

Certified Hyperbaric and Wound Specialist Examination

INSTRUCTIONS

Please submit the following documents to the American Board of Wound Healing:

1. Signed Attestation Statement (See attached PDF)
 - Confirming the applicant has a minimum of two years of experience in a hospital setting or outpatient facility as a Hyperbaric Technician with cross training as a Wound Care Assistant or equivalent clinical position
 - Confirming the applicant has achieved minimum of 500 hours of clinical experience per year for the prior 2 years, with time shared between hyperbaric chamber operations and actual participation in wound related patient care and management (at least 25% of time must be dedicated to wound care)
2. Copy of Certificate of Completion of an approved (ACHM, US Armed Forces, or UHMS) 40-hour introductory hyperbaric medicine course
3. Completion of Core Competencies (See attached PDFs)
 - Hyperbaric Therapy (Basic Knowledge, Chamber Operations & Equipment, Safety & Emergency Procedures, Hyperbaric Patient Management)
 - Wound Care (Basic Knowledge, Patient Skills, Wound Care Procedures & Regulations)
 - Core Competencies must be verified and endorsed by your employer, Medical Director or Program Manager validating your clinical experience detailed in the Core Competency Checklists.
4. Copy of State License (if applicable)
5. Copy of Resume

You may submit your documents by mail, fax or email:

- Mail to:
American Board of Wound Healing
6737 W. Washington St
Suite 3265
West Allis, WI 53214
- Fax to: 414-269-5464
- Email to: admin@abwh.net

ATTESTATION STATEMENT

I have achieved a minimum of two years of experience in a hospital setting or outpatient facility as a Hyperbaric Technician with cross training as a Wound Care Assistant or equivalent clinical position.

I have performed a minimum of 500 clinical hours of direct patient care per year for the prior 2 years. This clinical time has been shared between hyperbaric chamber operations and participation in wound related patient care and management.

At least 25% of my clinical time has been dedicated to direct patient related wound care activities. I have direct experience in the following areas:

- ☐ Patient Assessment
- ☐ Dressing Removal
- ☐ Wound Assessment
- ☐ Wound Cleansing
- ☐ Assistant in Wound Debridement
- ☐ Procedure Assistant (e.g. total contact casting, skin substitute application, negative pressure wound therapy devices, etc)
- ☐ Wound Photography
- ☐ Wound Care Documentation
- ☐ Wound Dressing Application
- ☐ Patient Transport
- ☐ Other (Please List: _____)

I certify that the information contained in this application is correct and complete, and understand that any recognition granted me must be returned if I have falsified or omitted information. I further certify that I understand that CHWS certification is granted upon completion of the examination. I am not entitled to a refund. I also understand that being granted CHWS certification will be valid for five (5) years and that recertification will be required to maintain active CHWS status after the initial five year certification period.

Applicant's Name: _____

Applicant's Signature: _____ **Date:** _____

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THE AMERICAN BOARD OF WOUND HEALING

CERTIFIED HYPERBARIC & WOUND CARE SPECIALIST

CORE COMPETENCY CHECKLIST

Endorsed By:



Applicant's Name: _____

BASIC HYPERBARIC KNOWLEDGE AND GAS LAWS

CHECKLIST

The following Core Competency Checklist must be reviewed by the applicant's manager/supervisor. The manager/supervisor must attest to the applicant's knowledge and clinical skill for each element on the checklist by checking or initialing the "Competency Demonstrated" box and then signing and dating the bottom of the form. The completed core competency checklists must then be submitted as part of the examination application. No applicant will be allowed to take the CHWS examination without all of the Core Competency Checklists being completed and signed by an authority.

