**STATEMENT**

Name: Malcolm HOOPER

**STATES:**

1. I am the founder and clinical director of HYPERMED located at 643 Chapel Street South Yarra. I have run the business for over twenty years. I am qualified as a owner operator of the Hyperbaric Chambers.
2. HYPERMED is a clinic where people receive treatment in hyperbaric chambers for wide ranging health issues.
3. We utilise single occupancy chambers which are “monoplace” chambers and have a total of four chambers at the clinic. The four chambers are in an open common area at the clinic, each chamber is highly visible. Each patient in the chamber is in an open area and has easy open vision of the other chambers and persons in the clinic. Each chamber has three large porthole windows, approximately 600 millimetres wide. One on each side of the chamber, and one on the front of the chamber with the door of the chamber at the rear. The patient faces the front window with the side windows at their head position.
4. The area the chambers are located is approximately twenty metres by seven metres. Each chamber is approximately 1.2 metres wide by 3.5 metres long with the door open and the seat extended. Each chamber is approximately 1.5 to 2 metres apart.
5. The chambers are manufactured by Professional Diving Services Hyperbaric Technologies Australia. I believe that the main office for this company is in Portland in Victoria.
6. At HYPERMED there is a part time bookkeeper, two Hyperbaric technicians and myself being full time at the clinic. The Hyperbaric technicians who are employed at the clinic are under my supervision and were trained by me to use the chambers at the clinic as directed by myself.
7. The chamber sessions generally last from one to two hours at a time.
8. While the sessions are taking place, supervision of the patient in the chamber is conducted visually with eye to eye contact. The chamber has a communication system including audio visual equipment and an internal microphone in the chamber and also an emergency switch if they are having any issues in the chamber.
9. On Wednesday the 6th of April 2016, a regular attending patient Mr Craig DAWSON attended the clinic. He had been a patient attending HYPERMED for three years since April 2013. He would attend for Hyperbaric treatment on a weekly to fortnightly basis.
10. His father Ted DAWSON, made initial contact with the centre in 2013 and arrange for a consultation. His family doctor was aware that he was attending for treatment. In the initial consultation I referred Craig DAWSON to Doctor Robin WILLCOURT, who is a medical physician. Between the period of commencement of the Hyperbaric treatment until his last session, he had continued on a regular basis to consult with Doctor WILLCOURT who monitored his treatment and progress including Hyperbaric.
11. The chamber that was utilised for DAWSON’s session was H.T.A. 1-1000 serial number 007 and is the chamber closest to the door. It is registered with WORKSAFE and was first registered in approximately 2008.
12. DAWSON was suffering from Advanced Multiple Sclerosis with a long history of severe seizures and progressing health detrition.
13. His condition meant that he was wheelchair dependent requiring constant care and supervision.
14. On this occasion on the 6th of April 2016, Mr DAWSON and his wife and father attended the clinic for a scheduled Hyperbaric session. The appointment was at 10:00AM.
15. Mr DAWSON was transferred out of his wheelchair onto the chamber seating and I fitted his mask and breathing (BIBS) operating system which delivers 100% oxygen. His wife placed a blanket over his feet and legs. A Netflix documentary was played on the media system for the external mounted television which is immediately in front of the front window of the chamber.
16. Prior to pushing him into the chamber, I adjusted the BIBS regulator, opening the inlet valve to insure a free flow of oxygen was available through the mask. The mask which is a clear soft anaesthetic mask, is secured to the patient with flexible straps that go around the head of the patient. The mask is comfortably secured over the nose and mouth. This is routine with every patient and the process that occurs on every occasion.
17. Mr DAWSON was then positioned inside the chamber on the sliding seat and the rear door to the chamber is closed. Then the pressurisation of the chamber is done slowly to ensure that the patient can equalise and adjust to the pressure. So in the case of Mr DAWSON, the pressurisation phase takes approximately ten minutes to get him to a pressure of 800 mili bars inside the chamber.
18. Once the pressure is achieved inside the chamber, the pressure needs to be monitored because there is a slow but constant rise in the internal pressure inside the chamber, because I have adjusted the BIBS with a free flow of oxygen. Approximately every five minutes, the chamber pressure is adjusted to keep his pressure stable to around 800 mili bars. This is accomplished by opening the chamber outlet valve which reduces the internal chamber pressure. This does not alter the free flow of oxygen to the patient.
19. Mr DAWSON’s typical chamber session is of two hours duration. Normally he will be awake for the duration watching television or he will sleep for the chamber session. On the last occasion he was awake for about twenty minutes before sleeping.
20. I constantly supervise the operation of the chambers, which requires me to walk along the front of the four chambers monitoring the chambers in operation and the patient entertainment. When Mr DAWSON sleeps, normally he will be leaning against the right hand side of the chamber, on this occasion he was comfortably maintained in an upright seated position throughout the entire session.
21. As part of his condition, Mr DAWSON has involuntary movement and becomes easily agitated and restless and will often pull the mask down off his face, remove his glasses, kick of his blanket and is constantly fidgeting. However during his sessions, he is also comfortably placed and not fidgeting. If the mask is removed and he pulls it off totally, I will depressurise the chamber slowly, open the access door, withdraw the chamber seating and refit the mask.
22. On this occasion he appeared to be comfortable, not fidgeting asleep with his glasses and hat in place. Throughout the time period, he appeared to be asleep but noted his movement. I would check Mr DAWSON and the chamber constantly throughout the duration of his treatment.
23. At the time he was having his session the three other chambers were also in use with patients requiring constant supervision. I was the only technician working at the clinic which has been our standard operating procedure for the past twenty years. There is always other people in the clinic as most patients have carers or family members who wait in the clinic while the patient is in the chamber.
