptacles installed in a Class A multiplace chamber are of the type that provide for connection to the grounding conductor of the flexible cord	NFPA 99 14.2.9.3.9.2
Supporting Documentation: • Documented evidence from the manufacturer that all outlets are grounded in accordance with the code. • Photographic evidence	

HBOE 3.9	REFERENCES
Receptacles shall be capable of conducting ungrounded power between each isolated external power circuit meeting the requirements of NFPA 99 14.2.9.4.2 and the device inside the chamber.	NFPA 99 14.2.9.3.9.3
Supporting Documentation: • Documented evidence from the manufacturer that all outlets are grounded in accordance with the code. • Photographic evidence	

HBOE 3.10	REFERENCES
The design of the receptacle shall be such that sparks cannot be discharged into the chamber environment when the plug is inserted or withdrawn under electrical load	NFPA 99 14.2.9.3.9.4
Supporting Documentation: • Documented evidence from the manufacturer that all outlets are grounded in and tested in accordance with the code. • Photographic evidence	

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HBOE 3.11	REFERENCES
Electrical switches in the fixed wiring installation shall be waterproof.	NFPA 99 14.2.9.3.10
Supporting Documentation: • Documented evidence from the manufacturer that all switches meet this requirement.	
HBOE 3.12	**REFERENCES**
Electrical switch make and break contacts shall be housed in the electrical enclosure so that no sparks from arcing contacts can reach the chamber environment.	NFPA 99 14.2.9.3.10.1
Supporting Documentation: • Documented evidence of switch location. • Schematics/Photographic evidence	
HBOE 3.14	**REFERENCES**
Motors located in the chamber that are not a component of medical equipment shall meet one of the following requirements: (1) They shall comply with 501.125(A)(1) of *NFPA 70* (2) They shall be totally enclosed in accordance with 501.125(A)(2) or 501.125(A)(3) of *NFPA 70*. (3) They shall comply with all of the following: (a) The motor shall be of the brushless, direct current type with no flammable lubricants. (b) Any internal control circuitry attached to the motor shall be potted in an oxygen-compatible compound to prevent exposure to the chamber atmosphere. (c) No powered switches shall be permitted inside the chamber.	NFPA 99 14.2.9.3.13 NFPA 70 501.125(A)
Supporting Documentation: • Documented evidence of motorized equipment allowed into the chamber, i.e.; equipment policy. • Photographic evidence	
HBOE 3.15	**REFERENCES**
Permanently installed fixtures shall meet the following requirements: They shall be rated and approved for Class I (Division 1 or 2) classified areas. They shall have lens guards installed. They shall be located away from areas where they would experience physical damage from the normal movement of people and equipment.	NFPA 99 14.9.3.14.2
Supporting Documentation: • Documented evidence of equipment allowed into the chamber, i.e.: equipment policy • Photographic evidence	

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HBOE 3.17	REFERENCES
Ballasts and other energy storage components that are part of the lighting circuit shall be installed outside the chamber in accordance with NFPA 99 14.2.9.1.4.	NFPA 99 14.2.9.3.14.3
Supporting Documentation: • Photographic evidence of location of lighting components outside the chamber	
HBOE 3.18	**REFERENCES**
Portable fixtures intended for spot illumination shall be shatterproof or protected from physical damage.	NFPA 99 14.2.9.3.14.4
Supporting Documentation: • Documented evidence of equipment used for illumination, i.e.; policy • Photographic evidence	
HBOE 3.20	**REFERENCES**
Circuits such as headset cables, sensor leads, and so forth, not enclosed as required in NFPA 99 14.2.9.3.6, shall meet one of the following requirements: They shall be part of approved intrinsically safe equipment. They shall be limited by circuit design to not more than 28 V and 0.5 A under normal or circuit-fault conditions	NFPA 99 14.2.9.3.6 NFPA 99 14.2.9.3.15.2
Supporting Documentation: • Documented evidence of equipment allowed into the chamber, i.e. equipment policy • Photographic evidence	
HBOE 3.21	**REFERENCES**
Chamber speakers shall be of a design in which the electrical circuitry and wiring is completely enclosed.	NFPA 99 14.2.9.3.15.3
Supporting Documentation: • Documented evidence of speakers allowed into the chamber, i.e.; owner's manual • Photographic evidence	
HBOE 3.22	**REFERENCES**
The electrical rating of chamber speakers shall not exceed 28V RMS and 25W.	NFPA 99 14.2.9.3.15.4
Supporting Documentation: • Documented evidence of speakers allowed into the chamber, i.e. Owner's Manual	
HBOE 3.23	**REFERENCES**
Battery-operated, portable intercom headset units shall meet the requirements of NFPA 99 14.2.9.3.16.4 for battery operated devices.	NFPA 99 14.2.9.3.15.5
Supporting Documentation: • Documented evidence of the decision process for any equipment used in treatments. (i.e.; Medical Device Approval Form) • Photographic evidence	

