

Home Oxygen Checklist prior to Admission in an Educational Setting

Child's Name:

Date of Birth:

Educational Setting (ES):

Clinical Lead/Team:

Educational Setting Coordinator:

Checklist	Completed (Yes/No)	Comments
Proposed start date []		
Identify nursing team (CCNT/SEN School Nurse) Name: _____ Contact details: _____		
Educational Health Care Plan (EHCP) commenced		
Healthcare Plan written and shared with Educational Setting (ES)		
Training provided by oxygen supplier completed		
Training provided by CCNT/Named Health Professional completed		
Type of Oxygen Equipment prescribed and delivered		
Has a separate account for oxygen at ES been created?		
Is the classroom a suitable environment? (Refer to School Bundle Risk Assessment)		
Local Fire Service Alerted		

Date completed _____ Sign & Print Name _____