

Advances in Telemedicine

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Telemedicine

Simple forms of telemedicine were introduced in the 1920s and gradually increased in complexity over the following decades using telephone-based technology. It was the development of the internet that allowed rapid progress and the widespread use of telemedicine. Another significant “driver” was the COVID pandemic.

Telemedicine via live video kept healthcare professionals and patients safe from exposure to the virus as neither party had to travel to clinics or hospital institutions to provide and receive care.

Obvious areas of use

- Remote communities (where DanMedical’s D-MAS system was first used)
- Hospitals, Clinics and areas with poor specialist medical expertise availability
- Remote work locations
 - Offshore

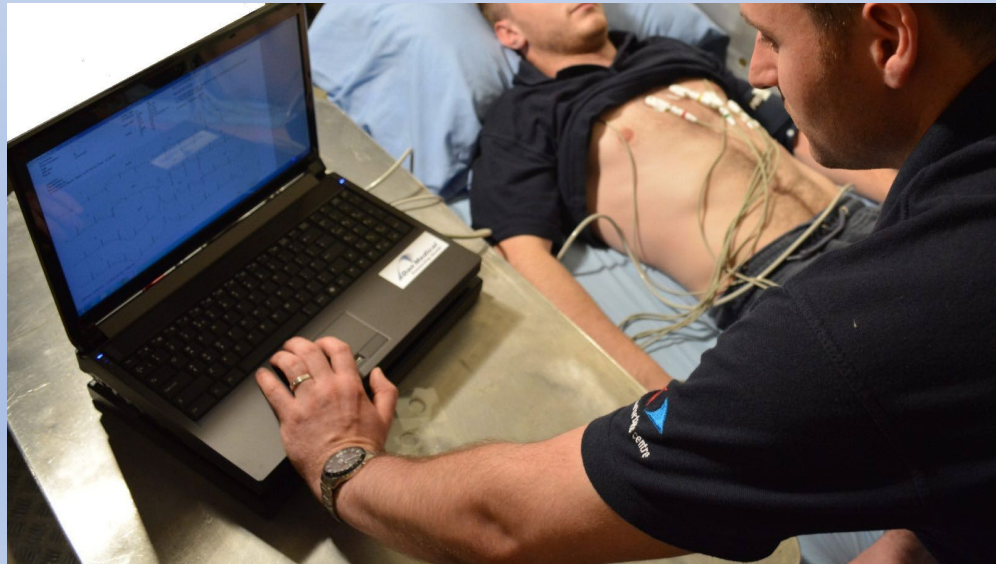


General Benefits of Telemedicine

- Improved Access to Care
- Convenience and Time Savings
- Continuity of Care
- Cost Efficiency
- Infection Control
- Expanded Specialist Access
- Enhanced Patient Engagement

General Challenges of Telemedicine

- Technological Barriers
- Data Security and Privacy Concerns
- Licensing and Regulatory Issues
- Limited Physical Examination
- Digital Literacy Gaps
- Quality of Care Concerns



DanMedical Overview

- With our D-MAS systems, DanMedical provides advanced telemedicine support for any location – from remote and offshore environments to hospital and clinical settings
- We design and evolve our products in line with the vital developments and implementation of guidelines and standard practices set within the North Sea
- Using the North Sea as a reference as to how health and safety can be improved to the highest level, we are supporting the implementation of these standards in other regions, for example in the APAC Region, where some operators have now started to implement telemedicine to saturation diving project requirements



Industry recognition of the importance of telemedicine in medical contingency arrangements

IOGP 411

Medical equipment held on-site which includes that of a minimum specification that is capable of measuring: blood pressure, heart rhythm, and SPO₂, and be able to transmit this information from inside of the chamber to a doctor remote from the worksite, such that the information can be viewed in real time

DMAC 28

A saturation rated telemedical patient monitoring system (for blood pressure, ECG, pulse, temperature, SAO₂)

NORSOK U-100

Persons performing advanced first aid shall have priority and unimpeded access to suitable telecommunication with the RCDD, the duty diving doctor or any other competent personnel as might be required.

For all diving operations performed under this standard, telemedicine equipment shall be available for communication with the duty diving doctor.

In addition to video conferencing, the telemedicine capabilities should at least include blood pressure, pulse oximetry, transmission of high resolution images and 12 channel ECG.

The equipment shall be able to transmit video and sound to the onshore health service. The equipment shall also include units for monitoring and transmission of vital physiological parameters, as a minimum ECG, non-invasive blood pressure and SPO₂

IMCA D061

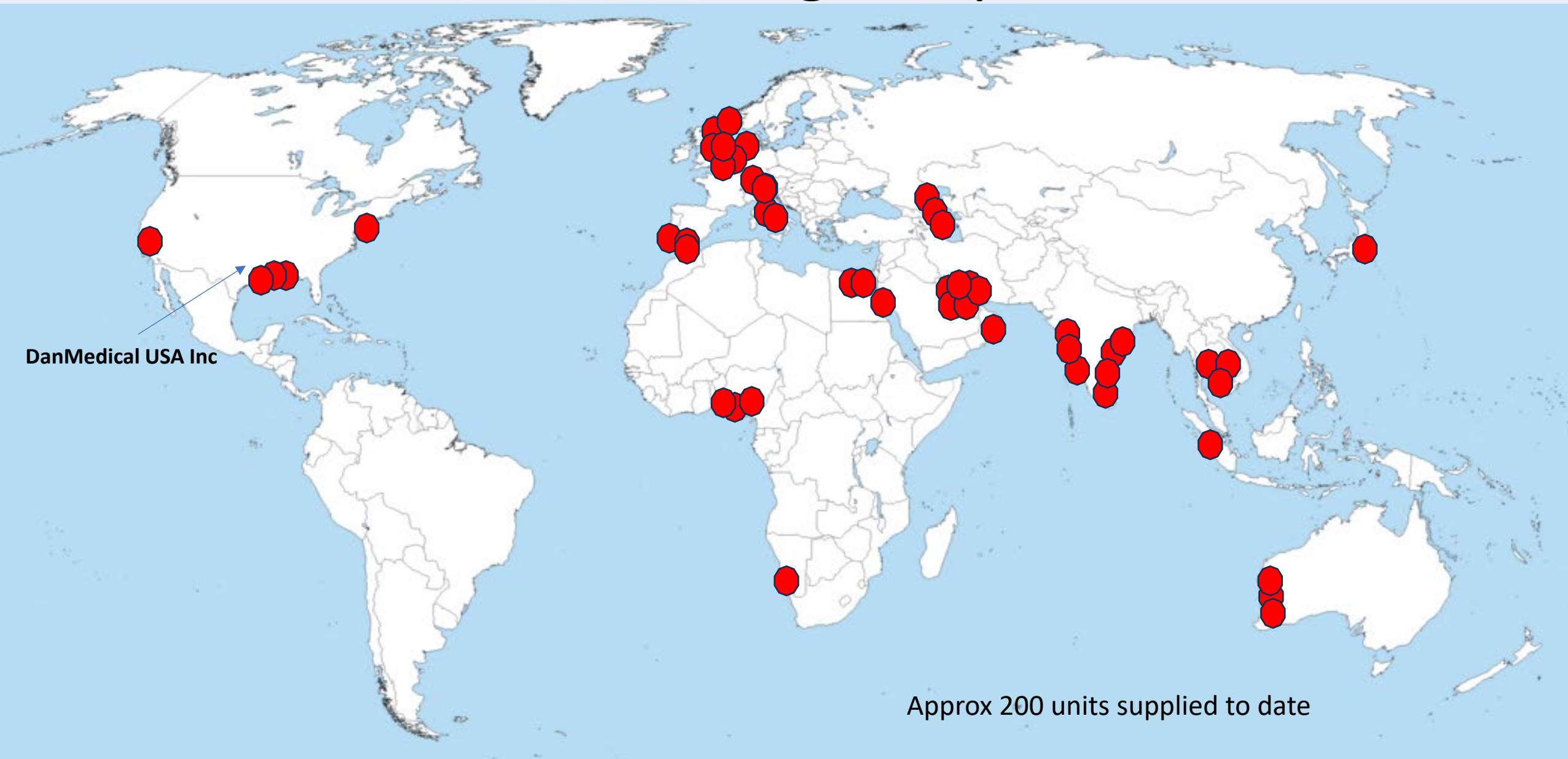
Some hyperbaric chambers may be equipped with a medical monitoring system. Such systems permit remote medical monitoring of the patient using real-time data taken within the hyperbaric chamber. Sharing this real-time data with a shore-based Diving Medical Physician may help to enable more informed and accurate medical decision making

