



Paediatric Pan London Oxygen Group

Educational Setting Oxygen Bundle

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Introduction

The aim of this document is to provide standardised evidence-based support and guidance to clinical staff working within educational establishments such as schools, nurseries and education or care settings where a child or young person (CYP) attends and requires oxygen therapy. This guidance looks at the legal roles and responsibilities of the education setting and provides a tailor-made training programme for clinical staff to deliver (Appendix 3). The key to success is early and ongoing discussions to minimise disruptions to the CYP and their learning environment.

It is the role of both clinical and non-clinical staff to safely meet the health care needs of a CYP within an education setting and discussions should be had in conjunction with the CYP and their parents/guardians as they are equal partners in the care. The parents/guardians are often the most knowledgeable about the variations in their CYP's healthcare needs so should be actively involved in care planning.

Within the United Kingdom there is a lack of published literature on how to support the management of a CYP on oxygen therapy in education settings. When a CYP requires oxygen within such settings, the training on how to safely use and store the equipment is typically provided by the CYP's healthcare team [1]. Clinical staff have limited learning opportunities due to infrequent prescribing of oxygen within the educational setting, consequently, any training provided can be based on the individual's own understanding and experience. Clinicians report spending a significant amount of time liaising with educational settings in order to establish a placement. Some clinicians have also reported anecdotally that a CYP's admission to education can often be delayed or refused due to potential anxiety around medical conditions [2], and the safety aspects of home oxygen therapy within an educational setting. This process can be met with a robust training package which will be outlined in this document.

Aims

- To provide information around safe usage, storage and administration of oxygen in the educational setting
- To support the educational setting with risk assessment
- To provide appropriate training to non-clinical staff who are responsible for the care of a CYP

Objectives

- The CYP who requires oxygen therapy is supported in an educational setting
- Clinical and non-clinical staff are able to practise safe use and storage of oxygen

Success Criteria

- CYP in an educational environment is receiving oxygen correctly and safely
- A Health Care Plan (HCP) is in place detailing the oxygen prescription
- The educational setting will have an oxygen account with oxygen supplier
- Training is provided for all staff who are identified through the HCP
- Educational setting follows the safety guidelines
- All staff are confident in their abilities to care for the CYP and feel supported by clinical staff
- The CYP is escorted to educational setting safely (if appropriate) and systems in place for transportation with oxygen
- The fire rescue service (FRS) is alerted when oxygen is stored at the educational setting and are able to provide additional support
- The educational setting notifies their building insurance that oxygen is stored on the premises
- The HCP is reviewed annually or sooner if appropriate
- CYP in the class are prepared about the CYP with oxygen

Oxygen

CYP may require oxygen within an educational setting for a variety of reasons, this may be either continuous or intermittent delivery. Oxygen is a medicinal product, it must be prescribed and is therefore subject to medicine management protocols as well as safety precautions. Oxygen itself is not flammable but when combined with heat and fuel, oxygen supports combustion. Fires burn hotter and faster in the presence of oxygen [3]. Appendix 5 and 6 set out how to store and maintain oxygen safely.

When a CYP requires oxygen to be administered in an education setting, a health care plan and consent to administer oxygen should be completed and shared with appropriate professionals (Appendix 1 and 2). A risk assessment for the educational setting should be completed (Appendix 6) and training completed for appropriate staff members using teaching competencies (Appendix 3).

Legal Responsibilities and Duties

The NHS, local authorities and all educational settings in England, Scotland and Wales have a duty towards children with medical conditions. The Equality Act 2010 states children with a disability must not be discriminated against, harassed or victimised [4]. CYP with special medical needs have the same right of admission to educational settings as other children and cannot be refused admission or excluded on medical grounds alone. A CYP's mental and physical health should be properly supported in the educational setting so that the CYP can play a full and active role, remain healthy and achieve their academic potential. Supporting Pupils with Medical Conditions Policy contains statutory guidance and non-statutory advice [5]. This document highlights that:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including to school trips and physical education
- Governing bodies must ensure that arrangements are in place and should ensure that school staff consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported

Child or Young person with Special Educational Needs

A CYP has Special Educational Needs (SEN) if they have a learning difficulty or disability which calls for special educational provision to be made for them [6]. These CYP may also have an Education Health Care Plan (EHCP) [7] which brings together health and social care needs, as well as outlining their special educational provisions. The EHCP is reviewed annually.

Health Care Plan

A Health Care Plan (HCP) ensures that CYP with medical conditions within an educational setting can be safely supported by those caring for them. A HCP (Appendix 1) is typically written by clinical staff and educational staff in partnership with a Special Educational Needs Coordinator (SENCO) and the CYP or CYP's parents/carers and should be reviewed annually, or earlier if the CYP's needs have changed. The HCP will identify the CYP's medical conditions and actions to follow in relation to these conditions. All staff working with the CYP must be familiar with the HCP.

