|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MEDICAL DEVICE - COMPETENCY STANDARD** © | | | | [NHS Trust logo removed] |
| **Device Description**  (GMDN Code / Category) | |  | **MaxBlend2 Oxygen Monitor & Flowmeter** |
| **Device Type** | **Make** | **Maxtec** | |
| **Model** | **MaxBlend 2** | | ( 3 Yearly Assessment Period) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COMPETENCY STATEMENT** | | | | | | | | | | | | | |
| Title |  | | Surname |  | | | Forename | |  | | | | |
| Job Title/Designation: | | | |  | | | | | | | | | |
| Dept. / Ward: | | | |  | | | Division: | |  | | | | |
|  | | | | | | | | | | | | | |
| **Verification of competence is assessed by an Authorised Trainer / Assessor (ATA) against the listed criteria.**  These criteria are designed to indicate competence to use this particular device type. Responsibility for use remains with the user, so if you are in any doubt regarding your competence to use the device, you should seek education / training to bring about improvement.  You must be able to score ‘Y’ to all the questions before being considered competent. If you are not competent, instigate learning and then a repeat assessment. Competence must be verified by an **Authorised Trainer / Assessor**. | | | | | | | | | | | | | |
| The Learner Must Be Able To Safely And Competently Demonstrate: | | | | | | | | | | | Verifier’s Assessment | | |
| **Pre-operational inspection and correct set-up of the device** | | | | | | | | | | | **Yes (Y)** | **No (N)** | **N/A** |
| 1. How to be sure this is the most appropriate device for the intended use | | | | | | | | | | |  |  |  |
| 1. How to check for damage/wear/faults and service date | | | | | | | | | | |  |  |  |
| 1. Are there any limitations or contra-indications for the use of the device | | | | | | | | | | |  |  |  |
| 1. How to be sure all the relevant accessories are available | | | | | | | | | | |  |  |  |
| 1. Knowledge of moving and handling ergonomics when moving or repositioning the device | | | | | | | | | | |  |  |  |
| **Ability to operate the device safely** | | | | | | | | | | |  | | |
| 1. How to set the device on | | | | | | | | | | |  |  |  |
| 1. How to calibrate the device | | | | | | | | | | |  |  |  |
| 1. How to identify and understand all the functions of the device | | | | | | | | | | |  |  |  |
| 1. What factors may affect the safe operation or accuracy of the device | | | | | | | | | | |  |  |  |
| **Review maintenance and take appropriate action** | | | | | | | | | | |  | | |
| 1. What actions to take if there is an error or failure of the device | | | | | | | | | | |  |  |  |
| 1. How to clean / decontaminate the device | | | | | | | | | | |  |  |  |
| 1. How to store the device safely | | | | | | | | | | |  |  |  |
|  | | | | | | | | | | | | | |
| **STATEMENT OF COMPETENCY**  I have demonstrated competence and knowledge relevant to this device and I certify that I am aware of my professional responsibilities for continuing professional development and I am accountable for my own actions. I am competent to use this product without further training. | | | | | | | | | | | | | |
| **Signature:** | |  | | | | | | **Date:** | |  | | | |
| Competence verified by **Authorised Trainer / Assessor (ATA)**: | | | | | | | | | | | | | |
| **ATA Name** (Print)**:** | | | | | **ATA Signature** : | | | | | **Date:** | | | |
| **Learner eligible to be Authorised Trainer/ Assessor (ATA):** | | | | | |  | | | |  | | | |
| Alternatively, please complete this statement if you require further training before competency can be achieved - | | | | | | | | | | | | | |
| **STATEMENT OF NEED FOR FURTHER TRAINING**  I require further training before I can use this product in a competent manner. | | | | | | | | | | | | | |
| **Signature:** | |  | | | | | | **Date:** | |  | | | |
|  | | | | | | | | | | | | | |
| Keep this form in your personal portfolio or training record.  Give your manager a copy of the form and check that details of your training/competence have been recorded on *HealthRoster* | | | | | | | | | | | | | |