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HBOE 4.1	REFERENCES
The electrical and mechanical integrity of the appliance shall be verified and documented through an ongoing maintenance program as required in Chapter **10**.	NFPA 99 14.2.9.3.16.2 NFPA 99 10
Supporting Documentation: • Bio-Medical annual PM reports • Report detailing annual pm schedule • Documented evidence of the decision process for any equipment used in treatments. (i.e.; Medical Device Approval Form)	
HBOE 4.2	**REFERENCES**
All the requirements under 14.2.9.3.16 regarding portable patient care–related electrical appliances apply to both new and existing facilities.	NFPA 99 14.2.9.3.16 NFPA 99 14.2.9.3.16.1 NFPA 99 14.2.9.3.16.2 NFPA 99 14.2.9.3.16.3 NFPA 99 14.2.9.3.16.4 NFPA 99 14.2.9.3.16.5
Supporting Documentation: • A list of all portable electrical equipment allowed in the chamber. • Documented evidence of the decision process for any equipment used in treatments. (i.e.; Medical Device Approval Form)	
HBOE 4.3	**REFERENCES**
Paragraph 14.2.9.3.17 provides guidance on gas purging of electrical equipment to reduce the risk of a potential ignition source. Gas purging of AC and DC equipment used inside the chamber shall be permitted using inert gas or air.	NFPA 99, 14.2.9.3.17
Supporting Documentation: • Policy/Procedure for use of gas purging in chamber • Visual inspection of the chamber • Photographic evidence	
HBOE 5.0	**REFERENCES**
Battery-operated devices shall meet the following requirements: Batteries shall be fully enclosed and secured within the equipment enclosure. Batteries shall not be damaged by the maximum chamber pressure to which they are exposed. Batteries shall be of a sealed type that does not off gas during normal use. Batteries or battery-operated equipment shall not undergo charging while located in the chamber. Batteries shall not be changed on in-chamber equipment while the chamber is in use. The equipment electrical rating shall not exceed 12V and 48 W.	NFPA 14.2.9.3.16.4
Supporting Documentation: • List of battery powered equipment used inside the chamber. • Documented evidence of the decision process for any equipment used in treatments. (i.e.; Medical Device Approval Form)	

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HBOE 6.0	REFERENCES
Flexible cords used to connect portable utilization equipment to a fixed electrical supply circuit shall meet all the following requirements: (1) They shall be of a type approved for extra-hard use in accordance with Table 400.4 of NFPA 70. (2) Electrically conductive castings of all portable equipment for use inside the chamber shall be grounded (3) They shall meet the requirements of 501.140 of NFPA 70	NFPA 99 14.2.9.3.8
Supporting Documentation: • Documented evidence of the decision process for any equipment used in treatments. (i.e.; Medical Device Approval Form)	
HBOE 8.0	**REFERENCES**
Electrical equipment inside chambers shall be restricted to communications functions and patient physiological monitoring leads	NFPA 99 14.2.9.6 NFPA 99 14.2.9.6.1
Supporting Documentation: • Visual or photographic evidence • Policy describing equipment used inside chambers	
HBOE 9.0	**REFERENCES**
Communication wires shall be protected from physical damage and from coming into contact with flammable materials in the chamber by the appropriate barriers or conduit.	NFPA 99 14.2.9.6.1.2
Supporting Documentation: • Visual or photographic evidence	
HBOE 9.1	**REFERENCES**
Patient monitoring leads shall be part of an approved electromedical apparatus meeting the requirements in NFPA 14.2.9.3.16	NFPA 99 14.2.9.6.1.3 NFPA 99 14.2.9.3.16
Supporting Documentation: • Visual or photographic evidence • Documented evidence of the decision process for any equipment used in treatments. (i.e.; Medical Device Approval Form) • Policy describing patient monitoring equipment used inside chambers	
HBOE 10.0	**REFERENCES**
Lighting inside the chamber shall be supplied from an external source.	NFPA 99 14.2.9.6.2
Supporting Documentation: • Visual or photographic evidence	

