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| Competency Evaluation Tool for ‘General Knowledge’ of Oxygen Therapy |

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| **Trainer’s Printed Name:**       | **Date:**       |
| **Trainer’s Signature**:       | **Trainer’s Contact Information:**       |

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**General Knowledge Oxygen Therapy Training Guidelines**

*The ‘General Knowledge’ Oxygen Training must be completed by a Qualified Trainer.*

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|  | Training Components of Equipment and Procedure | Comments |
| At the conclusion of this training, the Certified staff: |
| 1. | Knows where to locate the Service Provider’s Oxygen Therapy Policy/Procedure that outlines who will be responsible for providing Oxygen administration. |       |
| 2. | Knows that only licensed personnel (e.g., nurses) and trained MAP Certified staff may administer Oxygen. |       |
| 3. | Knows that to administer Oxygen, Certified staff must complete Vital Signs Training and demonstrate competency on a regular basis. |       |
| 4. | Knows that Oxygen is a medication. |       |
| 5. | Knows safe Oxygen storage requirements. |       |
| 6. | Knows that Oxygen Therapy is the administration of Oxygen at concentrations greater than that of room air. |       |
| 7. | Knows Oxygen Therapy is used to treat or prevent hypoxemia. |       |
| 8. | Knows hypoxemia is not enough Oxygen in the blood. |       |
| 9. | Knows the signs and symptoms of inadequate oxygenation. |       |
| 10. | Knows what to do if signs and symptoms of inadequate oxygenation are observed and who to notify. |       |
| 11. | Knows safe Oxygen handling procedures. |       |
| 12. | Knows the importance of clean technique and proper hand hygiene. |       |
| 13. | Knows to follow all Service Provider procedures for the administration of Oxygen, which must be in accordance with MAP Regulations and Policies. |       |
| 14. | Knows there must be a Health Care Provider (HCP) Order and/or Protocol regarding the need for administration of Oxygen.  |       |
| 15. | Knows Oxygen administration must be documented on a Medication Administration Record. |       |
| 16. | Knows adverse effects of Oxygen Therapy. |       |
| 17. | Knows there are various types of Oxygen delivery equipment (e.g., pressure regulation, gauge, flow meter, etc.). |       |
| 18. | Knows there are various types of Oxygen delivery sources (e.g., Oxygen Concentrator, Oxygen tank, etc.). |       |
| 19. | Knows there are various types of Oxygen delivery devices (e.g., nasal cannula, face mask, etc.), |       |
| 20. | Knows that if they have not administered Oxygen in the previous 12 months, they must retake Oxygen Therapy Training. |       |
| 21. | Knows when a call to the HCP is necessary. |       |
| 22. | Knows when a call to 911 is necessary. |       |
| 23. | Knows that after Emergency Response personnel have arrived and the individual is cared for, to follow all emergency procedures (e.g., notify HCP) per Service Provider’s Policy. |       |

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| Based on the General Knowledge Training Guidelines for Oxygen Therapy, I, as Trainer, have determined that the Certified staff named below have the knowledge to administer and monitor Oxygen. |

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|  | Certified Staff’s Printed Name: | Certified Staff’s Signature: |
| 1. |       |       |
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| 16. |       |       |
| 17. |       |       |
| 18. |       |       |
| 19. |       |       |
| 20. |       |       |

**The Trainer should close empty signature spaces upon completion of the training.**

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