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Training Assessment Form

Candidate Name		Hospital	
Job Title / Position		Department	

Device / Instrument: Tom Thumb Infant Resuscitator, TT480
Part Number: 0310030

Competency Statement: The candidate is assessed on their understanding of the device and its operation. This assessment does not quantify the candidate's clinical competence. The candidate is able to demonstrate competence against the criteria detailed below:

Assessment Criteria	Met ✓
Ensure device is correctly connected to a gas supply	
Connect a patient circuit to Tom Thumb	
Connect a mask to the patient circuit	
Demonstrate setting an appropriate flow using the integral or external flowmeter*	
Demonstrate setting an appropriate PIP pressure using the adjustable valve*	
Demonstrate understanding of how to set PEEP pressure if required*	
Demonstrate delivering breaths by occluding T-piece	
Explain symptoms of a poor airway seal	
*Note: the appropriate settings for flow-rate, PIP and PEEP may vary from one clinical situation to another. Viamed cannot specify the settings to use and recommend that they are determined by an appropriately qualified person within the Trust and communicated to the Staff using this equipment.	
IMPORTANT: Please read and ensure an understanding of the Operator's Manual prior to attempting to operate this device and observe all precautions contained therein.	

Notes:

Assessor / Trainer Name		Job Title / Position	
Signature		Date	