The industry recognises the importance of providing the best medical contingency possible, with proven equipment

Extensive experience with TeleMedicine means it is now suitable and expected for medical monitoring of divers in saturation

Despite international adoption, there are still areas where some Diving Contractors and Operators are not compliant with industry guidance...

World Coverage Map



Standard Functions

Live Monitor display for all vital signs information

Resting ECG: 12-channel display, **Extended ECG monitoring:** 10-lead input with recording capability

Pulse Co-Oximetry: Masimo SET finger clip sensor (SpO2) enables monitoring of oxygen saturation, perfusion index and pulse rate

Non-invasive Blood Pressure: Reusable arm cuffs supplied in various sizes

Core + Skin Temperature: Core temperature probes and a skin temperature probe (YSI 400 series sensors)

Spirometry module: Record and store PEF and FEV1 data

HD Digital Imaging Webcam: High resolution digital video used for real-time consultation and to capture images for wound care/injury detail. The HD Webcam with extended lead allows the medical team to see in the chamber or sick bay situation in real-time digital Video

OtoScope: for Ear, Nose and Throat, supplied with various sized speculums



Additional Functions

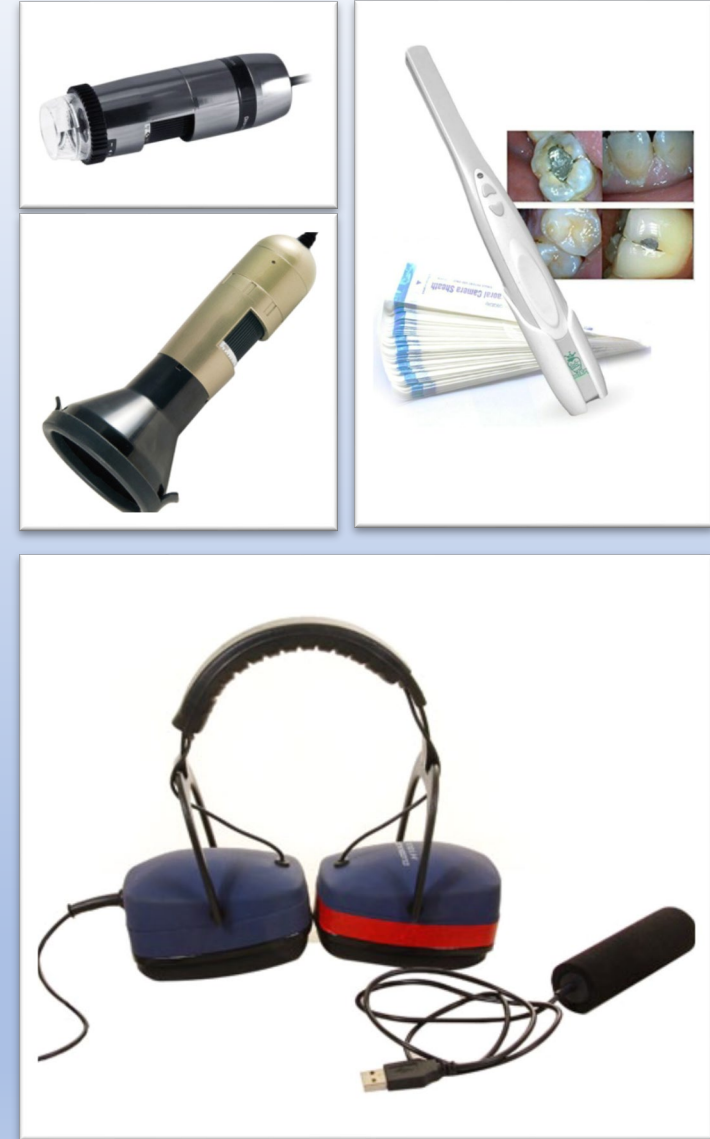
Digital Video DermatoScope: with polarising filter for skin, melanomas, lesions and magnified images for wound care

Digital Video IriScope: to look at the surface of the eye for injury

Digital Video DentalScope: for mouth, teeth and tongue

Audiometry Module (HSE & OSHA Hearing Test)

- The Audiometry module takes measurements of the patient's hearing function
- Equipped with ear defending headphones with 29dB attenuation at 1Khz (so the test can be performed in a work environment) and a response switch, our industry leading calibrated Audiometry test complies with the latest HSE guidance to periodically test and proactively detect Noise Induced Hearing Loss (NIHL) for workforces.