	The applicant has successfully demonstrated competency in the following areas:	COMPETENCY DEMONSTRATED
1	Understand the physics related to pressure exposures	
2	Perform basic calculations for the conversion of common units used in diving and hyperbaric practice (examples include feet/meters, psi/bar/Pa, Kg/pound etc.)	
3	Explain basic physical units used in diving and hyperbaric practice	
4	Understand and explain Boyle's Law and its effect on the patient and equipment	
5	Understand and explain Dalton's Law and its effect on the patient and equipment	
6	Understand and explain Charles' Law and its effect on the patient and equipment	
7	Understand and explain Henry's Law and its effect on the patient and equipment	
8	Discuss the principles of heat transfer by conduction, convection and radiation	
9	Describe the primary mechanisms of action for hyperbaric oxygen therapy	
10	List all Traditional (Labeled) indications for clinical hyperbaric oxygen therapy and explain how each indication benefits from treatment	
11	Explain the direct effects of pressure change and the primary sites where barotrauma may occur and how to prevent and resolve related issues	
12	Describe the signs and symptoms of decompression illness (DCI)	

TO BE COMPLETED BY THE APPLICANT

I have demonstrated knowledge and skill in all of the above areas. I understand that the American Board of Wound Healing is responsible for testing and verifying my claim of competency in these areas by formal examination. The American Board of Wound Healing is not responsible for the actual validation of my competency in these areas.

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DATE: _____

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I have supervised the above applicant and attest that he/she has demonstrated competency in the basic medical knowledge and clinical skills listed on the Core Competency Checklist. I have reviewed this entire document and understand that the applicant intends to submit this checklist as part of their application for the Certified Hyperbaric & Wound Care Specialist Examination. I understand that falsifying this documentation could result in revocation of the applicant's approval to sit for the certification examination.

SUPERVISOR NAME: _____ **TITLE:** _____

SUPERVISOR SIGNATURE: _____ **DATE:** _____

THE AMERICAN BOARD OF WOUND HEALING

CERTIFIED HYPERBARIC & WOUND CARE SPECIALIST

CORE COMPETENCY CHECKLIST

Endorsed By:



Applicant's Name: _____

HYPERBARIC CHAMBER OPERATIONS & EQUIPMENT

CHECKLIST

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	The applicant has successfully demonstrated competency in the following areas:	COMPETENCY DEMONSTRATED
1	Understand and demonstrate the following procedures for chamber operations and life support systems: Test for purity of gases, Elemental gas schematics and their interactions when mixed, Mathematical calculations of gas usage	
2	Understand and explain the principles and use and calibration of gas analyzers	
3	Demonstrate methods of identifying gas impurities	
4	Explain the importance of oxygen purity in a gas delivery system and gas line filtration	
5	Demonstrate calibration of gas analyzers and the delivery of multiple gases during hyperbaric operations	
6	Show how to monitor the chamber for depth, temperature and humidity using available types of equipment	
7	Explain gas stratification and its prevention	
8	Maintain a legible and accurate record of all aspects of a hyperbaric system	
9	Maintain a gas status board showing gas reserves and mixtures	
10	Possess a basic understanding in the use and operation of biomedical devices within the department	

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THE AMERICAN BOARD OF WOUND HEALING

CERTIFIED HYPERBARIC & WOUND CARE SPECIALIST

CORE COMPETENCY CHECKLIST

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Applicant's Name: _____

HYPERBARIC SAFETY & EMERGENCY PROTOCOLS

CHECKLIST

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	The applicant has successfully demonstrated competency in the following areas:	COMPETENCY DEMONSTRATED
1	Explain and demonstrate the ability to provide clinical support and assistance in the prevention and/or management of squeeze and other barotraumas	
2	Explain and demonstrate the ability to provide clinical support and assistance in the prevention and/or management of Carbon Dioxide (CO ₂) retention	
3	Explain and demonstrate the ability to provide clinical support and assistance in the prevention and/or management of Carbon Monoxide (CO) poisoning	
4	Explain and demonstrate the ability to manage hyperbaric chamber contamination	
5	Explain and demonstrate the ability to manage of built in breathing system (BIBS) contamination	
6	Explain and demonstrate the ability to provide clinical support and assistance in the management of oxygen toxicity	
7	Explain and demonstrate the ability to provide clinical support and assistance in the management of nitrogen narcosis	
8	Explain and demonstrate the ability to provide clinical support and assistance in the prevention and/or management of hypoglycemic events	
9	Describe appropriate action and emergency preparedness for chamber fire, loss of oxygen, loss of power and medical catastrophes such as cardiac arrest and seizure	
10	Describe appropriate action in the event of medical catastrophes such as cardiac arrest and seizure	
11	Understand and demonstrate proper infection control measures including universal precautions, the use of approved disinfectants for chamber and equipment (recognizing the risks associated with off gassing of chemicals in the chamber), proper hand washing techniques and use of personal protective equipment (PPE)	

