CUHMA ACMHS
Canadian Undersea and Hyperbaric Medical Association
Association Canadienne de Médecine Hyperbare et Subaquatique

E-NEWS

EDITORIAL NOTE − April 2026

The E-News is the monthly newsletter of CUHMA, the primary outlet to share news/announcements, upcoming events, abstracts of recent publications, job postings, professional perspectives, and images of relevant professional scenes. Submission of applicable content is welcome. New issues are released on the last business day of each month. Past issues are available at https://cuhma.ca. Direct correspondence to info@cuhma.ca.

Neal W. Pollock, PhD
Université Laval

NEWS/ANNOUNCEMENTS

Public Review Period: CSA Z275.2 - Occupational Safety Code for Diving Operations

The Z275.2 code determines how commercial diving is defined and conducted across Canada. The updated standard will directly influence how regulators, inspectors, clients, and insurers assess diving operations going forward. The mandatory 60-day public review period of the proposed update closes on April 5, 2026. For review and comment: https://publicreview.csa.ca/Home/Details/6011.

BMSC Subtidal Science Summer Field Course

The Bamfield Marine Sciences Centre was established as a field research and education station on the west coast of Vancouver Island in 1972. It operates as a not-for-profit joint venture of the five western universities - Victoria, British Columbia, Simon Fraser, Alberta, and Calgary. The 190-acre property was built on the site of the eastern terminus of the trans-pacific telegraph cable (1901-1959).
Spots remain open in a May 18-June 05 subtidal science course run by Dr. Isabelle Cote and Em Lim. The program will introduce the techniques and practical aspects of performing research underwater using scuba. Students will have the opportunity to try several subtidal research techniques. The course is intended for upper-level undergraduates and graduate students with an interest in subtidal ecology. Participants must have rescue diver qualification, first aid and CPR training, dive gear, and at least 12 dives logged in the past year. For more information: https://bamfieldmsc.com/education/prospective-students/courses/detail/subtidal-science

UPCOMING EVENTS

CUHMA Virtual Scientific Meeting 2026

The 2026 CUHMA scientific meeting will be held Saturday, May 02. The seven-hour program will address both hyperbaric and diving topics, delivered by include a panel of invited international speakers and original research presentations. Invited speakers include Nick Bird (US), Josh Boisvert (Canada), Peter Lindholm (Sweden), Chris Logue (US), Jeff McCurdy (Canada), Simon Mitchell (New Zealand), and Neal Pollock (Canada). Registration fees are $100 (regular members), $75 (associate members/students registered in academic programs), and $150 (non-members). An email notice will be sent out to CUHMA members when the registration portal, accessed through the CUHMA website, opens.

UMC Introductory Diving Medicine Course

Undersea Medicine Canada will offer a Level 1 'Introductory Course in Diving Medicine - Fitness to Dive' May 11-15 in Halifax, NS. An optional half-day pre-course will be held May 10 for those wanting additional preparation for the program. Upon successful completion of the course, physicians will qualify as CSA Z275.2-15 Level 1 Diving Medical Examiners and can have their names listed with the Diver Certification Board of Canada (DCBC) to conduct commercial diver medicals in Canada. This 40-h course has been accredited for 35 MAINPRO+ CME credits by the College of Family Physicians of Canada. The registration portal will open on January 15. Contact Dr. Debbie Pestell (drdeb1@ns.sympatico.ca; 902-225-8214) or visit: https://underseamedicine.ca for more information.

Canadian Association of Wilderness Medicine 2026

CAWM is a non-profit organization with the goal of connecting Canadian practitioners and researchers with an interest in wilderness medicine, and in promoting the field as an area of focus and specialization. The seventh annual conference will be held September 11-13 in Whistler, BC and virtually in a hybrid format. Pre-conference workshops will also be offered. Visit: https://cawm.ca/cawm2026.

Divescapes Scuba Conference 2026

The Divescapes scuba conference and exhibition will be held October 16-17 at the Evario Events Centre in Edmonton, AB. The Alberta Underwater Council program includes international speakers, workshops, and trade show booths. Visit: https://www.divescapes.ca.

RECENT PUBLICATIONS

Akalin B, Demirbaş MB. Evaluation of the quality and reliability of YouTube videos as a source of information on portable HBOT in home health care services quality and reliability analysis of YouTube videos on portable HBOT. J Eval Clin Pract. 2026 Mar;32(2):e70386. doi: 10.1111/jep.70386.

Objectives: Hyperbaric oxygen therapy (HBOT), which provides treatment of chronic wounds and damaged tissues by inhaling pure oxygen under high pressure, serves both in centres and as portable oxygen chambers. During HBOT treatment, it is possible for the patient to experience an accident caused by oxygen and pressure. In this context, especially the use of portable oxygen chambers is quite risky and requires a high level of technical knowledge. Today, YouTube is a platform that contains a lot of useful or useless information and is used by millions of people at the same time. The information contained in these contents uploaded on YouTube without any control or filtering can reach anyone with internet access. In this context, the aim of this study is to evaluate the characteristics, quality and reliability of the content uploaded on YouTube for portable oxygen chambers. Methods: The study was cross-sectional and searches were performed on the YouTube platform with five keywords. The analysed videos were evaluated by two experienced researchers in terms of the accuracy of the information contained, the parameters of the video, upload date, duration, number of views, likes and comments. Video quality was assessed using the global quality scale (GQS), reliability was assessed using the modified DISCERN (Mdıscern), information accuracy, information flow, quality and precision of the videos were assessed using the video information and quality index (VIQI) Scale, and transparency was assessed using the Journal of American Medical Association Benchmark criteria (JAMA). Results: In this study, 45 portable hyperbaric oxygen therapy (HBOT) videos on the YouTube platform were evaluated for quality and reliability. Only 31% of the videos were classified as high quality, while the majority of the remaining videos were of medium (40%) and low (29%) quality. The mean scores of M-Discern and VIQI were 3.1 and 3.3, respectively, and 58% of the content had low reliability according to JAMA criteria. The quality and credibility levels of physician- and academic-generated videos were statistically significantly higher ($p<0.05$) compared to content produced by independent users and marketers. A weak but significant relationship was found between GQS and number of views ($r=0.29$, $p=0.04$). Conclusion: This study revealed that portable HBOT content on YouTube is largely inadequate in terms of information quality and reliability. It is of great importance that content on digital platforms on health-related topics is prepared by professionals and supported by scientific references.

Gupta DK, Rai N, Sood A, Kumar S, Das B, Nagarjuna P, Chaudhary HBS, Deepthi S, Bhardwaja S. Role of hyperbaric oxygen therapy in idiopathic sudden sensorineural hearing loss management: A multicentre experience. Med J Armed Forces India. 2026 Mar-Apr;82(2):201-207. doi: 10.1016/j.mjafi.2025.01.008.

Background: Purpose of the study was to provide an overview of whether addition of hyperbaric oxygen therapy (HBOT) in management of idiopathic sudden sensorineural hearing loss (SNHL) has beneficial outcome or not, based on cases evaluated and managed at multicentre tertiary care hospitals over a period of one and a half years. Methods: A prospective observational study conducted at department of otorhinolaryngology of multicentre tertiary care hospitals from January 2022 to June 2023. Total 27 cases were seen and those fulfilling inclusion criteria were included in the study, and were divided into two groups; Group A- HBOT given along with conventional treatment and Group B- HBOT not given as HBOT facility not available at these centres, all patients were evaluated, managed and the outcomes were analysed. Result: Recovery was seen in 46.6% of Group A and 41.6% of Group B, all the cases with complete recovery had a short duration of presentation. No recovery was seen in 53.3% of Group A and 58.3% of Group B, most of the cases had a late onset of presentation. Success rate of Group A was greater than Group B, but this difference was not statistically significant ($p>0.05$). Conclusion: Addition of HBOT to conventional treatment of sudden SNHL shows no benefit. For patients having any contraindications to conventional therapy, HBOT can be given as alternative therapy. However, keeping in mind the economic burden and no proven benefit of HBOT over conventional treatment for idiopathic sudden SNHL patients, requires further research at a larger multicentric study.

Imbert JP, Matity L, Massimelli JY, Cadieux C, Risberg J, Bryson P. Review of excursion procedures used in commercial heliox saturation diving. Diving Hyperb Med. 2026 Mar 31;56(1):21-40. doi: 10.28920/dhm56.1.21-40.

Introduction: This study reviews heliox saturation procedures used in offshore commercial diving and focuses on bell excursion dives. It excludes initial compression and final decompression. Our first objective was to trace the history and the reasons behind the successive changes that led to the current practice. Our second objective was to

review the current practice and identify problem areas and perspectives. Methods: We first present the background of excursion diving and reference key procedures from the US Navy, Comex, and international standards. We then review the procedures of 13 anonymised diving companies and compare their sources, designs, and operation parameters. Results: The current excursion procedures are derived from a few original procedures (US Navy, Comex). It appears that, without relevant scientific support since the 1980s, companies have empirically adapted these procedures to their needs. Two designs prevail: excursions from storage depth and excursions from the deepest depth. Recent innovations offer 'standard' and 'extended' excursions, sliding excursion windows, as well as shallow and deep excursions. Companies participating in the study have a low risk of DCS with excursion diving. Excursions rarely produce immediate DCS symptoms but associated bubble formation could impact the final decompression. The trend is towards reduced excursion distances and explicit post-excursion intervals. Oxygen toxicity remains a general concern in saturation diving, but the PO_2 values used in the procedures reviewed are unlikely to cause pulmonary toxicity according to the dose models in use. Conclusions: We observed a trend towards harmonisation under the pressure of international standards and through cooperation within industry association committees. We recommend scientific monitoring of saturation divers to measure the decompression stress and support further research and development. We recommend that companies document their procedural developments to record and thus keep the lessons learned.

Lee D, Challen C, Lock G. Dual rebreathers in practice: example experiences from the Wetmules and COBRA divers. Diving Hyperb Med. 2026 Mar 31;56(1):88-94. doi: 10.28920/dhm56.1.88-94.

Closed-circuit rebreathers have opened new frontiers in technical diving, but rebreathers are not invulnerable and therefore a 'bailout' gas supply is required. For extreme dives, open-circuit bailout is logistically impossible. This has led teams to adopt dual rebreather configurations, where a second rebreather serves as bailout. This article presents operational experiences from the Wetmules and COBRA Divers, who independently developed dual rebreather practices for extended range diving. The teams evolved contrasting approaches through extensive field testing. The Wetmules initially adopted partially integrated configurations, sharing components between rebreathers to reduce complexity for deep dives with straightforward access to dive sites. COBRA Divers used fully independent dual rebreathers, prioritising complete redundancy for remote locations with challenging logistics. Both developed techniques to ensure the operational status of the inactive rebreather including gas content variability, buoyancy control, and fault detection. Real-world experience validated theoretical benefits while revealing additional considerations. Both teams significantly reduced open-circuit bailout requirements, enabling extended penetrations and depths that were previously extremely difficult. Key operational insights included maintaining breathable gas mixtures in inactive loops, regular integrity checks, and managing variable buoyancy. The approach introduced new challenges: increased task loading, maintenance requirements, and novel failure modes specific to inactive rebreathers, showing that equipment redundancy does not automatically enhance safety. Dual rebreathers extend operational envelopes but introduce significant complexity. Benefits include eliminating gas switches during emergencies and maintaining optimal decompression profiles. However, inactive rebreathers remain vulnerable to undetected failures and demand higher operator proficiency. The contrasting approaches - integration versus full independence - reflect different operational priorities and mission parameters. This article contributes operational experience to support informed decision-making within the technical diving community.

Lee A, Moore C, Griffiths A. Efficacy and safety of potential irrigation diluents following 'caustic cocktail' ingestion. Diving Hyperb Med. 2026 Mar 31;56(1):83-87. doi: 10.28920/dhm56.1.83-87.

Closed circuit rebreather (CCR) diving sets use soda lime, a sodium hydroxide-based 'scrubber' substance to remove CO_2 from exhaled breathing gas thus prolonging dive time and efficiency. Inadvertent water ingress into the set may result in reaction with the scrubber and a highly alkaline solution known as a 'caustic cocktail' may be formed. Ingestion or aspiration of this solution can cause severe chemical burns. Irrigation with freshwater is the mainstay of initial treatment of 'caustic cocktail' injuries in CCR divers. Published advice advises divers never to use acidic diluents to irrigate and neutralise a caustic cocktail solution due to concerns over the potentially exothermic nature of the neutralisation reaction. However, there is limited available evidence to support this advice, and it was felt that further research into the best treatment options available for caustic cocktails is required. This study used an in vitro model of an ingested caustic cocktail to investigate pH and temperature changes after adding different diluents (including acidic diluents orange juice or coca cola) to a solution of sodium hydroxide. Acidic diluents reduce pH significantly more than neutral diluents with a respective mean drop in pH of 5.99 compared to 0.78 ($P=0.015$). There is no statistically significant difference in temperature change noted between the two types of diluent ($P=0.32$) with no exothermia generated. We propose that orange juice or coca cola are more effective irrigation solutions than fresh or seawater, and that advice to divers who use CCRs could change.