24. Mr DAWSON who was in chamber one. At approximately 10:40AM, I changed his oxygen bottle, at which time I also observed him asleep and he appeared comfortable with slight involuntary movement nodding his head and twitching his arms and hands intermittently. Each chamber has two oxygen bottles, one in use and one as a backup.
25. During my observations of the chambers, I noticed chamber number two, the next chamber from Mr DAWSON, the patient in chamber two who was a stroke patient, needed his oxygen bottle changed. I changed the bottle at 11:00 AM.
26. At this time I observed Mr DAWSON still comfortably asleep in an upright position as I had observed him before with slight involuntary movement. At approximately 11:10AM, the patient in chamber two had finished his movie and I changed his movie to a documentary.
27. At about this time, the parents to the patient in chamber two walked back into the clinic and I confirmed to them that their son was doing well and informed them that I had changed his movie to a documentary.
28. At the time of this interaction, I was standing between chamber one and two, I observed Mr DAWSON comfortably asleep but did not observe any movement.
29. I continued monitoring the other chambers patients and pressures. At approximately 11:15AM, I rechecked Mr DAWSON and he still looked asleep the same as before and didn’t think too much of it at the time. The chamber was operating as it had been for the time he had been in the chamber. Everything was stable.
30. A few minutes later I felt prompted to have a closer look at Mr DAWSON and on this occasion I was looking into the chamber and had my face right next to the chamber and I observed that he appeared pale at the base of his neck. Looking closely at Mr DAWSON’s face, I noticed what appeared to be blood on the other side of the mask.
31. I immediately knocked on the window which is immediate to his head to gain his attention, but he didn’t respond. I then went to the front of the chamber and spoke into the microphone and turned up the volume on the documentary to very loud. Often if I had done this on previous occasions when Mr DAWSON has been uncomfortably positioned leaning to the right hand side against the chamber.
32. On this occasion he didn’t respond. I was immediately concerned and started decompression and telephoned Mr DAWSON’s father Ted on his mobile. This call went to his message bank. It takes around five minutes to decompress the patient which is a controlled decompression. The chamber is manufactured with a controlled decompression. It took approximately five minutes to remove him from the chamber. I opened the backdoor and pulled him out of the chamber and removed his mask and BIBS.
33. I noticed what appeared to be bright fresh blood to the right side of the mask and approximately ten centimetres down into the flexible plastic blue tube. Mr DAWSON was unresponsive, however I observed a small amount of blood to the right side of his mouth and nose and what appeared to me to be bubbling out the right nostril.
34. I immediately checked his airway, reclined his seat into a more recumbent position and refitted his mask and turned the inlet value that was still operating with a free flow of oxygen and fully opened the value. The amount of oxygen flow was considerable and then started chest compressions. During the compressions I called 000 on my mobile and put it on speaker.
35. I spoke to the operator and stated that this is an emergency and I required an Ambulance and that I believed that Mr DAWSON had suffered a cardiac arrest and required immediate assistance. I was asked if he was independently breathing, I stated that there was bubbling from his nose but I was undertaking compressions. I continued the compressions and supplying the hi flow of 100% oxygen to Mr DAWSON until the arrival of the Ambulance team at which time they took over. As this occurred Mr DAWSON’s wife Labom returned to the clinic.
36. The Ambulance team removed his mask and transferred Mr DAWSON to the carpeted floor and continued with chest compressions and proceeded with a defibrillator. To my knowledge they regained his heart beat and they were still providing assisted breathing. During this time I contacted Ted DAWSON and informed him what was happening. Ted told me he was coming back to the clinic.
37. I placed Mr DAWSONs mask and tubing onto the top of chamber one and turned off the free flow of oxygen through the BIBS mask. I repositioned the chamber as the chamber had moved from the chest compressions I was giving. It had moved towards chamber two. I replaced it into its original position.
38. Mr DAWSON was taken away from the centre in an Ambulance and conveyed to the Alfred hospital. Later the same day, maybe thirty five minutes or so, I was telephoned by an emergency physician from the Alfred casualty who asked me what pressure Mr DAWSON was at the time. I informed him that the treatment was 800 mili bars and he was at about 750 mili bars at the time and how long he had been a patient for and a brief history.
39. Emergency procedures for the evacuation from a chamber are to depressurise the chamber, inspect the patient and contact emergency services on 000 and provide immediate first aid.
40. In twenty years of me providing full time operation of the Hyperbaric chambers, there has never been an incident requiring an emergency evacuation from a hyperbaric chamber.
41. Ted DAWSON and Craig’s wife Labom left the clinic to attend the Alfred hospital.
42. On Thursday the 7th of April 2016 at around 9:15PM, I received a phone call from a WORKSAFE investigator Arthur, stating that equipment failure had occurred in the clinic on the 7th of April. I informed him the incident was on the 6th of April, and it was not failure of the equipment and that the chamber had been in constant use since the incident had occurred.
43. On the 8th of April 2016, WORKSAFE attended the clinic whilst I was away in Sydney and issued a prohibition notice for chamber one, preventing further use until the chamber had been reviewed by the manufacturer.

1. On the 12th of April 2016 I was informed that Mr DAWSON had passed away by Ted DAWSON. The funeral service was about five or six days later after this. I attended the funeral service.

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(Malcolm HOOPER)

Statement taken and signature witnessed by me

at 10:09 PM on 16/06/2016 at Prahran

Shane ABSON

Det.Senior Constable 36696

I hereby acknowledge that this statement is true and correct and I make it in the belief that a person making a false statement in the circumstances is liable to the penalties of perjury.

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(Malcolm HOOPER)

Acknowledgment made and signature witnessed by me

at 10:10 PM on 16/06/2016 at Prahran

Shane ABSON

Det.Senior Constable 36696