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HBOE 11.1	REFERENCES
The following equipment shall be installed outside the chamber or shall meet the requirements of NFPA 14.2.9.3.15: (1) Control equipment (2) Power amplifiers (3) Output transformers (4) Monitors associated with communications and monitoring equipment	NFPA 99 14.2.10.1.4
Supporting Documentation: • Visual or photographic evidence	
HBOE 12.0	**REFERENCES**
An intercommunication system shall connect all personnel compartments (locks) and chamber operator's control console.	NFPA 99 14.2.10.2.1
Supporting Documentation: • Visual or photographic evidence • It is recommended that multiple-compartment (lock) Class A chambers be equipped with multiple channel systems and that, in addition, a sound-powered telephone or surveillance microphone be furnished.	
HBOE 12.1	**REFERENCES**
If used, oxygen mask microphones shall be intrinsically safe at the maximum proposed pressure.	NFPA 99 14.2.10.2.3
Supporting Documentation: • Visual or photographic evidence	
HBOE 16.3	**REFERENCES**
Electrical monitoring equipment used inside the chamber shall comply with the applicable requirements of NFPA 99.14.2.9	NFPA 99 14.2.10.1.1 NFPA 99 14.2.9
Supporting Documentation: • Visual or photographic evidence • Documented evidence of the decision process for any equipment used in treatments. (i.e.; Medical Device Approval Form)	
HBOE 16.4	**REFERENCES**
Closed-circuit television monitoring of the chamber interior shall be employed for chamber operators who do not have direct visual contact with the chamber interior from their normal operating location.	NFPA 99 14.2.10.2.2
Supporting Documentation: • Visual or photographic evidence • Documented evidence of the decision process for any equipment used in treatments. (i.e.; Medical Device Approval Form)	

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HBOE 17.0	REFERENCES
All furniture permanently installed in the hyperbaric chamber shall be grounded.	NFPA 99 14.2.11.1 NFPA 99 14.3.4.5
Supporting Documentation: • Policy to verify grounding procedure for equipment • Visual or photographic evidence	
HBOE 17.1	**REFERENCES**
Conductive devices on furniture and equipment shall be inspected to ensure that they are free of wax, lint, or other extraneous material that could insulate them and defeat the conductive properties.	NFPA 99 14.3.4.5.1 NFPA 99 14.3.4.5
Supporting Documentation: • Policy to verify grounding procedure for equipment • Visual or photographic evidence	

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Hyperbaric Gas Handling Concentration Area	
HBOGH 1.0	**REFERENCES**
Cylinder contents must be labeled or stenciled to identify them according to the requirements of CGA C-7, Guide to Classification and Labeling of Compressed Gases.	NFPA 99 5.1.3.1.2 CGA C-7 Appendix B
Supporting Documentation: • Gas Handling Policy • Photographic evidence • Observation of labeling	
HBOGH 1.3	**REFERENCES**
Compressed gas cylinders intended for medical use containing oxygen are color marked green (region-specific)	CGA P-2 Table 1
Supporting Documentation: • Photographic evidence • Observation	
HBOGH 1.4	**REFERENCES**
Compressed gas cylinders intended for medical use containing helium are color marked brown. (region-specific)	CGA P-2 Table 1
Supporting Documentation • Photographic evidence • Observation	
HBOGH 1.5	**REFERENCES**
Compressed gas cylinders intended for medical use containing nitrogen are marked Black (region-specific)	CGA P-2 Table 1
Supporting Documentation: • Photographic evidence • Observation	
HBOGH 1.6	**REFERENCES**
Compressed gas cylinders intended for medical use containing air are marked yellow (region-specific)	CGA P-2 Table 1
Supporting Documentation: • Photographic evidence • Observation	

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HBOGH 1.7	REFERENCES
Compressed gas cylinders intended for medical use containing gas mixtures other than mixtures of oxygen and nitrogen (such as heliox) are marked according to the combination of colors corresponding to each component of gas.	CGA P-2 Table 1
Supporting Documentation: • Photographic evidence • Observation	
HBOGH 1.10	**REFERENCES**
On high-pressure gas cylinders, the color markings are on the shoulder of the cylinder	CGA C-9
Supporting Documentation: • Photographic evidence • Observation	
HBOGH 2.0	**REFERENCES**
High-pressure gas cylinders are stored in an assigned location that is secure and accessible only to authorized personnel.	CGA P-2-2013, 6.3.2 CGA G-4-2015, 5.2.1
Supporting Documentation: • Gas Handling Policy • Photographic evidence • Observation	
HBOGH 2.1	**REFERENCES**
High-pressure gas cylinders are not stored near flammable materials or substances such as oil, grease, or other readily combustible substance.	CGA P-2-2013, 6.3 CGA G-4-2015, 5.2.2
Supporting Documentation: • Gas Handling Policy • Photographic evidence • Observation	
HBOGH 2.2	**REFERENCES**
Gas cylinders are not stored in areas where temperatures exceed 125°F.	CGA P-2-2013, 6.1 CGA G-4-2015, 5.2.5
Supporting Documentation: • Gas Handling Policy • Photographic evidence • ● Observation	