Non-Clinical Staff Training

Before a CYP can be administered oxygen in the education setting, the responsible healthcare team must ensure that relevant staff have completed training in the safe use of oxygen using Appendix 3. Non-clinical staff must not give prescription medicines or undertake health care procedures without adequate training. This training is typically performed by the Children's Community Nursing Team, School Nurse or Oxygen Supplier. Non-clinical staff who have undergone appropriate training can subsequently undertake the CYP's care in the educational setting and Appendix 8 is to be used to record this [8]. Staff must be aware that some CYPs are competent in managing their own health needs and oxygen requirements. Appendix 4 outlines the day to day duties of non-clinical staff and Appendix 5 provides the key facts around the safe use, storage and administration of oxygen.

Outcomes from the EHCP will identify the need for staff training. Training should be completed and provisions in place prior to the CYP starting at the educational setting. In other cases, such as a new diagnosis or CYP moving into the educational setting midterm, every effort should be made to ensure that arrangements are put in place within a reasonable timeframe.

Risk Assessment

Due to the nature of oxygen and its associated risks, it is essential that an oxygen risk assessment should be undertaken in the educational setting prior to the CYP's attendance. This will identify any associated fire risks as well as other potential hazards so that appropriate actions can be taken to mitigate them (Appendix 6). The risk assessments should be completed by school staff eg. special educational needs co-ordinator (SENCO), business manager, caretaker and any other key link professionals whilst working in partnership with clinical staff. It is advisable that educational settings develop and keep their own risk assessment.

Insurance - Insurance cover must be obtained by the educational setting.

Home Oxygen Order Form

The Home Oxygen Order Form (HOOF) is completed online by an authorised Part B prescriber following a paediatric oxygen assessment. The online prescribing portal is password protected and can be accessed via: <https://www.airliquidehomehealth.co.uk/hcp/> **The Initial Home Oxygen Risk Mitigation Form (IHORM) in conjunction with the Home Oxygen Consent Form (HOCF) must be completed prior to ordering oxygen to identify and mitigate risk and in order to share patient identifiable data.** Only Healthcare professionals who have undergone training can be a Part B prescriber.

Oxygen Account at Educational Setting

When a CYP on oxygen therapy attends an educational setting, it is advised that a secondary account is set up with the oxygen supplier for this location. Best practice dictates that this should be set up by the responsible healthcare professional, we acknowledge however that this professional may present in different roles eg. school nurse, community nurse, special needs school nurse or hospital based healthcare professional. A dedicated oxygen account will enable the oxygen supplier to provide the equipment directly to the educational setting and will ensure regular maintenance and risk assessments.

CYP who bring their own oxygen supply from home may encounter the following issues:

- Administration errors to the home account
- The FRS is not alerted of the presence of oxygen in the educational setting

- Compromised safety due to lack of training for non-clinical staff
- No formal oxygen risk assessment performed and subsequent questions
- Uncertainty over safe storage

A CYP who brings their home account oxygen cylinders to the educational setting must swap their over to school supply on arrival and vice versa at the end of the day. A dedicated person should oversee this process; regarded as a drug and kept in a locked, well ventilated room. All oxygen equipment have a unique barcode that identifies the account to which it belongs as this is scanned by the Technician. It is therefore important to ensure that the equipment is returned to the correct account. The labelling of equipment will help reduce errors especially if more than one CYP has oxygen therapy in the educational setting.

The oxygen supplier will require a separate HOOF from a Part B prescribing clinician in order to create an account. This will ensure that:

- The CYP's own home supply is not depleted
- The educational setting has control over the safety, storage and usage of the oxygen equipment
- The supplier will carry out six monthly maintenance and risk assessment
- The educational setting can manage replenishments and record keeping
- The FRS are automatically alerted of the presence of oxygen on the premises by the supplier
- The FRS can support the educational setting with risk management

Oxygen Supplier's Role

The oxygen supplier will perform the following at the educational setting:

- Field-based Risk Assessment (FRA)
- Training for the safe use of the equipment
- Provide appropriate information leaflets and contact details

- Automatically informs the FRS
- A follow up FRA is performed at regular intervals thereafter

The FRS may also carry out their own safety inspection at the educational setting or can be requested by the setting itself.