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THE AMERICAN BOARD OF WOUND HEALING

CERTIFIED HYPERBARIC & WOUND CARE SPECIALIST

CORE COMPETENCY CHECKLIST

Endorsed By:



Applicant's Name: _____

HYPERBARIC PATIENT MANAGEMENT

CHECKLIST

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	The applicant has successfully demonstrated competency in the following areas:	COMPETENCY DEMONSTRATED
1	Be able to perform and assist in basic clinical procedures related to the treatment of the hyperbaric patient to include: report to nurse or physician an accurate medical history, obtain vital signs, pulse, respiratory rate, body temperature, and blood pressure, and observe for changes in neurological status	
2	Demonstrate proficiency in obtaining, recording and reporting basic vital signs including temperature.	
3	Demonstrate proficiency in performing a basic neurological examination	
4	Describe the effects of pressure and various medical gases on the body and the principles of decompression and therapeutic procedures	
5	Understand basic medical terminology and medical documentation	
6	Be able to perform and assist in age-specific patient education and teaching	
7	Have a basic understanding of the risks, side effects and hazards of certain medications in the hyperbaric chamber.	
8	Demonstrate ability to safely operate all stretchers, gurneys, wheelchairs, beds and other assistive devices	
9	Be able to perform and assist in basic EKG recognition; set alarm parameters; print and post strip	
9	Be able to perform and assist in the use of glucometer and comply with quality control (QC) measures	
10	Be able to perform and assist in basic resuscitation including CPR and ability to establish an open airway	
11	Be able to demonstrate proper use and application of restraints when ordered	
12	Describe the signs, symptoms and treatment of hyperthermia and hypothermia	
13	Demonstrate familiarity and basic management as appropriate for the hyperbaric environment for the following: Chest Drainage System, Foley Drainage System, Intravenous (IV) Line, Pulse Oximeter, Oral Suctioning, Ventilation via Bag-Valve mask Device, Oxygen Hood Application.	

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14	Discuss the importance of patient privacy and confidentiality and demonstrate adherence to HIPPA requirements	
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THE AMERICAN BOARD OF WOUND HEALING

CERTIFIED HYPERBARIC & WOUND CARE SPECIALIST

CORE COMPETENCY CHECKLIST

Endorsed By:



Applicant's Name: _____

BASIC WOUND KNOWLEDGE

CHECKLIST

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	The applicant has successfully demonstrated competency in the following areas:	COMPETENCY DEMONSTRATED
1	Describe the stages of normal wound healing	
2	Identify to following anatomy: Skin (epidermis and dermis), subcutaneous, muscle, fascia, tendon, joint, bone.	
3	List the 5 key functions that the dermis (provides tensile strength, moisture retention, nourishment, protection of internal tissues and sebum secretion)	
4	Describe the differences between acute and chronic wounds	
5	List 4 phases of wound healing and explain the basic cellular events which occur during each phase (Hemostasis, Inflammatory, Proliferative and Maturation)	
6	Explain the basic function of the following: Platelets, Macrophages, Fibroblasts, Growth-factors, Matrix Metalloproteinases	
7	List factors which may compromise normal healing (e.g. perfusion, tobacco, nutritional status, diabetes, obesity, medications, advanced age, immunosuppression, comorbidities, etc)	
8	Be able to identify and classify the following types of wounds: diabetic, arterial, venous, pressure, surgical, traumatic, malignancy and atypical.	
9	Demonstrate the ability to identify the following within a wound: necrotic tissue, slough-fibrin, granulation tissue, and epithelium.	
10	Distinguish between wound inflammation and infection.	
11	Discuss wound colonization and critical colonization.	
12	Explain the importance of control of wound bioburden and list several therapeutic options to accomplish this.	
13	Discuss the primary major categories of dressings (e.g. hydrogels, hydrocolloids, alginates, foams, collagen, composite, silver and enzymatic) and the appropriate use of each	
14	Describe the difference between a primary and secondary dressing	
15	Explain a wet-to-dry gauze dressing and list the benefits and drawbacks to this dressing technique	
16	Understand the concept of wound bed preparation	
17	Describe the importance of debridement in wound management	
18	List and describe the options for debridement (e.g. surgical, autolytic, mechanical, enzymatic)	