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HBOGH 2.3	REFERENCES
Gas cylinders are protected from abnormal mechanical shock that may damage the cylinder, valve or pressure relief valve.	CGA P-2-2013, 6.3 CGA G-4-2015, 5.2.6
Supporting Documentation: • Gas Handling Policy • Photographic evidence • Observation	
HBOGH 2.4	**REFERENCES**
Large gas cylinders are stored in such a manner that they are restrained from being knocked over.	CGA G-4-2015, 5.2.6
Supporting Documentation: • Gas Handling Policy • Photographic evidence • Observation	
HBOGH 2.5	**REFERENCES**
Large gas cylinders are transported by the use of a hand truck that provides a means of restraining or chaining the cylinder.	CGA P-2-2019, 6.2 CGA G-4-R2020, 5.3.10
Supporting Documentation: • Gas Handling Policy • Photographic evidence • Observation	
HBOGH 2.6	**REFERENCES**
If small, high-pressure cylinders are stored and used in a horizontal position, they are secured by a holder or cradle which is designed to protect the valve and regulator.	CGA G-4-R2020, 5.3.11
Supporting Documentation: • Gas Handling Policy • Photographic evidence • Observation	
HBOGH 2.7	**REFERENCES**
Valve protection caps, when provided, are in place, fastened hand-tight unless the cylinder is in actual use.	NFPA 99 5.1.2.1.10 CGA G-4-R2020, 5.2.12 CGA C-7-2020, Table H-2. CGA-PG06
Supporting Documentation: • Gas Handling Policy • Photographic evidence • Observation	

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HBOGH 2.8	REFERENCES
Gas cylinders are stored in a manner so that they will be used in the order in which they have been received from the supplier.	CGA G-4-R2020, 5.2.14
Supporting Documentation: • Gas Handling Policy • Photographic evidence • Observation	
HBOGH 2.9	**REFERENCES**
Empty and full gas cylinders are stored separately with the layout being planned so that the old stock can be removed first with a minimum of handling of the other cylinders.	CGA P-2-2019, 6.3 CGA G-4-R2020, 5.2.15
Supporting Documentation: • Gas Handling Policy • Photographic evidence • Observation	
HBOGH 2.10	**REFERENCES**
Gas cylinders are stored in dry, well-ventilated locations in such a manner as to prevent accidental movement.	CGA P-2-2019, 6.3 CGA G-4-R2020, 5.2.16
Supporting Documentation: • Gas Handling Policy • Photographic evidence • Observation	
HBOGH 2.11	**REFERENCES**
Pressure-reducing regulators are used to reduce the pressure from the cylinder to the supply line.	CGA G-4-R2020, 5.5.d
Supporting Documentation: • Gas Handling Policy • Photographic evidence • Observation	
HBOGH 2.12	**REFERENCES**
Oxygen cylinders are not allowed to drop below a pressure of 25 psig.	CGA G-4-R2020, 5.5
Supporting Documentation: • Gas Handling Policy • Photographic evidence • Observation	

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HBOGH 2.13	REFERENCES
Used cylinders are marked or tagged as “EMPTY”.	CGA G-4-R2020, 5.6.c
Supporting Documentation: • Gas Handling Policy • Photographic evidence • Observation	
HBOGH 3.0	**REFERENCES**
Liquid oxygen cylinders are stored out of doors or in a well-ventilated area.	CGA G-4-R2020, 8.4.1
Supporting Documentation: • Gas Handling Policy • Photographic evidence • Observation	
HBOGH 3.1	**REFERENCES**
When liquid oxygen cylinders are stored inside, the room ventilation does not allow the oxygen concentration to exceed 23.5% in the storage area.	CGA G-4-R2020, 8.4.1
Supporting Documentation: • Gas Handling Policy • Photographic evidence • Observation	
HBOGH 3.2	**REFERENCES**
When using liquid oxygen cylinders, only regulators, valves, hoses, and other equipment designed and cleaned for oxygen service are used.	CGA G-4-R2020, 8.4.2
Supporting Documentation: • Gas Handling Policy • Photographic evidence • Observation	
HBOGH 3.3	**REFERENCES**
When using liquid oxygen cylinders, personal protection (eye protection, gloves, etc.) designed for handling cryogenic liquids are available and used.	CGA G-4-R2020, 8.4.2.1 CGA C-7-2000, Fig B-4
Supporting Documentation: • Gas Handling Policy • Photographic evidence • Observation	