Lippmann J. Scuba tank fill survey in Victoria, Australia, 1 July 2024 to 30 June 2025. Diving Hyperb Med. 2026 Mar 31;56(1):48-51. doi: 10.28920/dhm56.1.48-51.

Introduction: This study's aim was to determine the number of scuba tank fills done in Victoria, Australia from 01 July 2024 to 30 June 2025 to provide an estimate of the number of scuba dives conducted during that period and, from that, estimates of the fatality and decompression illness rates. Methods: Suppliers of compressed gas for scuba diving in Victoria were identified through internet searches, industry liaison and the Australasian Diving Safety Foundation records. Those identified were emailed an invitation to participate in the tank fill survey and provided with dedicated spreadsheets. Email reminders were sent to collect monthly data on air, nitrox and 'other' fills. Data were compiled and, at the end of the survey period, non-regular participants were approached to provide actual numbers or estimates of the year's fills. Results: Overall, 38/40 (95%) identified current suppliers participated in the survey, with 27 submitting regular monthly data and the remainder providing actual or estimated annual fills. There were 46,720 reported fills, including 39,386 air, 6,758 nitrox, and 576 others, with proportions of 84%, 15% and 1%, respectively. During that period, 11 scuba divers were treated for decompression illness (DCI) (eight of whom had dived locally) and there were two fatalities. Conclusions: It is estimated that around 50,000 scuba tank fills were provided, equating to approximately 50,000 dives conducted in Victorian waters during from 1 July 2024 to 30 June 2025. During that period, there were eight open circuit divers who had dived in Victoria treated for DCI and two scuba diving fatalities, yielding estimates of 16 DCI cases and four deaths per 100,000 dives.

Lobo-Sanz A, Molinero-Mourelle P, Schimmel M, Yturriaga CB, Sillero-Quintana M, Rivero-González MA, Fiorillo L, Flores-Fraile J, Highsmith JDR. Effectiveness of custom-made mouthpieces in the prevention of diver's mouth syndrome (DMS). Eur J Dent. 2026 Mar 18. doi: 10.1055/s-0046-1818556. Online ahead of print.

The aim of the study is to evaluate the effectiveness of customized diving mouthpieces (CDMs) in preventing diver's mouth syndrome (DMS), focusing on temporomandibular joint (TMJs) symptoms and associated clinical parameters during scuba diving. A randomized controlled clinical trial was conducted including 38 scuba divers assigned to either a standard diving mouthpiece (SDM) or a CDM. Pain intensity (visual analog scale), otic examination, skin temperature (infrared thermography), and maximum mouth opening were recorded daily over seven consecutive diving days. Data were analyzed using repeated-measures statistical models (α=0.05). Sixteen divers (42%) reported relevant pain during the study period. TMJs-related pain was observed in 40% of the SDM group, whereas no TMJs pain was reported in the CDM group (p=0.003). Significant intergroup differences were observed in otic assessment between days 6 and 7 ($p<0.05$). TMJs thermography showed a significant temperature reduction in the CDM group between days 2 and 3 ($p<0.05$). Maximum mouth opening demonstrated significant temporal changes over the study period ($p<0.05$). Significant intergroup differences were observed in otic assessment between days 6 and 7 ($p<0.05$). CDMs significantly reduced TMJs-related pain and clinical signs associated with DMS compared with standard mouthpieces.The use of customized mouthpieces reduces the scuba diving practice-related conditions at the TMJ and associated muscles.

Lun CY, Au Yeung KL, Lau YF, Yan WW, Tang KB. Treatment success in relation to timing of hyperbaric oxygen therapy in idiopathic sudden sensorineural hearing loss. Diving Hyperb Med. 2026 Mar 31;56(1):41-47. doi: 10.28920/dhm56.1.41-47.