Please see DanMedical literature for full functions and capabilities

Patient Data Screen

This is what the remote viewer/specialist sees in real-time

D-MAS - Patient details and reports

File Edit View Help



Patient and Reports	Spirometry	Imaging	Audiometry	Monitor																																																																			
Patient Details Ref: <input type="text" value="9"/> First name(s): <input type="text"/> Surname: <input type="text"/> D.O.B.: Day - <input type="text"/> Month - <input type="text"/> Year - <input type="text"/> <input type="button" value="Confirm"/> Sex: <input type="text" value="M"/> Race: <input type="text" value="Unknown"/> Height (cm): <input type="text"/> Weight (kg): <input type="text"/> Waist (cm): <input type="text"/> Hip (cm): <input type="text"/> <input type="button" value="Update"/> Previous data: <table border="1"><thead><tr><th>Height(cm)</th><th>Weight(Kg)</th><th>BMI(kg/m²)</th><th>Waist(cm)</th><th>Hip(cm)</th><th>W/H ratio</th><th>Date</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table> Medication 1: <input type="text"/> Medication 2: <input type="text"/> Clinical Cond.1: <input type="text"/> Clinical Cond.2: <input type="text"/> Operator: <input type="text"/> Requested by: <input type="text"/> Reason for test: <input type="text"/> Department: <input type="text"/>	Height(cm)	Weight(Kg)	BMI(kg/m²)	Waist(cm)	Hip(cm)	W/H ratio	Date																																												BP measurements <table border="1"><thead><tr><th>Sys</th><th>Dia</th><th>(HR)</th><th>Date</th><th>Time</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></tbody></table> Reports Resting ECG: <input type="text"/> <input type="button" value="View"/> Spirometry: <input type="text"/> <input type="button" value="View"/> Imaging: <input type="text"/> <input type="button" value="View"/> Audiometry: <input type="text"/> <input type="button" value="View"/> Notes <input type="text"/> <input type="button" value="Report PDF"/>	Sys	Dia	(HR)	Date	Time															
Height(cm)	Weight(Kg)	BMI(kg/m²)	Waist(cm)	Hip(cm)	W/H ratio	Date																																																																	
Sys	Dia	(HR)	Date	Time																																																																			



Type here to search



13:49

24/10/2025

Trend Patient Data Screen

D-MAS - Patient details and reports

File Edit View Help

Patient and Reports

Patient Details

Ref:

9 02022000Bloggs

First name(s):

Joe

Surname:

Bloggs

D.O.B.:

02/02/2000

Age now: 25 years (ADULT)

Change

Sex:

M

Race:

Caucasian

Height (cm):

Weight (kg):

Waist (cm):

Hip (cm):

Update

Previous data:

Height(cm)	180	180	180
Weight(Kg)	75	80	85
BMI(kg/m²)	23.15	24.69	26.23
Waist(cm)	30	34	36
Hip(cm)	40	44	48
W/H ratio	0.75	0.77	0.75
Date	24/10/2023	24/10/2024	24/10/2025

Medication 1

steroid

Medication 2

psychotropic

Clinical Cond.1

other

Clinical Cond.2

endocrine disease

Operator:

Medic 1

Requested by:

Reason for test:

eaalth surveillance

Department:

Spirometry

Imaging

BP measurements

Sys						
Dia						
(HR)						
Date						
Time						

Reports

Resting ECG:

View

Spirometry:

View

Imaging:

View

Audiometry:

View

Audiometry

Monitor

Notes

Report PDF

Type here to search

ENG

13:56

24/10/2025

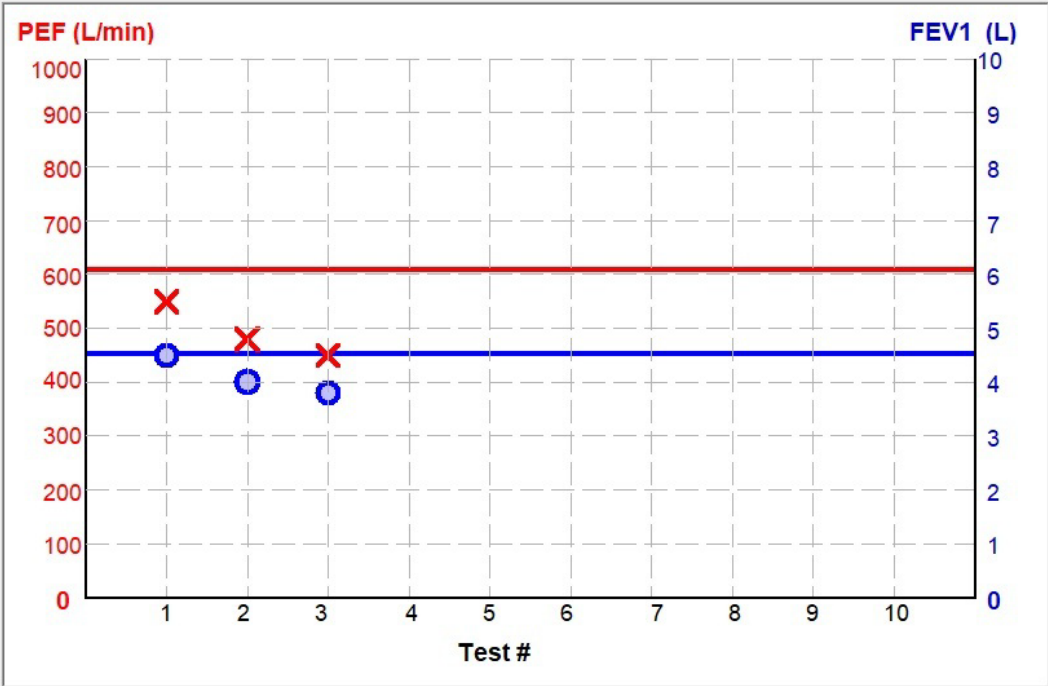
Trend Patient Data Screen

DanMedical - Spirometry

File Edit View Help



- Patient and reports
- Spirometry
- Imaging
- Audiometry
- Monitor



Test type

Short instructions - refer to documentation

☒ Forced

☐ Relaxed

Direct Forced Expiratory

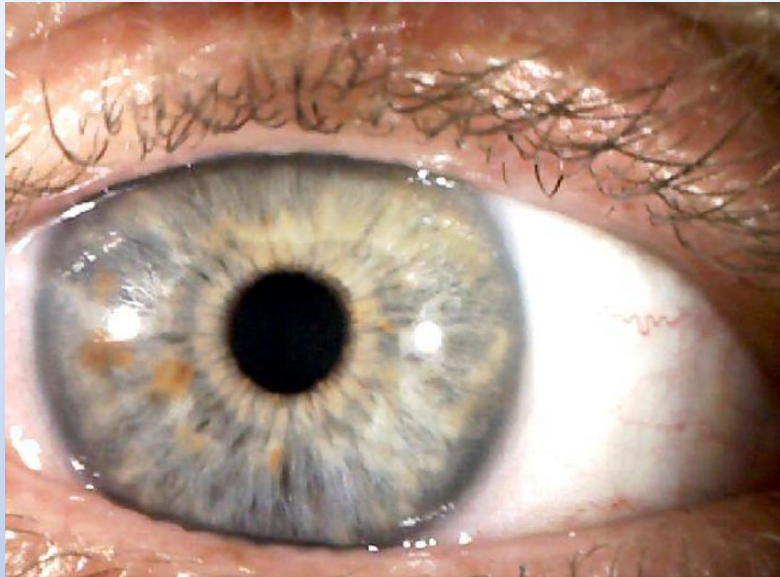
Encourage the patient to take a deep breath and then (ensuring their mouth fully covers the mouthpiece) 'exhale' all the air from their lungs, as quickly as possible (forcefully).

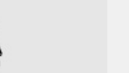







The patient may end the blow abruptly, if not sufficiently encouraged.

Spirometer

	Pred Min	Pred.	Pred Max	Test 1.	Test 2.	Test 3.	Test 4.	Test 5.	Test 6.	Test 7.	Test 8.	Test 9.	Test 10.
Test type	-	-	-	Forced	Forced	Forced	Forced						
Date	-	-	-	24/10/2023	24/10/2024	24/10/2025							
FEV1	3.68	4.52	5.36	4.5 (100%)	4 (88%)	3.8 (84%)							
PEF	487.8	607.2	726.6	550 (91%)	480 (79%)	450 (74%)							
Interp.	-	-	-	Normal	Mild Obs.	Mild Obs.							

Imaging





Clear picture

Hands / Feet

Clear picture

Head / Neck

Quick report...

Tattoos back of hand and for some reason inner lip



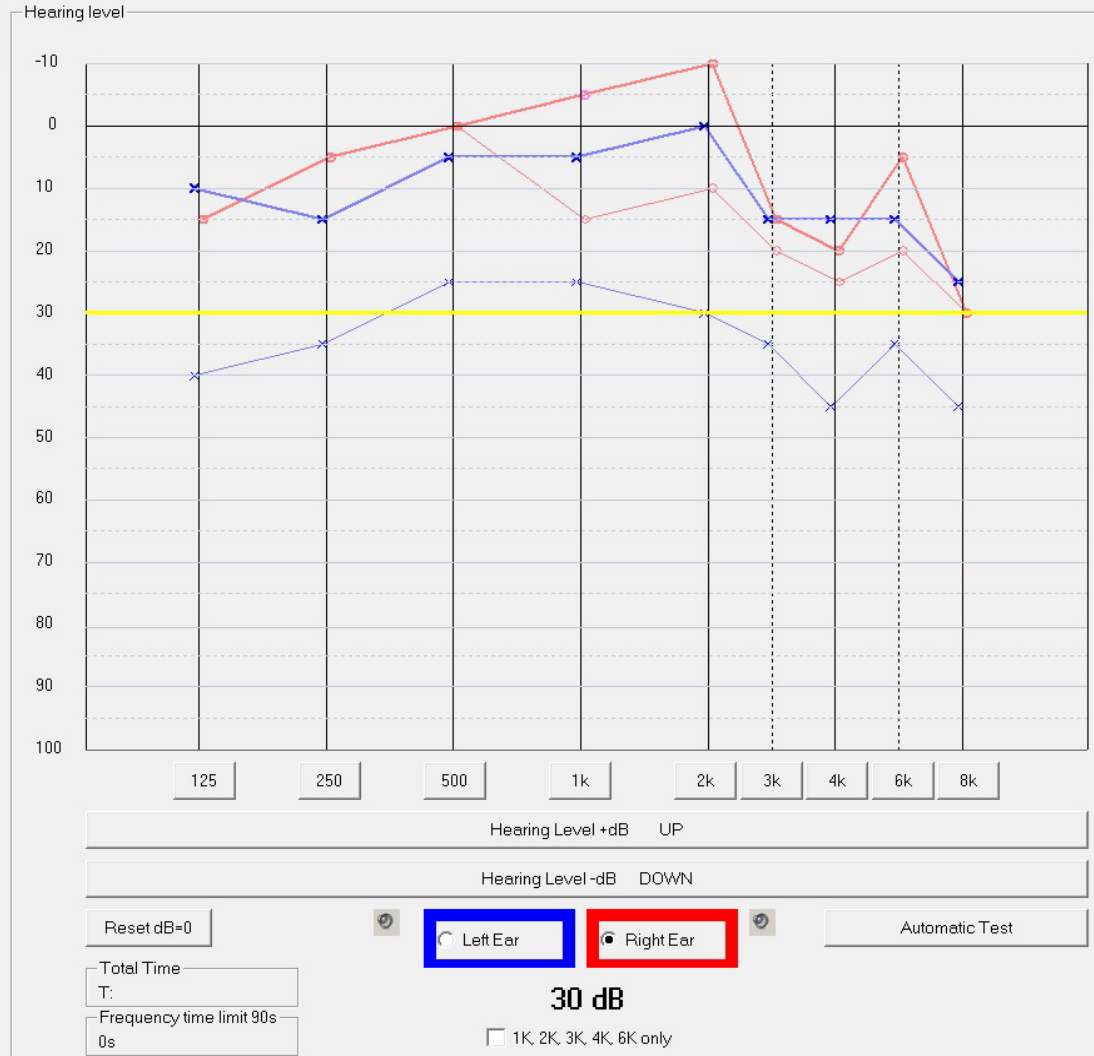
Trend Patient Data Screen

DanMedical - Audiometer Pro

File Edit View Help



- Patient and reports
- Spirometry
- Imaging
- Audiometry
- Monitor



Audiometry Results

					Hearing levels		
Test	Date	Age	Cat(L)	Cat(R)	Frequency	Left	Right
1	24/10/2023	43	Cat. 1 L	Cat. 1 R	125Hz	40dB	15dB
2	24/10/2025	45	Cat. 4 L	Cat. 1 R	250Hz	35dB	5dB
3					500Hz	25dB	0dB
4					1kHz	25dB	15dB
5					2kHz	30dB	10dB
6					3kHz	35dB	20dB
7					4kHz	45dB	25dB
8					6kHz	35dB	20dB
9					8kHz	45dB	30dB