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HBOGH 4.0	REFERENCES
Procedures are in place to positively identify the contents of commercially procured gas cylinders prior to use. Commercially procured gas cylinders containing USP Grade medical air or oxygen are exempt from this requirement.	NFPA 99 5.1.3.1.6 CGA P-2-2019, 6.1 CGA C-7-2020, 7.1.1
Supporting Documentation: • To verify the contents of cylinders or cryogenic liquid containers is to receive a certificate of analysis (COA) from the medical gas supplier or test the gas content on site with a gas-specific analyzer. • Policy to identify your specific process	
HBOGH 5.0	**REFERENCES**
Only personnel who have been specifically trained in the safe handling of compressed gases handle compressed gases.	NFPA 99 5.1.3.1.8
Supporting Documentation: • Gas Handling Policy	
HBOGH 5.1	**REFERENCES**
The door(s) of locations containing central gas supply systems or cylinders containing oxygen or medical air are labeled “Medical Gases: No Smoking or Open Flame”.	NFPA 99 5.1.3.1.8
Supporting Documentation: • Gas Handling Policy • Photographic evidence • Observation	
HBOGH 6.0	**REFERENCES**
Bulk oxygen storage systems (storage capacity >20,000 ft3) are located above ground out of doors or in a building of fire-resistive or noncombustible/limited-combustible construction, adequately vented, and used exclusively for the storage of oxygen.	NFPA 55 9.3
Supporting Documentation: • Photographic evidence • Observation	
HBOGH 6.1	**REFERENCES**
The location of bulk oxygen storage systems (storage capacity >20,000 ft3) is such that containers and associated equipment are not beneath or exposed by the failure of electric power lines, piping containing all classes of flammable or combustible liquids, or piping containing flammable gases.	NFPA 55 9.3.2 Table 9.3.2
Supporting Documentation: • Photographic evidence • Observation	

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HBOGH 6.2	REFERENCES
The location of bulk oxygen storage systems (storage capacity >20,000 ft3) is such that mobile supply equipment has ready access and is protected to access by authorized personnel.	NFPA 55 9.3.2.3
Supporting Documentation: • Photographic evidence • Observation	
Probes 7.0- 7.9: These distances do not apply where fire barriers having a minimum fire resistance rating of 2 hours. Refer to NFPA 55 A.9.3.2	
HBOGH 7.0	**REFERENCES**
The minimum distance from a bulk oxygen storage system (storage capacity >20,000 ft3) and buildings of wooden frame construction is 50 ft.	NFPA 55 9.3.2 Table: 9.3.2 & Figure A.9.3.2
Supporting Documentation: • Photographic evidence • Observation	
HBOGH 7.1	**REFERENCES**
The minimum distance from a bulk oxygen storage system (storage capacity >20,000 ft3) and buildings other than wood frame construction is 1 ft.	NFPA 55 9.3.2 Table: 9.3.2 & Figure A.9.3.2
Supporting Documentation: • Photographic evidence • Observation	
HBOGH 7.2	**REFERENCES**
The minimum distance from any bulk oxygen storage system (storage capacity >20,000 ft3) to any opening in walls of adjacent structures is 10 ft.	NFPA 55 9.3.2 Table: 9.3.2 & Figure A.9.3.2
Supporting Documentation: • Photographic evidence • Observation	
HBOGH 7.3	**REFERENCES**
The minimum distance from any bulk oxygen storage system (storage capacity >20,000 ft3) to solid materials that burn rapidly, such as excelsior or paper, is 50 ft.	NFPA 55 9.3.2 Table: 9.3.2 &Figure A.9.3.2
Supporting Documentation: • Photographic evidence • Observation	

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HBOGH 7.4	REFERENCES
The minimum distance from any bulk oxygen storage system (storage capacity >20,000 ft3) to solid materials that burn slowly, such as heavy timber, is 25 ft.	NFPA 55 9.3.2 Table: 9.3.2 & Figure A.9.3.2
Supporting Documentation: • Photographic evidence • Observation	
HBOGH 7.5	**REFERENCES**
The minimum distance from any bulk oxygen storage system (storage capacity >20,000 ft3) to places of public assembly is 50 ft.	NFPA 55 Table: 9.3.2 (6)
Supporting Documentation: • Photographic evidence • Observation	
HBOGH 7.6	**REFERENCES**
The minimum distance from any bulk oxygen storage system (storage capacity >20,000 ft3) to areas occupied by non-ambulatory patients is at least 50 ft in a direct line from	NFPA 55 9.3.2 Table: 9.3.2 & Figure A.9.3.2
Supporting Documentation: • Photographic evidence • Observation	
HBOGH 7.7	**REFERENCES**
The minimum distance from any bulk oxygen storage system (storage capacity >20,000 ft3) to any public sidewalk or parked vehicle is 10 ft.	NFPA 55 9.3.2 Table: 9.3.2 & Figure A.9.3.2
Supporting Documentation: • Photographic evidence • Observation	
HBOGH 7.8	**REFERENCES**
The minimum distance from any bulk oxygen storage system (storage capacity >20,000 ft3) to any line of adjoining property that can be built upon is 5 ft.	NFPA 55 9.3.2 Table: 9.3.2 & Figure A.9.3.2
Supporting Documentation: • Photographic evidence • Observation	
HBOGH 7.9	**REFERENCES**
Weeds and long dry grass are not within 15 ft of any bulk oxygen storage (storage capacity > 20,000 ft3) container	NFPA 55 Table: 8.6.2 (7)
Supporting Documentation: • Photographic evidence • Observation	

