THE AMERICAN BOARD OF WOUND HEALING

CERTIFIED HYPERBARIC SPECIALIST
CORE COMPETENCY CHECKLIST

Endorsed By: American College of Hyperbaric Medicine — Where Wound Healing Begins.

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 CHS 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.

APPLICANT SIGNATURE: DATE:

TO BE COMPLETED BY THE MANAGER OR SUPERVISOR

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 Specialist Examination. I understand that falsifying this documentation could result in denial of the CHS application or revocation of the applicant's CHS certification.

SUPERVISOR NAME: TITLE:

SUPERVISOR SIGNATURE: DATE:

CHAMBER OPERATIONS, EQUIPMENT AND ENVIRONMENT

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 CHS 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 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	
11	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	
12	Be able to perform and assist in basic EKG recognition; set alarm parameters; print and post strip	
13	Demonstrate ability to safely operate all stretchers, gurneys, wheelchairs, beds and other assistive devices	
14	Be able to perform and assist in the use of glucometer and comply with quality control (QC) measures	
15	Be able to perform and assist in patient preparation for treatment to include: body positioning	

	of patients, utilization of cotton garments or other approved materials as in chamber garments, EKG placement, age specific patient education on fundamentals of HBO treatment, and providing comfort measures with approved safety constraints.	
16	Have a basic understanding of the risks, side effects and hazards of certain medications in the hyperbaric chamber.	
17	Be able to perform and assist in basic resuscitation including CPR and ability to establish an open airway	
18	Describe the signs, symptoms and treatment of hyperthermia and hypothermia	
19	Describe the effects of pressure and various medical gases on the body and the principles of decompression and therapeutic procedures	
20	Be able to demonstrate proper use and application of restraints when ordered	
21	Understand basic medical terminology and medical documentation	
22	Be able to perform and assist in age-specific patient education and teaching	
23	Discuss the importance of patient privacy and confidentiality and demonstrate adherence to HIPPA requirements	
24	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.	
25	Demonstrate proficiency in obtaining, recording and reporting basic vital signs including temperature.	
26	Demonstrate proficiency in performing a basic neurological examination	

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.

APPLICANT SIGNATURE: DATE:

TO BE COMPLETED BY THE MANAGER OR SUPERVISOR

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 Specialist Examination. I understand that falsifying this documentation could result in denial of the CHS application or revocation of the applicant's CHS certification.

SUPERVISOR NAME: TITLE:

SUPERVISOR SIGNATURE: DATE:

HYPERBARIC PATIENT MANAGEMENT

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 CHS 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	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.	

14	Discuss the importance of patient privacy and confidentiality and demonstrate adherence to HIPPA requirements	

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.

APPLICANT SIGNATURE: DATE:

TO BE COMPLETED BY THE MANAGER OR SUPERVISOR

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 Specialist Examination. I understand that falsifying this documentation could result in denial of the CHS application or revocation of the applicant's CHS certification.

SUPERVISOR NAME: TITLE:

SUPERVISOR SIGNATURE: DATE:

HYPERBARIC SAFETY & EMERGENCY PROTOCOLS

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 CHS 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	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)	

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.

APPLICANT SIGNATURE: DATE:

TO BE COMPLETED BY THE MANAGER OR SUPERVISOR

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 Specialist Examination. I understand that falsifying this documentation could result in denial of the CHS application or revocation of the applicant's CHS certification.

SUPERVISOR NAME: TITLE:

SUPERVISOR SIGNATURE: DATE: