Regarding the symptoms of overtraining the 22% of the athletes mention the problem persists, due to the pecularities of individual adaptation of the body to training factors.

Key words: football player, overtraining syndrome, training, recovery.

248. THE EXAMINATION OF CARBON DIOXIDE IN THE CONFERENCE ROOMS OF STATE UNIVERSITY OF MEDICINE AND PHARMACY *NICOLAE TESTEMITANU*

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Basic.Carbon bioxide is a colorless gas, odorless, it doesn't irritate the mucous membrane and it can't be felt. The carbon bioxide is 1,5 times heavirr then the air, that's way it is usually concentrated in the lower part of closed spaces, causing the intoxication of the organism, but also it's a sanitory indicator that shows up the ventilation's work quality in spaces with different destinations, as Gh. Ostrofet metions.

In outdoor air in urban conditions, the carbon bioxide is found in concentrations of 0.3-0.4 %, there for it shouldn't overcome 0.1% or 1000ppm in closed spaces. This amount remains at constant values in nature, because it's intake and output is in perpetual balance.

Tne cabon bioxide is expeled during exhalation in the process of human respiration, this fenomen consisting it's main source in closed spaces. An adult expels 15-22l of carbon bioxide per hour. It expels at yhe cellular firing trough the expeled air, that contains 3.4-4.5% of CO2.Enormous concentrations of carbon bioxide comes out in closed spaces or in areas where are present agressed sources of CO2.To prevent intoxication with carbon bioxide it's required to assure an efficient ventilation in all the situations that can advantage the expansion of carbon bioxide. Concentration (fermentation rooms, mines, shelters). The carbon bioxide, increasing concurrent with the changes of the factors that determine the air blemish in crowded rooms, is used as an vitiate indicator of the air. The admissible amount of carbon bioxide in closed scaces is of 0.1%, as I. Bahnarel mentions.

Materials and methods. We have analysed the carbon bioxide's concentration in the conference rooms of the State Universitynof Medicine and Farmacy „Nicolae Testemitanu", using the digital gas analyzer AQ-2000, before the entrance of the students in the room, during the break and after the end of the classes. To be assured we have checked a set of samples through Vinocurov's analytical chemic technique. Vinocurov's technique is based on the absorbent of carbon bioxide with a base after wich it titer decreases. The decrease of the sodium carbonate's titer is determined by the titration of clorhydric acid of 1/500N. The reactions is based on the following formula:

$$Na2CO3 + HCl \rightarrow Na\ HCO3 + NaCl$$

The concluded measurement results are placed in the table below:

Conference room / Measurement results		Conference room of Fiziology	Conference room Esanu	Conference room Farmacy	Conference room Galetchii	Conference room Anatomie
1	CO2	2742	3101	3042	1357	1841
	RH	51,7	58,2	54,2	32,3	56
	Temperature	67,3	65	68,3	65,5	65,7
2	CO2	5174	3963	4069	3062	2849
	RH	60,6	56,8	57,2	54,2	49,3
	Temperature	68,9	66,5	68,9	67,2	67,1
3	CO2	5775	4263	4341	3837	3507
	RH	61,4	57,4	58,2	59,2	56
	Temperature	61,2	68,8	69,2	68,7	69,2

Discution of the measurement results. After the analysis and comparison of the result, following the regulatory documentation in this field, we notice that according the international standards, namely GOST: 30494-2011; ISO 3166-004-97 and according that national ones, we attest a poor work of the ventilation system in the conference rooms that can cause a state of hypoxia with clinical signs of sleepiness among students during the classes.

Conclusion. Certainly, this results can be considered as preventive ones, because it requires wider measurement, specially of the qualitative and quantitative parameters of the ventilation system. However, the results require the inclusion of some practical recommendation, for example the student's

egress during the break time, the inclusion of the ventilation system and it's current service, the room's airing, before the classes, during the breaks and after classes.

249. METHODOLOGIES FOR LEGAL AND FINANCIAL COMPENSATION FOR ONCOLOGISTS WORK-RELATED HEALTH DAMAGE

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Introduction: The right to insurance in cases of accidents at work and occupational diseases, is guaranteed by the state. Insurance for accidents at work and occupational diseases consists in establishing specific medical-legal relations in cases of occupational hazards: diminished ability to work, loss of work capacity due to work-related accidents or occupational disease and obligatory social insurance system for all categories of employees, including oncologists.

Materials and methods: We analyzed normative acts in the field of social insurance of physicians of oncology specialties. Simultaneously we processed compensation procedures, benefits and compensation in case of work-related health injury of oncologists. Based on comparative law and the SWOT analysis 15 normative documents - laws, government decisions, and other regulations in force were analyzed.

Results discussion: Ensuring oncologists for work accidents and occupational diseases occur in different cases: reducing and offsetting consequences of work-related accidents and occupational diseases;promotion of occupational safety and prevention of occupational accidents and occupational diseases. Under the legislation Insurance, Citizens, including oncologists, are entitled to benefits and insurance claims for rehabilitation, recovery of work capacity, professional rehabilitation, allowances for temporary unemployment, for temporary transfer to another employment, disability and death. The legislation stipulates that in case ofdeath of the insured, including medical oncologists, as a result of a work-related accident or an occupational disease, the beneficiaries are: children of the insured person, in our case the oncologist, who at the time of his death: are aged up to 18 years or have reached that age, spouse or one of the parents of the deceased insured, or another person who, at the time of death of the insured, does not work and takes care of the insured person`s children under 3 years of age. For damage strife is when the doctors injured party knew or should have known the damage and the person responsible for the damage, concerning future and possible damage, for each injury is entitled to act independently is prescribed from the date the injured party has known effectively or must have known the damage occurred.These are some of the issues on the application of Moldovan legislation to resolve disputes related to recovery of damages caused by bodily injury or other harm to health or death.With great dissatisfaction, I had examples of so...

Conclusions:

1. Moldovan Legislation stipulates rights and remedies in case of injury to health and the exercise of the profession including oncologist.