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HBOGH 8.0	REFERENCES
For installations that require the operation of any equipment associated with bulk oxygen systems (storage capacity >20,000 ft3) by the user, legible instructions are maintained at operating locations.	NFPA 55 8.13.1.1
Supporting Documentation: • Policy and procedure specific to your site	
HBOGH 9.0	**REFERENCES**
For installations with bulk oxygen storage systems (storage capacity >20,000 ft3), inspections of the bulk oxygen system are conducted annually and are maintained by a qualified representative of the equipment owner.	NFPA 55 9.5.1 NFPA 55 9.5.2
Supporting Documentation: • Policy and procedure specific to your site • Evidence of documented inspections	
HBOGH 9.1	**REFERENCES**
Rules and regulations on the safe handling of gases in the hyperbaric facility are developed.	NFPA-99 14.3.3.1
Supporting Documentation: • Policy and procedure specific to your site • Evidence of documented inspections	

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Hyperbaric Environment of Care Concentration Area	
HBOEC 1.0	**REFERENCES**
The hyperbaric facility complies with applicable state and local building codes and regulations.	JC EC.01.01.01 AAAHC 8.A.1 NIAHO PE.1 SR.4
Supporting Documentation: • Documentation of compliance • Building Department/Fire Department Certificate of Occupancy	
HBOEC 2.0	**REFERENCES**
The hyperbaric facility complies with applicable state and local fire prevention regulations (NFPA 101, Life Safety Code) as appropriate.	JC EC.02.03.01 JC EC.02.03.05 JC LS.02.01.10 AAAHC 8.A.1 NIAHO PE.1 SR.3 NIAHO PE.2 SR.1
Supporting Documentation: • Documentation of Fire Safety plan approval or confirmation by facility leadership. • Attach Facility/Hospital Safety Committee policy	
HBOEC 2.1	**REFERENCES**
Hallways leading from occupied rooms or spaces of the hyperbaric facility to exits are at least 36” in clear width, with a minimum height of 7’ and the minimum headroom of 6’8”.	NFPA 101 24.2.6.1 NFPA 101 24.2.6.2
Supporting Documentation • Photographic evidence • Visual confirmation with facility walk-through	
HBOEC 2.2	**REFERENCES**
The minimum clear width for doors in the means of egress is not less than 28”.	NFPA 101 24.2.4.1
Supporting Documentation: • Photographic evidence • Visual inspection with facility walk-through	
HBOEC 2.3	**REFERENCES**
There are no stairs with 3 steps (risers) or less in hallways leading from occupied rooms or spaces in the hyperbaric facility to an exit.	NFPA 101 32.2.1.4.1 NFPA 101 32.2.1.4.2 NFPA 101 32.2.1.4.3
Supporting Documentation: • Visual inspection with facility walk-through	

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HBOEC 2.5	REFERENCES
The floor on both sides of the door, between the occupied space of the hyperbaric facility and an exit, is level and at the same elevation for at least the same distance equal to the widest single door leaf.	NFPA 101 7.2.1.3.1 NFPA 101 7.2.1.3.2 NFPA 101 7.2.1.15.6
Supporting Documentation: • Visual inspection with facility walk-through	
HBOEC 2.6	**REFERENCES**
Any door in a means of egress is capable of swinging to a full 90-degree opening.	NFPA 101 7.2.1.3.2 NFPA 101 7.2.1.15.6
Supporting Documentation: • Photographic evidence • Visual inspection during walk-through	
HBOEC 2.6.5	**REFERENCES**
The direction of travel to an exit from the hyperbaric facility is obvious (no windows or mirrors) and signage is located in such a manner to not confuse the path to exit.	NFPA 101 7.1.10.2.3
Supporting Documentation: • Visual inspection during walk-through • Route/s of egress are posted	
HBOEC 2.7	**REFERENCES**
Exit signs in the hyperbaric facility are clearly always illuminated.	NFPA 101 7.10.5.1 NFPA 101 7.10.5.2
Supporting Documentation: • Photographic evidence • Visual inspection during facility walk-through	
HBOEC 2.8	**REFERENCES**
There is always sufficient lighting (with emergency power back-up) in all rooms and/or exit corridors to make the direction and path of safe travel (avoid tripping, stumbling, etc.)	NFPA 101 7.10.1.5.1 AAAHC 8.C, 8.C.1
Supporting Documentation: • Visual inspection during facility walk-through • Photographic evidence if emergency lights are visible	
HBOEC 2.9	**REFERENCES**
All hyperbaric personnel have access to a written plan for protection of all occupants in the event of a fire in the hyperbaric facility; for their evacuation to areas of refuge; and from the building when necessary.	NFPA 101 21.7.1.1 NIAHO PE.2 SR.4
Supporting Documentation: • Evidence of the written emergency evacuation plan • Visual confirmation of Route/s of egress are posted	