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19	Describe the differences between the acute and chronic wound and a partial thickness and full thickness wound	
20	Describe the differences of wound healing by primary intention, secondary intention, and tertiary intention	

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TITLE: _____

SUPERVISOR SIGNATURE: _____

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THE AMERICAN BOARD OF WOUND HEALING

CERTIFIED HYPERBARIC & WOUND CARE SPECIALIST

CORE COMPETENCY CHECKLIST

Endorsed By:



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PATIENT SKILLS

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	The applicant has successfully demonstrated competency in the following areas:	COMPETENCY DEMONSTRATED
1	Demonstrate friendly and professional patient care, accountability for actions, and knowledge of own limitations and know when to seek help and advice	
2	Show the correct method of patient identification	
3	Describe how to complete a comprehensive patient assessment and explain the importance of a thorough history and physical examination	
4	Explain how to assess and document the presence or absence of pain, with location, duration, intensity, and quality	
5	Demonstrate proper transfer and positioning of the wound care patient	
6	Explain the importance of proper offloading of wounds and pressure redistribution	
7	Know how to properly stage a pressure ulcer using the NPUAP staging system and what is unstageable	
8	State the purpose of individualized care plans with achievable objectives, clear instructions and evidence of review	
9	Discuss health and lifestyle issues to enhance general health and wound healing	
10	Demonstrate skill in teaching the patient (or family member) home self-care for wound cleansing and dressing application	

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THE AMERICAN BOARD OF WOUND HEALING

CERTIFIED HYPERBARIC & WOUND CARE SPECIALIST

CORE COMPETENCY CHECKLIST

Endorsed By:



Applicant's Name: _____

WOUND CARE PROCEDURES

CHECKLIST

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	The applicant has successfully demonstrated competency in the following areas:	COMPETENCY DEMONSTRATED
1	Explain the importance of accomplishing an informed consent and time-out prior to procedure	
2	Demonstrate proper hand washing technique and the use of personal protective equipment	
3	Understand the difference between sterile and clean procedures and demonstrate good aseptic technique	
4	Perform atraumatic dressing removal and correctly apply new dressing	
5	Show how to assess and describe any wound drainage or exudate, noting the amount, color and characteristics of any odor	
6	Demonstrate how to measure a wound with length, width and depth in centimeters	
7	Show the proper way to measure depth of sinus tracts, and the extent of tunneling and undermining using the face of clock documentation	
8	Demonstrate the proper protocol for wound photography	
9	Understand the purpose of wound culture and demonstrate the proper technique of wound swabbing	
10	Demonstrate proper technique for application of various common compression therapies (e.g. Tubigrip, SurePress, Multilayer compression and Compression stockings)	
11	Demonstrate the ability to perform lower extremity assessment including ABI's, Pedal and Posterior Tibial pulses using Doppler, and Transcutaneous Oximetry	
12	Demonstrate knowledge and skill in assisting with the care of the following devices: Intravenous Lines, Foley Catheters, Chest Tube Drains, PCA Pumps, Surgical Drains, and Nasogastric Tubes	

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THE AMERICAN BOARD OF WOUND HEALING

CERTIFIED HYPERBARIC & WOUND CARE SPECIALIST

CORE COMPETENCY CHECKLIST

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Applicant's Name: _____

WOUND CARE REGULATIONS

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	The applicant has successfully demonstrated competency in the following areas:	COMPETENCY DEMONSTRATED
1	Describe the how to maintain patient privacy and dignity	
2	Explain proper disposal protocol for used dressings	
3	Show proper handling (disposal or cleaning for resterilization) of instruments in accordance with local policies	
4	Explain the importance adherence to infection control policies	
5	Explain the terms HIPPA, ADVAMED, CMS and MAC	

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