HSE Calculator Audiometry Category: **Category 1: ACCEPTABLE (R)**
Category 4: RAPID HEARING LOSS (L)

Sum of hearing levels:	Left	Right	Change since previous record:	
1, 2, 3, 4 and 6 kHz	170	90	FIRST TEST	N
3, 4 and 6 kHz	115	65	IMPROVEMENT	n/a
1, 2, 3 and 4 kHz	135	70	DETERIORATION	Y
Patient age at test:	45 M		NO CHANGE	n/a

OSHA Calculator

Age	Audiogram		2 kHz	3 kHz	4 kHz	STS	STS, corrected for age
43	Baseline	Left	0	15	15		
		Right	-10	15	20		
		Age Cor.	7	12	16		
45	Most recent	Left	30	35	45	26.7	25.7
		Right	10	20	25	10	9
		Age Cor.	7	13	18		

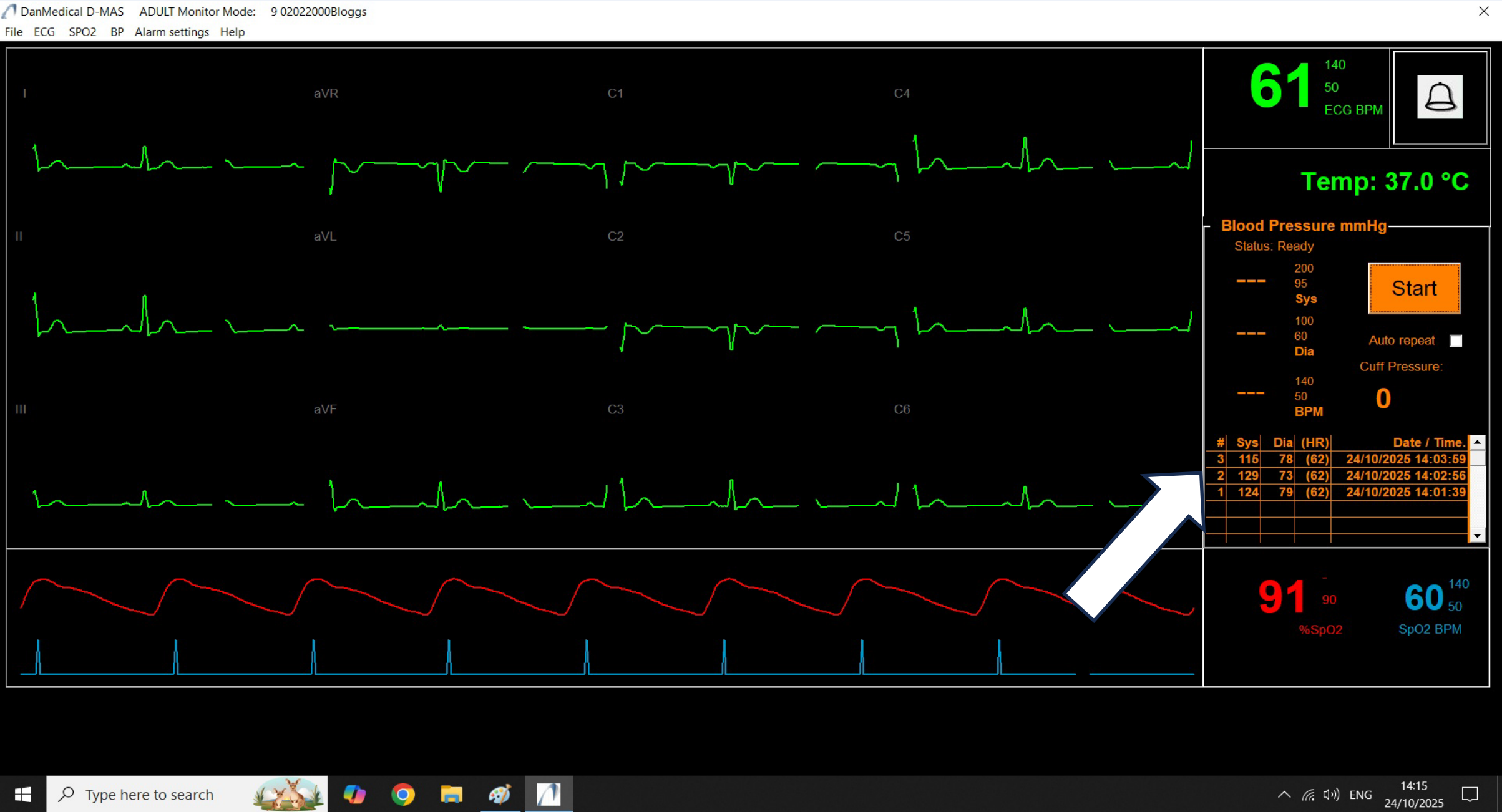
Age Corrected Threshold Shift: Excessive Loss Left Ear
Left Average Difference with Audiometric Zero: 36.7 (OSHA Reportable)
Right Average Difference with Audiometric Zero: 18.3