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HBOEC 2.9.1	REFERENCES
All hyperbaric personnel are trained and kept informed of their duties with respect to the hyperbaric evacuation plan.	NFPA 101 21.7.1.1 NFPA 101 21.7.1.2
Supporting Documentation: • Documentation of emergency drills with evacuation duties included	
HBOEC 3.0	**REFERENCES**
The hyperbaric facility contains fire fighting equipment to control a limited fire.	JC EC.02.03.05 AAAHC 8.B.1 NIAHO PE.2 SR.4
Supporting Documentation: • Photographic evidence • Visual inspection of fire extinguishers with facility walk-through	
HBOEC 6.0	**REFERENCES**
If present in the hyperbaric facility, stairwells are protected by fire doors.	AAAHC 8.C.2
Supporting Documentation: • Photographic evidence of door label • Visual inspection with facility walk-through	
HBOEC 7.0	**REFERENCES**
The hyperbaric facility periodically instructs all hyperbaric personnel in the proper use of safety, emergency, and fire extinguishing equipment.	JC EC.03.01.01 AAAHC 7.M NFPA 99 14.3.1.4.6 NIAHO PE.2 SR.4
Supporting Documentation: • Documentation of safety training	
HBOEC 7.1	**REFERENCES**
The hyperbaric facility is designed and maintained to ensure the safe evacuation of hyperbaric patients. The staff is knowledgeable, trained, and proficient in emergency egress procedures especially for non-ambulatory patients or those with compromised ambulatory abilities.	JC EM.12.02.01 AAAHC 8.I NFPA 99 14.3.1.4 NIAHO PE.2 SR.4
Supporting Documentation: • Documentation of competency for emergency egress drill with evacuation • Evidence of policy or procedure for patient evacuation	
HBOEC 7.2	**REFERENCES**
The hyperbaric facility conducts and documents worst case hyperbaric-specific fire drills at least annually for all full-time and part-time personnel.	JC EC.02.03.03 AAAHC 8.I.4 NFPA 99 14.3.1.5.4 NFPA 99 14.3.1.4.3
Supporting Documentation: • Documentation of worst-case annual drill with signatures of all staff	

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HBOEC 7.2.1	REFERENCES
The hyperbaric facility participates in organizational fire drills.	JC EC.02.03.03 NIAHO PE.2 SR.6 NFPA 99 14.3.1.5.4
Supporting Documentation: • Documentation of fire drills with summary of events	
HBOEC 10.0	**REFERENCES**
Conditions that present slip, trip and fall hazards, electrical shock, burns, poisoning, or other traumas are mitigated or rendered safe by engineering and management controls.	JC EC.02.01.01 JC EC.02.05.01 AAAHC 8.G NIAHO PE.3 SR.4
Supporting Documentation: • Policy from engineering or facilities on management of these conditions • Evidence of safe conditions confirmed with walk-through	
HBOEC 11.0	
Reception areas, toilets, and telephones are provided in accordance with the hyperbaric patient and visitor volume.	JC EC.02.06.01 AAAHC 8.E.1
Supporting Documentation: • Photographic evidence • Visual confirmation with facility walk-through	
HBOEC 13.0	**REFERENCES**
Provisions are made to reasonably accommodate disabled individuals in the hyperbaric facility.	JC EC.02.06.01 AAAHC 8.E.4
Supporting Documentation: • Photographic evidence • Documentation of organizational policy on ADA requirements on equipment needed for disabled patients	
HBOEC 14.0	**REFERENCES**
All examination rooms, dressing rooms, and reception areas are constructed and maintained in a manner that ensures the privacy of the hyperbaric patient during interview, examinations, treatment, and consultation.	JC RI.02.01.01 AAAHC 8.E.2
Supporting Documentation: • Photographic evidence • Visual confirmation upon facility walk-through	