Introduction: Idiopathic sudden sensorineural hearing loss (ISSNHL) is an otologic emergency for which hyperbaric oxygen therapy (HBOT) is a potential treatment. This study aimed to evaluate the effectiveness of HBOT in treating ISSNHL, with a focus on the timing of treatment and its impact on hearing outcomes, while also considering other factors such as demographic characteristics, clinical parameters, and treatment methods. Methods: This retrospective cohort study analysed 70 ISSNHL patients (April 2019 to August 2024) who received steroid treatment (oral, intratympanic or both). Patients were divided into early HBOT (<12 days), late HBOT (13-22 days), salvage HBOT (>22 days), and no HBOT groups. Hearing improvement, measured by pure-tone audiometry (PTA), defined the treatment outcome. Results: Significant PTA improvements were observed in most groups (median changes: early HBOT 33.8 dB [n=15], late HBOT 6.9 dB [n=16], salvage HBOT 0.0 dB [n=5], no HBOT 11.9 dB [n=34]), with early HBOT showing greater gains than late HBOT ($P<0.001$), salvage HBOT ($P=0.001$), and no HBOT ($P=0.002$). Receiver operating characteristic (ROC) analysis indicated that treatment within 10.5 days predicted marked improvement (AUC=0.883, $P<0.001$), and linear regression showed that each day's delay reduced PTA improvement by 0.832 dB ($P<0.001$). Conclusions: HBOT is effective in restoring hearing in patients suffering from ISSNHL and early treatment is associated with better outcome.

Obeidat M, Al-Njadat I, Al-Sukkar W, Al-Sukkar M. Blinded by the depths: A case of acute loss of vision in a scuba diver. Med J Armed Forces India. 2026 Mar-Apr;82(2):236-238. doi: 10.1016/j.mjafi.2025.06.010.

Decompression illness (DCI) is a well-known medical emergency among scuba divers, aviators, astronauts, and compressed-air workers. It includes two diseases:

decompression sickness (DCS) and arterial gas embolism (AGE). Vision changes are one of the symptoms that can happen in patients with DCI, but acute complete loss of vision is extremely rare. We report a 28-year-old male patient, a novice scuba diver who presented to our hospital with complete loss of vision while he was ascending from 18 m depth. The diagnosis of AGE was made depending on the history, clinical examination, and radiological studies. The patient underwent two sessions of hyperbaric oxygen therapy (HBOT) (US Navy treatment Table 6A) and achieved complete recovery. A high index of suspicion for DCI must be kept in mind when evaluating a scuba diver with blindness.

Sarafis ACE, Locke J. Radiotherapy effects on the lower urinary tract: A review of long-term complications and their management. Urologia. 2026 Mar 11:3915603261426607. doi: 10.1177/03915603261426607. Online ahead of print.

Radiotherapy of the pelvis and abdomen can have significant negative long-term effects on the bladder and urethra. Applying the PICO criteria, we reviewed the MEDLINE/PUBMED databases over a 10-year period for literature on the incidence and prevalence of late adverse effects of radiotherapy on the lower urinary tract; the work-up and management of these adverse effects. Overactive bladder, hemorrhagic cystitis, fistula, stress urinary incontinence, bladder neck contracture, urethral stricture, and secondary malignancy were investigated as late complications of radiotherapy on the bladder and urethra. These sequalae may present in the decades following radiotherapy usually with greater symptom severity than those non-irradiated and will often have less favourable outcomes with traditional management strategies that are applied in the absence of radiation. Experimental therapies are being trialed. Our findings reinforce that patients with radiotherapy-related complications most often have poorer outcomes with traditional management strategies such as male urethral slings for stress incontinence and fistula repair, however this review identified successful outcomes for treatments such as the artificial urethral sphincter for incontinence, and hyperbaric oxygen therapy for hemorrhagic cystitis. Further research is required - particularly with a focus on the irradiated female population.

Stokes RJ, Marsden J, Watts D, Smerdon G, Hall SD, Bunn L. Outcomes in the treatment of inner ear decompression sickness with hyperbaric oxygen therapy, a systematic review. Diving Hyperb Med. 2026 Mar 31;56(1):71-82. doi: 10.28920/dhm56.1.71-82.

Introduction: The primary objective of this review was to evaluate the effectiveness of hyperbaric oxygen therapy (HBOT) in the treatment of inner ear decompression sickness (IEDCS). Secondary objectives were to summarise the diver characteristics, HBOT parameters and outcome measures. Methods: All descriptive observational study designs including case series and individual case reports involving divers suffering IEDCS treated with HBOT were included. PubMed, Scopus, CINAHL and EMBASE were used to search for texts reporting the outcome for divers treated with HBOT. Eligible studies were appraised by two independent reviewers and any disagreements resolved via the third reviewer. Data were extracted using standardised tools and narrative synthesis was undertaken. Results: 3,683 records were identified with 24 included in the final review representing 539 cases of IEDCS. Mean age was 44, average (in-water) dive depth 29 metres of seawater and dive duration 38 minutes. Mean onset of symptoms was 32 minutes and 74% had a right sided lesion. Only 37% had residual symptoms on discharge despite 68% showing dysfunction on laboratory testing. Follow-up duration and assessment methods were variable. Vestibular rehabilitation was underutilised and only 46% of divers went on to have patent foramen ovale (PFO) screening despite the well-established link to IEDCS. Conclusions: A standardised method of examination and assessment of symptoms should be considered along with vestibular rehabilitation (or referral to this service). All divers should be counselled on PFO screening. A standard 3-month follow-up is recommended to allow for assessment of residual dysfunction / symptoms and discussion regarding returning to diving. Further research should focus on assessment of vestibular deficit / symptoms over time to assess efficacy of HBOT including the effects of delay to recompression and number of treatments. Laboratory testing should be utilised to determine the mechanism of injury and recovery.