Set as Baseline Audiogram Comparison Audiogram

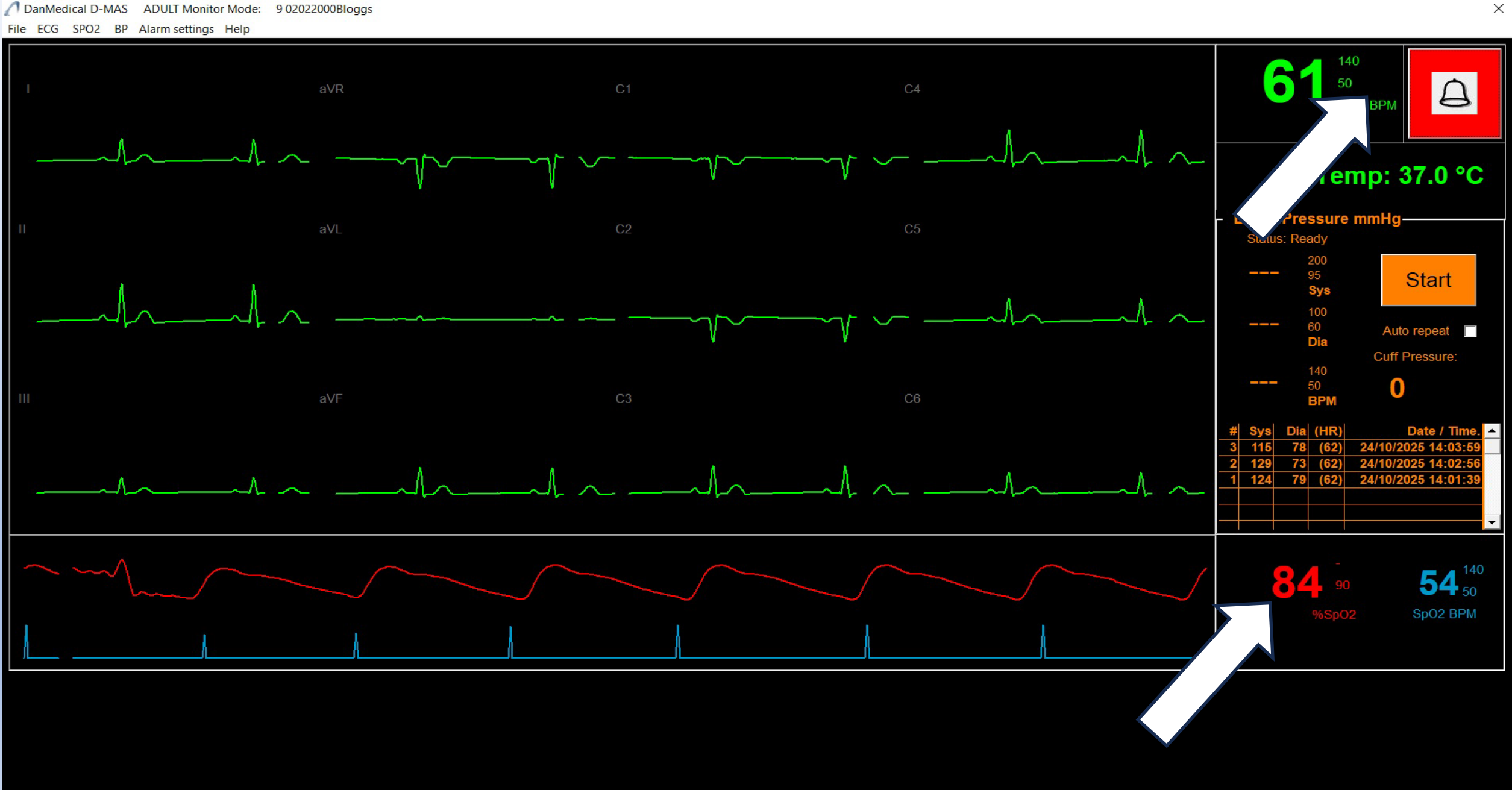
Baseline

recent

Monitor screen



Monitor screen



Export to pdf report

D-MAS - Patient details and reports

File Edit View Help

Export PDF Report

Select options to include in the PDF Report

Select All

Deselect All

☒ Patient details

☒ Blood Pressure Measurements

☒ Resting ECG

☒ Spirometry report

☒ Image report

☒ Audiometry report

Select Resting ECG report to include:

Resting ECG Report #0 Date: 24/10/2025 Time: 14:06:29

Select Audiometry report to include:

24/10/2023
24/10/2025

Cancel

Create PDF

Patient

Ref:

First name

Surname

D.O.B.

Sex:

Height

Waist (cm)

Previous

Medication 1

Medication 2

Clinical Cond.1

Clinical Cond.2

Operator:

Requested by:

Reason for test:

Department:

W/H ratio

0.75

0.77

0.75

Date

24/10/2025

24/10/2025

24/10/2025

steroid

psychotropic

other

endocrine disease

Medic 1

health surveillance

Audiometry

Monitor

Sys

115

129

124

Dia

78

73

79

(HR)

(62)

(62)

(62)

Date

24/10/2025

24/10/2025

24/10/2025

Time

14:03:59

14:02:56

14:01:39

Resting ECG Report #1 Date: 24/10/2025 Time: 14:06:29

View

Imaging data available

View

Image Report#1 Date: 24/10/2025

View

Audio report #1 Date: 24/10/2023

Audio report #2 Date: 24/10/2025

View

Notes

Employee showing gradual weight increase

Lung function test shows decreased capacity

Blood gas is a concern.

Report PDF

Type here to search

14:19

24/10/2025

Password-protected report

D-MAS Patient report.



Patient details.

First name: Joe

Second name: Bloggs

D.o.b.: 02/02/2000

Gender: M

Height: 180 cms

Weight: 85 kgs

BMI: 26.23

Operator: Medic 1

Department:

Requested by:

Notes:

Employee showing gradual weight increase

Lung function test shows decreased capacity

Blood gas is a concern.

D-MAS Report: Spirometry

Predicted set: ECCS



Patient details: 9 02022000Bloggs

First name: Joe

Second name: Bloggs

D.o.b.: 02/02/2000

Gender: M

Height: 180 m

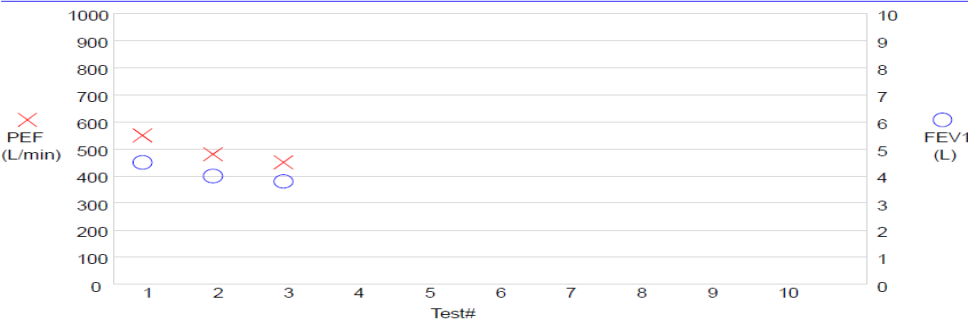
Weight: 85 kg

BMI: 26.23

Operator: Medic 1

Department:

Requested by:



Test Type	Min	Pred.	Max	Test 1	Test 2	Test 3
Date				24/10/2025	24/10/2025	24/10/2025
FEV1	3.68	3.68	3.68	4.5 (100%)	4 (88%)	3.8 (84%)
PEF	487.8	607.2	726.6	550 (91%)	480 (79%)	450 (74%)
Interp.				Normal	Mild Obs.	Mild Obs.

D-MAS Patient report.