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HBOEC 15.0	REFERENCES
Adequate lighting and ventilation are provided in all areas of the hyperbaric facility.	JC EC.02.06.01 AAAHC 8.E.5 NIAHO PE.3 SR.3 NIAHO PE.8 SR.7
Supporting Documentation: • Organizational Policy as maintained by engineering • Confirmation of lighting and temperature with facility walk-through	
HBOEC 16.0	**REFERENCES**
The hyperbaric facility is clean and properly maintained.	JC EC.02.06.01 AAAHC 8.E.1 NIAHO PE.1 SR.1 NFPA 99 14.3.4.7
Supporting Documentation: • Environmental Services (Housekeeping) policy/procedure as per the facility • Visual confirmation upon facility walk-through	
HBOEC 16.1	**REFERENCES**
A regular housekeeping program shall be in place to ensure the facility is kept free of grease, lint, dirt, and dust. Whether or not the facility is in regular use.	NFPA 99 14.3.4.7 HFG Section 7
Supporting Documentation: • Evidence of a policy/procedure which outlines the cleaning requirements.	
HBOEC 16.2	**REFERENCES**
All personnel assigned to the task of housekeeping shall be trained in the following: potential damage to the equipment from cleaning procedures, potential personal injury, specific cleaning procedures, and equipment not to be cleaned.	NFPA 14.3.4.7.1 HFG Section 7
Supporting Documentation: • Evidence of a policy/procedure which outlines the cleaning requirements. • Evidence of training/competency of personnel working in hyperbaric suit	
HBOEC 19.0	**REFERENCES**
The space in the hyperbaric facility is adequate for the patient treatment, administrative, and management functions conducted in the facility.	JC EC.02.06.01 AAAHC 8.E.6
Supporting Documentation: • Visual confirmation with facility walk-through	

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HBOEC 20.0	REFERENCES
The hyperbaric facility plans and implements a medical equipment management plan.	JC EC.02.04.03 AAAHC 7.I NIAHO PE.7 SR.1
Supporting Documentation: • Policy for medical equipment management	
HBOEC 20.1	**REFERENCES**
All medical equipment items within the hyperbaric facility are maintained, tested, and inspected.	JC EC.02.04.03 AAAHC 8.J.2.C NIAHO PE.8 SR.3
Supporting Documentation: • Hyperbaric maintenance work logs with appropriate signatures • Hyperbaric daily/weekly/yearly/etc. logs for inspection, maintenance, and timed egress. • Policy on miscellaneous equipment within the chamber room for inspection, maintenance, and testing. (Ex. thermometers, otoscope, glucometer.)	
HBOEC 21.0	**REFERENCES**
An alternate power source, adequate for the protection of the life and safety of hyperbaric patients and staff, is available for the hyperbaric facility.	JC EC.02.04.03 NIAHO PE.8 SR.6
Supporting Documentation: • Evidence of alternate power source for the hyperbaric department	

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Resources

IN THIS SECTION

Standard Revisions

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References

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Standards Revisions

The table below will identify the changes to the UHMS HFA Standards for v6. For reader convenience, the updates are listed by chapter based on their location in the v5 Accreditation Manual. Version 5 was a complete revision from Version 4. Future changes will be listed below.

Most changes in future versions are intended to reduce redundancy among Standards and improve clarity of interpretation. The general nature of each change will be briefly noted under Type of Change. Specific edits will appear under Additional Notes.

Standards Revisions			
Probe	**Probe (if changed)**	**Type of Change**	**Additional Notes**
HBOG - Hyperbaric Governance			
HBOPR - Hyperbaric Patient Rights			
HBOPC - Hyperbaric Patient Care			
HBOPI - Hyperbaric Professional Improvement			
HBOL - Hyperbaric Leadership			
HBOMS - Hyperbaric Medical Staff			
HBOCR - Hyperbaric Clinical Research			
HBOA - Hyperbaric Administration			
HBOPA - Hyperbaric Patient Assessment			
HBOQI - Hyperbaric Quality Improvement			

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HBOHR - Hyperbaric Human Resources			
HBOIM - Hyperbaric Information Management			
HBOIP - Hyperbaric Infection Prevention			
HBOTP - Hyperbaric Teaching and Publication			
HBOO - Hyperbaric Operations			
HBOM - Hyperbaric Maintenance			
HBOC - Hyperbaric Facility Construction			
HBOF - Hyperbaric Chamber Fabrication			
HBOV- Hyperbaric Chamber Ventilation			
HBOFP - Hyperbaric Chamber Fire Protection			
HBOE - Hyperbaric Chamber Electrical Systems and Services			
HBOGH - Hyperbaric Gas Handling			
HBOEC - Hyperbaric Environment of Care			

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Disclaimer:

Compliance with the Omnibus Reconciliation Act of 1980

For any health care organization or provider that pays the UHMS Hyperbaric Facility Accreditation (HFA) $10,000 or more in any 12 months to comply with Section 952, PL 96-499, the Omnibus Reconciliation Act of 1980, UHMS hereby stipulates that only those UHMS HFA records, contracts, documents, or necessary books to verify the extent and nature of UHMS HFA costs will be available for four years after the survey, consultation, or contracted services are completed to the Secretary of the Department of Health and Human Services (DHHS), the Comptroller General of the United States, or any of their duly authorized representatives. This stipulation is provided as a matter of policy rather than as separate contracts for each affected organization. These same conditions will apply to any subcontract UHMS HFA has with related organizations if the total of such payments exceeds $10,000 in any 12-month period. This policy applies to all contracts, surveys, and UHMS records as of December 5, 1980, and so long as these regulations remain in force.

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