



DT9154

UNDERTAKING FOR HOME OXYGEN THERAPY

I, the undersigned, _____, User or person authorized to sign, **undertake to comply with the following terms and conditions:**

1. Faithfully follow the medical prescription;
2. Accept health workers' visits for clinical follow-up and equipment monitoring;
3. Accept that my needs and services be reassessed, if necessary;
4. Agree to use and maintain oxygen therapy equipment according to the instructions received;
5. Assume the costs for the replacement or repair of equipment in the event of theft, breakdown or loss due to negligence;
6. Comply with the regional policy for the transportation and handling of loaned respiratory equipment;
7. Maintain an environment that is sufficiently safe, clean, uncluttered and sanitary, so as to ensure the proper operation of equipment and the safety of personnel;
8. Comply with the following safety measures (also provided in writing) concerning the handling and use of home or portable oxygen therapy equipment:

- Display, in a prominent place, the sign indicating that oxygen equipment is used.
- Place the oxygen concentrator and cylinders in a well-ventilated area, at least three metres away from any heat source.
- Do not use electric blankets or electric pads.
- Properly secure cylinders (tied to a fixed object or placed in a stand or cart).
- Never lubricate the equipment with oil, grease or petroleum jelly.

Also, when using portable equipment, I am aware that I must not:

- smoke or be less than three metres from someone who smokes;
- be less than three meters from a flame or an intense heat source;
- open the oven door or use the stove.

I am aware that, subject to the approval of my attending physician or the department medical director, my home oxygen treatment will end if (treatment could continue in an institution):

- my treatment is no longer warranted;
- I smoke or tobacco use tests show that I smoke;
- I do not use the equipment safely;
- I do not comply with the terms and conditions listed in numbers 1 through 8 above.

Note: I am responsible for providing this information to all friends, family and visitors.

Signature of the user or
person authorized to sign _____

Date

Year	Month	Day

Signature of the person
who provided the information _____

Date

Year	Month	Day