Previous Blood Pressure results: sys/dia (pulse) 124/79 (62) 24/10/2025 14:01:39
129/73 (62) 24/10/2025 14:02:56
115/78 (62) 24/10/2025 14:03:59

Surname: Bloggs

First name(s): Joe

DOB: 25yrs (02/02/2000)

Gender: M

Race: Caucasian

Operator: Medic 1

Department: -

Requested by: -

Resting ECG Report #0 Date:24/10/2025 Time: 14:06:29

Heart rate 59

Durations P 98 ms

QRS 104 ms

Intervals PR 164 ms

QT 340 ms

QTc 339 ms

Axes P 53

QRS 53

ST -125

T 53

ECG INTERPRETATION:

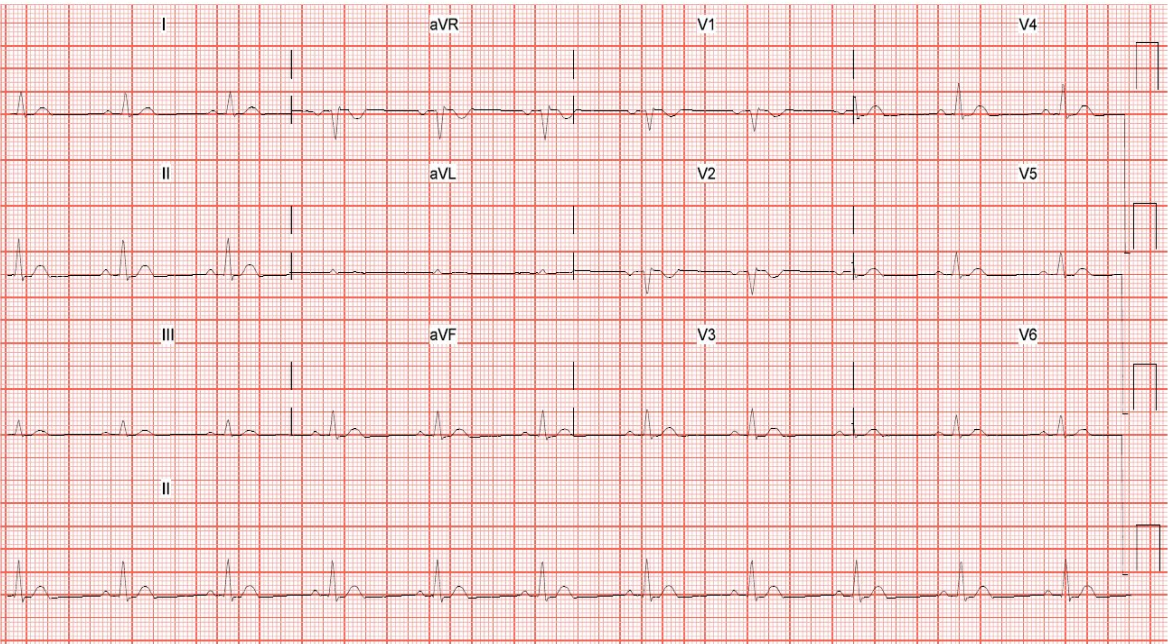
SINUS RHYTHM

SHORT QT INTERVAL

Q wave in septal lead

T wave inversion also present

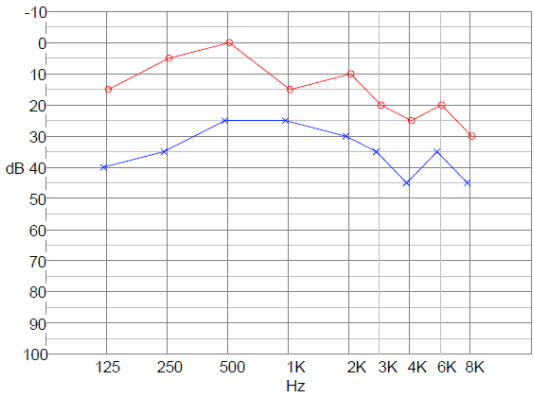
POSSIBLE SEPTAL INFARCTION - AGE UNDETERMINED



25mm/s 10mm/mV ~0 Hz to 40 Hz~ Filter On



Password-protected report



Hearing threshold: Left Right

125 Hz:	40 dB	15 dB
250 Hz:	35 dB	5 dB
500 Hz:	25 dB	0 dB
1K Hz:	25 dB	15 dB
2K Hz:	30 dB	10 dB
3K Hz:	35 dB	20 dB
4K Hz:	45 dB	25 dB
6K Hz:	35 dB	20 dB
8K Hz:	45 dB	30 dB

HSE Results. Date of test: 24/10/2025
Sum of hearing levels Left: Right:
1,2,3,4 and 6 kHz: 170 90
3,4 and 6 kHz: 115 65
1,2,3 and 4 kHz: 135 70
Patient age at test: 45
Category 4: RAPID HEARING LOSS (L) Category 1: ACCEPTABLE (R)

Patient details: 9 02022000Bloggs

First name: Joe

Second name: Bloggs

D.o.b.: 02/02/2000

Gender: M

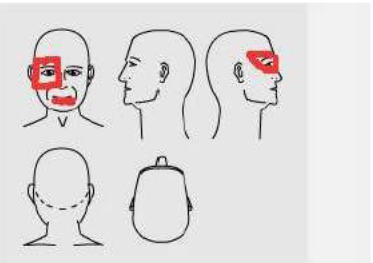
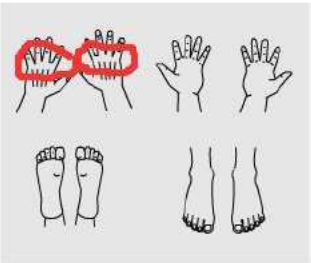
Report: Quick report...

Tattoos back of hand and for some reason inner lip

Department:

Requested by:

Number of images: 0



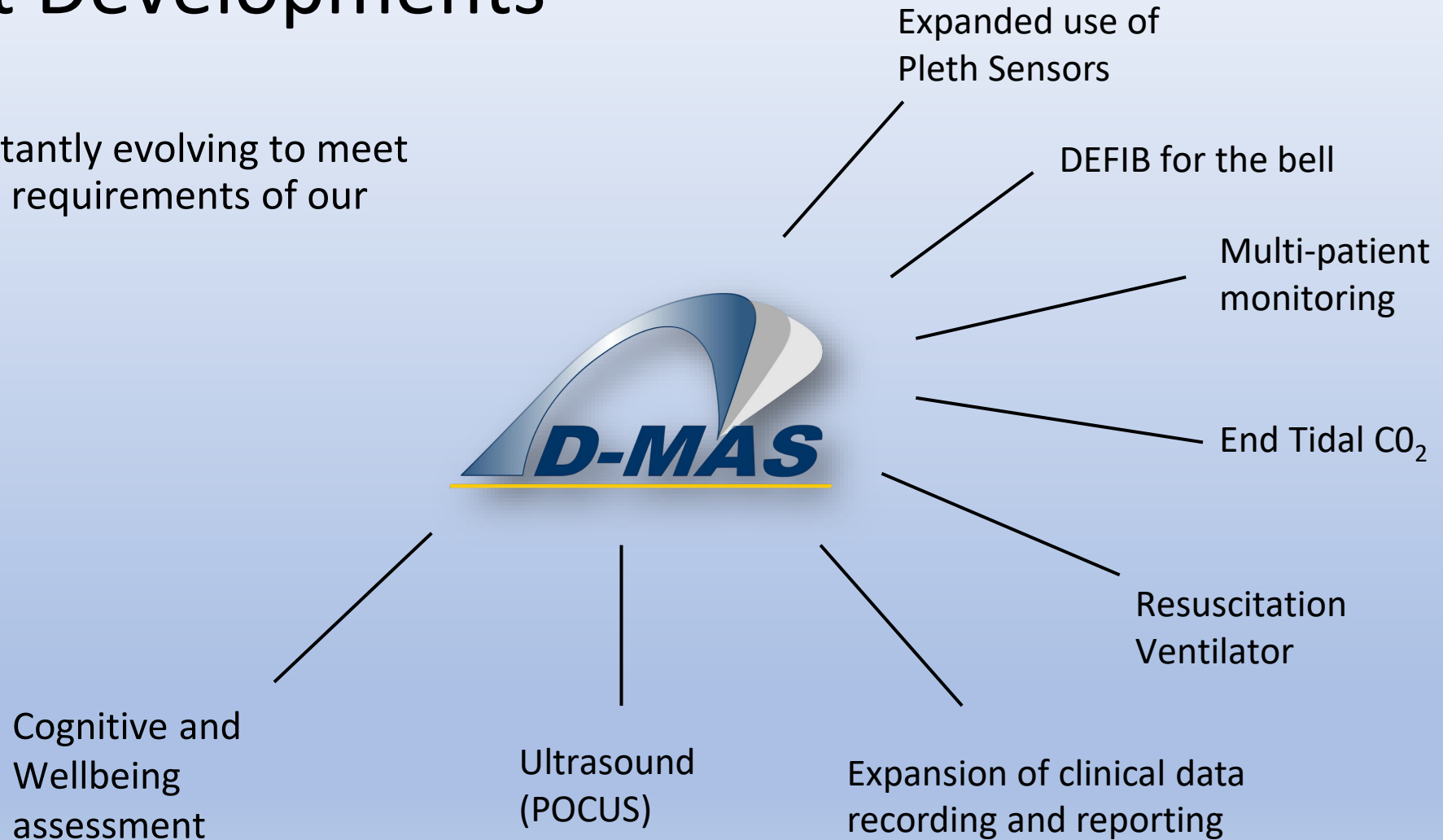
Occupational Health Screening

- Minimises operational disruption by enabling proactive health monitoring and surveillance to detect and address medical concerns early before they escalate, for the whole vessel
- Supports with offshore medicals, fitness-to-work evaluations and ERT fitness tests
 - e.g The Chester Step Test can be downloaded onto D-MAS, with results logged to show trends
- Streamlines Operations by combining multiple diagnostic tools into one compact system, reducing the expense of separate equipment, training and maintenance
- Health Surveillance (NAWR, HSAWA etc) allows trend identification by updating and adding data to an individual subject's file and action intervention points to be defined



Current Developments

D-MAS is constantly evolving to meet the needs and requirements of our clients



DEVELOPMENT CHALLENGES

- Requirement to meet robust and Clinical Grade diagnostic standards and regulatory requirements including periodic calibration.
 - User-friendly interface and operating mode for non-medical personnel – stressful situation
 - Build and test for hyperbaric heliox environment (450msw)
 - Cost versus limited market
 - Equipment obsolescence
-
- **Identifying “nice-to haves” versus genuinely useful functions.**

OPERATIONAL CHALLENGES

- Sometimes poor familiarity of the on-call doctor or Medic with such a system
- Problems with talking to divers and helium speech, therefore, the importance of text message facilities or built-in unscramblers
- Familiarity and frequency of drills
- Bandwidth restrictions

UNDERUSED POTENTIAL

- Difficulty in getting people to realise that this is not just for divers but is a **valuable resource for everybody on board** - It is an integrated system which incorporates all the individual diagnostic and monitoring equipment in the sick bay
- Custom reports including chosen parameters and pictures / graphics
- Occupational health screening and long-term monitoring on an individual basis

Partnerships & Collaborations

We recognise the importance of collaboration in the effort to promote safety within our industry

- Diving Contractors and Operators
- Occupational health teams
- Telemedicine physicians/specialists
- Navy & military clients
- Diving system suppliers
- Training Establishments
- Suppliers of licensed medical devices
- Technology suppliers









D-MSD Patient report

Patient details:
First name: Jia
Second name: Briggs
D.o.b.: 02/02/2000
Gender: M
Height: 180 cm
Weight: 68 kg
BMI: 21.22

Operator: Medo 1
Department:
Requested by:

Notes:
Employee showing gradual weight increase
Lung function test shows decreased capacity
Blood gas is a concern.

Previous blood pressure results (systolic/diastolic):
120/80, 125/85, 130/90, 135/95, 140/100, 145/105, 150/110, 155/115, 160/120, 165/125, 170/130, 175/135, 180/140, 185/145, 190/150, 195/155, 200/160, 205/165, 210/170, 215/175, 220/180, 225/185, 230/190, 235/195, 240/200, 245/205, 250/210, 255/215, 260/220, 265/225, 270/230, 275/235, 280/240, 285/245, 290/250, 295/255, 300/260, 305/265, 310/270, 315/275, 320/280, 325/285, 330/290, 335/295, 340/300, 345/305, 350/310, 355/315, 360/320, 365/325, 370/330, 375/335, 380/340, 385/345, 390/350, 395/355, 400/360, 405/365, 410/370, 415/375, 420/380, 425/385, 430/390, 435/395, 440/400, 445/405, 450/410, 455/415, 460/420, 465/425, 470/430, 475/435, 480/440, 485/445, 490/450, 495/455, 500/460, 505/465, 510/470, 515/475, 520/480, 525/485, 530/490, 535/495, 540/500, 545/505, 550/510, 555/515, 560/520, 565/525, 570/530, 575/535, 580/540, 585/545, 590/550, 595/555, 600/560, 605/565, 610/570, 615/575, 620/580, 625/585, 630/590, 635/595, 640/600, 645/605, 650/610, 655/615, 660/620, 665/625, 670/630, 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Thank You



D-MAS Digital Medical Acquisition System