



**DEPARTMENT OF THE AIR FORCE**  
USAFSAM/FEH (AFMC)  
HYPERBARIC MEDICINE DIVISION  
BROOKS AIR FORCE BASE, TEXAS 78235-5252

22 Feb 2002

MEMORANDUM FOR USAF Flight Surgeons

FROM: USAFSAM/FEH

SUBJECT: Administrative Treatment of DCS

1. The following memo chronicles some of the steps taken over the past 2 years to modify the approach in AFI 48-123 regarding the administrative treatment of decompression sickness (DCS). It also lists the current process for dealing with DCS and recurrent DCS:

A7.30.1.1. Any episode of decompression sickness (DCS) which produces residual symptoms after completion of all indicated treatment, or 2 weeks, whichever is shorter. All episodes of DCS require a minimum of 72 hours DNIF. Consultation with USAFSAM/FEH (Hyperbaric Medicine) and concurrence of MAJCOM/SG is required before RTFS in rated individuals. The local RAM (or flight surgeon plus MAJCOM/SG) may clear non-rated flight crew after consultation with USAFSAM/FEH. In cases of DCS with neurological manifestations, a normal examination by a neurologist is required before RTFS. DCS cases having persistent residual symptoms should be submitted for waiver at MAJCOM/SG level if not operationally significant; AFMOA/SGZA level if there is potential operational impact.

**Note:** The reasoning for removing the requirement for waiver for recurrent DCS is to not "force" a waiver upon someone for a normal response to an abnormal environment. As long as there are no residual symptoms, waiver is not required for single or recurrent DCS episodes. However any episode of DCS that results in persistent residual requires waiver (at the level stated above).

2. In general, the earlier a patient is identified and the earlier he or she receives treatment, the more likely resolution will be straight forward and without complication or residual.

A handwritten signature in black ink, appearing to read "Benton P. Zwart", is located below the text of the second point.

BENTON P. ZWART, COL, USAF, MC, CFS  
Hyperbaric Medicine Consultant to the USAF Surgeon General  
Chief, Clinical Hyperbaric Medicine

**Saenger, Arleen, Col, AFMOA/SGOA**

**From:** Saenger, Arleen, Col, AFMOA/SGOA

**Sent:** Wednesday, January 17, 2001 10:22 AM

**To:** Babb William SMSgt; Bachmann, Richard (USAFE SGPA); Belleau, Theresa (AFMC, SMSgt); Burgess, James D (ACC/SGOP SSgt); Cahill, James (CMSgt USAFE); Coatsworth, Matt (AFSOC); dan-e; Dodson, William -Buck- (ANG SGPA); Farrell, Mike (AMC); Chuck (AFMC) Fisher; Harris, Clyde (AFRC); Johnson, Loren ("Mark"); Klein, Brent (AFRC); Lanham, Philip; Lischak, Mike (PACAF SGPA); Little, James (AETC/SGPS); McCartney Kurt (ACC/SGOP); McGill, Stanley (AFSOC); Murphy Emmett P (AFSPC/SGPA); Serrano, Hernan (AMC, CMSgt); Snyder, Quay of ALPA; Van Syoc, Dan (AETC); Western, Kenneth (CMSgt PACAF)

**Cc:** Hartzell, Albert, Col, AFMOA/SGOA; Labonte, Anthony, MSgt, AFMOA/SGOA; Arleen Saenger; Louis Eldredge; Susan Northrup; Thomas Travis; Victor Wallace

**Subject:** Correction to 48-123 A7.30.1.1 (DCS)

**To All: This email constitutes permission for "pen and ink" change pending publication of IMC 3 to 48-123.**

**To MAJCOMs** – thanks to the folks at USAFSAM/FEH (Hyperbaric Medicine) for picking up this omission from IMC1 to 48-123. This change was requested in Jan 00 and was intended for IMC 1. We will put it in IMC 3. Please ensure your FSOs and Physiologic Training folks receive this notification.

**To Col Zwart** – please pass on thanks for the pick-up and also please disseminate to FEH folks.

**Current A7.30.1.1.:**

A7.30.1.1. Recurrent decompression sickness (DCS). A single episode of DCS does not require waiver. All episodes of DCS require a minimum of 72 hours DNIF. Consultation with USAFSAM/AFIC (Hyperbaric Medicine) and concurrence of MAJCOM/SG is required before RTFS. In cases of DCS with neurological manifestations, a normal examination by a neurologist is required before RTFS.

**Change to:**

A7.30.1.1. Any episode of decompression sickness (DCS) which produces residual symptoms after completion of all indicated treatment, or 2 weeks, whichever is shorter. All episodes of DCS require a minimum of 72 hours DNIF. Consultation with USAFSAM/FEH (Hyperbaric Medicine) and concurrence of MAJCOM/SG is required before RTFS in rated individuals. The local RAM (or flight surgeon plus MAJCOM/SG) may clear non-rated flight crew after consultation with USAFSAM/FEH. In cases of DCS with neurological manifestations, a normal examination by a neurologist is required before RTFS. DCS cases having persistent residual symptoms should be submitted for waiver at MAJCOM/SG level if not operationally significant; AFMOA/SGZA level if there is potential operational impact.

**Note:** The reasoning for removing the requirement for waiver for recurrent DCS is to not "force" a waiver upon someone for a normal response to an abnormal environment. As long as there are no residual symptoms, waiver is not required for single or recurrent DCS episodes. However any episode of DCS that results in persistent residual requires waiver (at the level stated above).

AMS

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