Studer NM, Brett KD. Testing the emergency evacuation hyperbaric stretcher for fit in small military and civilian helicopters. J Spec Oper Med. 2026 Mar 18:J.Spec.Oper.Med.2026.CUVA-RU2M. doi: 10.55460/J.Spec.Oper.Med.2026.CUVA-RU2M. Online ahead of print.

Introduction: Hyperbaric oxygen (HBO_2) therapy is essential for the treatment of diving injuries in the field, but typically requires larger recompression chambers with limited portability. The emergency evacuation hyperbaric stretcher (EEHS) offers a portable solution for prehospital HBO_2, particularly in remote or austere environments. However, it's compatibility with smaller evacuation aircraft remains uncertain. Methods: A commercially available EEHS (Hyperlite 1) was tested for fit and operational computability in both a US Coast Guard Airbus MH-65 'Dolphin' and an Airbus H145 helicopter with a configuration typical of civilian air ambulances. Results: The EEHS could not be fully accommodated in the MH-65 with-out the side doors remaining open and obstructing the rescue swimmer's seat. These limitations may pose challenges to the safe transport of an EEHS during standard operational scenarios, necessitating additional

logistical support and introducing potential safety risks. The EEHS did fit within the H145, optimally without a large transport cot in place. In both cases, the required tie-down straps were unavailable. Conclusion: Un anticipated airframe limitations may impede the timely evacuation of a diving casualty to advanced care. These findings highlight the importance of planning for the use of the EEHS including careful consideration of the potential aircraft platforms available. Further research is recommended to assess newer EEHS models and to improve aircrew and clinician familiarity with EEHS transportation requirements.

van Ooij PA, Bek AR, van Hulst RA. Transgender people and occupational diving: a new challenge for diving physicians? Diving Hyperb Med. 2026 Mar 31;56(1):59-70. doi: 10.28920/dhm56.1.59-70.

The gender identity of transgender people is not fully aligned with their sex assigned at birth. It has been estimated that approximately 355 of 100,000 people in the general population consider themselves transgender. Transgender people are increasingly choosing to transition through gender-affirming hormone therapy, including treatment with testosterone or oestrogens and gender-affirming surgeries. Occupational diving is performed in a unique, highly hostile physiological environment. An occupational diver should be free of pulmonary, cardiovascular, neurological, and psychological risk factors that could increase the risk of diving-associated adverse events. Dive medical assessments can identify these risk factors. The increasing number of people openly identifying as transgender raises the likelihood that more will want to participate in occupational diving. To date, however, no guidelines have been specifically designed for safe occupational diving by transgender individuals. This review, involving 43 systematic reviews and/or meta-analyses, was therefore designed to assess the long-term health effects in transgender individuals and how these influence occupational diving. Although transgender people face some additional health risks that could affect occupational diving, these risks can be managed by adhering to regular occupational fitness-to-dive guidelines.

CUHMA-ACMHS is the Canadian voice for the advancement of hyperbaric and diving medicine throughout our country and beyond. Our activities include continuous medical education for physicians, nurses, respiratory therapists and anyone involved in the fields of hyperbaric and diving medicine. We are also promoting dissemination of clinical research, publishing position statements, liaising with related professional associations and government agencies. Our main goal is advocating on behalf of our patients. Our vision is to be the reference for the development and delivery of hyperbaric and diving medicine in Canada and beyond. Our mission is to promote excellence in hyperbaric and diving medicine through leadership in education, promotion of best practices and advocacy for our patients. Our values are excellence, leadership, collaboration, communication, and integrity.

Canadian Undersea and Hyperbaric Medical Association

898 Sigma Ct
Ottawa, ON K1C 7E7
info@cuhma.ca https://cuhma.ca

Editor: Neal W. Pollock, PhD - neal.pollock@kin.ulaval.ca