Individual Responsibilities

Clinical

- Notifying the educational setting when a CYP has been identified as requiring oxygen therapy
- Liaising locally with lead clinicians
- Ensure the CYP has an up to date HCP and contribute to the EHCP if necessary
- Responsible for making adjustments to account and arranging a secondary supply
- Provide training to appropriate staff

Non-Clinical

- Undertaking training to achieve the necessary competencies for supporting children with medical conditions
- Taking appropriate steps to support CYP with medical conditions
- Administering medication as per prescription
- Knowing how to respond when a CYP with a medical condition requires medical attention
- Record Keeping

Parents/Carer

- Keeping the educational setting informed about any changes to their CYP's health

- Consenting to the educational setting to administering medicine
- Providing the oxygen equipment and consumables (if supply is from home account)
- Discussing the oxygen prescription with their CYP (if appropriate)
- Being involved in developing the CYP's HCP
- Collecting any surplus oxygen equipment at the end each academic year (if supply is from home account)

Appendix 1 -Health Care Plan: Template from Department of Education Supporting Pupils with Medical Conditions

Name of school/setting	
CYP's name	
Group/class/form	
Date of birth	
CYP's address	
Medical diagnosis or condition	
Date	
Review date	
Name	
Phone no. (work)	
(home)	
(mobile)	

Name

--

Relationship to CYP

--

Phone no. (work)

--

(home)

--

(mobile)

--

Clinic/Hospital Contact

Name

--

Phone no.

--

GP

--

Name

--

Phone no.

--

Who is responsible for providing support in school

--

Describe medical needs and give details of CYP's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional need

Arrangements for visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Link to template: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Appendix 2 Request for Educational Setting to Administer Medication

Template from Department of Education Supporting Pupils with Medical Conditions

The educational setting will not give your CYP medicine unless you complete and sign this form, the educational setting has a policy that the staff can administer medicine and the Head of School has agreed that the staff can administer the medication.

Date for review to be initiated by	
Name of school/setting	
Name of CYP	
Date of birth	
Group/class/form	
Medical condition or illness	
Name/type of medicine <i>(as described on the container)</i>	
Expiry date	

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – Y/N

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to CYP

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s).....

Date.....

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Appendix 3 - Teaching Competencies (to be used in conjunction with Training PowerPoint)

TEACHING COMPETENCIES		Achieved Yes/No	Comments	Review Date	Assessor's signature & date	Learner's signature & date
Awareness of why oxygen is required and understanding of medical condition(s)	<ul style="list-style-type: none"> • Definition of condition • Rationale for oxygen • Have read and understood the relevant oxygen information booklet 					
Awareness of signs of respiratory distress	<ul style="list-style-type: none"> • Colour • Respiratory rate • Chest movement • Recession; Intercostal, Subcostal, Tracheal tug • Nasal flaring • Head bobbing • Breath sounds 					
Awareness of deterioration and appropriate actions to follow	<ul style="list-style-type: none"> • Recognises signs of respiratory distress • Aware of HCP and actions to follow • Trained in Basic Life Support 					
Awareness of health and safety in the educational setting	<ul style="list-style-type: none"> • Fire safety i.e. appliances, incense, candles/naked flames and creams (oils and petroleum jelly creams) • Fire brigade notified 					

Safe use and maintenance of equipment	<ul style="list-style-type: none"> • Aware that oxygen is a drug • Awareness of the oxygen prescription • Aware how to use and maintain equipment • Aware how to store oxygen securely • Aware of duration of cylinders 					
TEACHING COMPETENCIES		Achieved Yes/No	Comments	Review Date	Assessor's signature & date	Learner's signature & date
Awareness of equipment necessary to administer oxygen	<ul style="list-style-type: none"> • Demonstrate how to open and close a cylinder by using the on/off valve • Establish the oxygen flow/reduction gauge • Demonstrate how to connect and disconnect flow regulator (<i>if applicable</i>) • Tubing awareness and correct interface for prescription i.e., face mask/nasal cannula • Humidification (if applicable) 					
Able to give oxygen via nasal cannula/cannula/mask/ ventilator/ tracheostomy	<ul style="list-style-type: none"> • Able to apply and secure interface correctly • Recognises when nasal cannula are blocked and troubleshooting • Aware of skin care • Daily checks of interface i.e., face mask/nasal cannula 					
Aware of escalating medical issues	<ul style="list-style-type: none"> • Able to respond as per CYP's Health Care Plan and aware of first aider/School Nurse availability • Aware of emergency protocols 					
Aware of the ordering process	<ul style="list-style-type: none"> • Aware of Oxygen Supplier contact details • Aware how to order oxygen • Aware of timeframe when ordering oxygen 					
Record Keeping	<ul style="list-style-type: none"> • Oxygen Delivery documented in notes • HCP/EHCP reviewed and updated • HOOF updated if any changes are made to flow rate/duration or modality 					

Appendix 4 - Daily duties for Non-Clinical Staff

Daily: Check that the flow rate on the equipment matches the prescription each day. Ensure all equipment is turned off when not in use.

Cleaning & Hygiene

Concentrator: Non-clinical staff looking after CYP on oxygen in an educational environment have a responsibility to maintain the equipment. Weekly tasks include wiping down the oxygen concentrator and washing/changing the gross particle filter (sponge that covers the air inlet). Please see the concentrator user guide for specific instructions. The sponge should not be dried on a radiator as this will cause the sponge to shrink. Replacements are easily obtained from the oxygen supplier.

Interface: The delivery interface is a consumable item. It is single patient use and should not be shared. It is recommended that the nasal cannula be changed at least once a month (or more frequently under clinical direction). Face masks tend to last longer and can be replaced every 6 months, provided they are washed/wiped regularly.

Cylinder Replenishment: To ensure that there's a sufficient supply of stock this will require coordination by a member of non-clinical staff. Air Liquide can be contacted on the Prescriber Support Team: 0808 202 2099. Orders placed before 5pm will be delivered the next working day.

Repairs

Should the concentrator fail for any reason, switch to the backup cylinder and call the Air Liquide Prescriber Support Team: 0808 202 2099.

NEVER attempt to repair or modify any fault or attach any equipment not supplied by Air Liquide. Advice and support relating to oxygen administration can be obtained from the clinical staff who prescribed the oxygen. Air Liquide is available 24 hours, 7 days a week to provide advice on the use of oxygen equipment. Please contact the Air Liquide Prescriber Support Team: 0808 202 2099.

The removal of oxygen equipment when no longer required

When the oxygen equipment account is no longer required please liaise with the clinical staff to request that the oxygen is removed from the premises. All of the equipment originally supplied to the account will need to be accounted for.

Appendix 5 - Oxygen Safety, Usage, Storage and Administration

SAFETY: Materials burn much faster in oxygen

ALWAYS make sure fire alarms and smoke detectors are working

ALWAYS makes sure a fire extinguisher is available

ALWAYS contact Air Liquide (Homecare) Ltd to tell us what oxygen equipment was involved in the fire and do not use the equipment

NEVER smoke or let anyone smoke near you while they are using oxygen equipment

NEVER use the oxygen equipment near (within 3m) open fires or naked flames

USAGE: Materials will become saturated or enriched with oxygen and may burn very quickly and fiercely if they catch fire:

ALWAYS turn off the oxygen equipment when not in use

ALWAYS check the oxygen is reaching the patient

ALWAYS store oxygen concentrators upright. Plug them directly into the mains. Do not use an extension lead

BE AWARE of tubing as a potential trip hazard

TAKE CARE any tubing lying on the floor and make sure it is doesn't become trapped, tangled or kinked

NEVER alter the length of tubing. This should only be altered by the supplier

NEVER use petroleum-based products (Vaseline) or other oil based creams to soothe a sore area around nose or mouth when using oxygen equipment **ONLY** use water based / soluble creams or products

STORAGE

ALWAYS follow the advice given to you by the Homecare Technician about the safest place to store and use your oxygen equipment

ALWAYS ensure oxygen equipment is stored in a well ventilated area, kept clean, dry and away from any sources of heat or fire e.g. convection heaters, gas or electric fires, gas cookers etc.

ALWAYS make sure oxygen cylinders are stored securely to prevent the cylinder from falling

It is advisable to keep back-up cylinders and those not in use in a locked room with appropriate signage – easily accessible when required

NEVER store oxygen equipment close to paint, oil, grease or any domestic heating gases

NEVER keep combustible materials near oxygen equipment e.g. newspapers, magazines, and other items that may burn easily

ADMINISTRATION

ALWAYS place statutory hazard notices in areas where oxygen is stored. This includes all the classrooms where the CYP receives lessons

ALWAYS inform emergency service personnel about the oxygen cylinder storage areas in the event of a fire alarm or fire

ALWAYS wash hands before handling the equipment to ensure they are free from oils and grease

ALWAYS ensure you are only using oxygen equipment for the named patient. Labelling is advisable if more than one CYP is using oxygen

ALWAYS check the gauge to ensure there is sufficient oxygen. Check the expiry date of the oxygen cylinders on a regular basis

ALWAYS ensure oxygen is given in line with the prescription: *Litres per minute, duration, equipment type, and delivery interface*. Giving too much supplemental oxygen can cause their respiratory rate to decrease or even stop. If in doubt, follow the Health Care Plan.

NEVER use oils or grease with oxygen equipment

Appendix 6 - Educational Setting Risk Assessment

CRITERIA	ASSESSMENT	ACTION
<p>Educational setting policies/procedures</p> <ul style="list-style-type: none"> Does the educational setting have an oxygen policy Does the CYP have an Education Health Care Plan (EHCP) Does the educational setting have its own risk assessment for oxygen <p>Building</p> <ul style="list-style-type: none"> Does the building have more than one floor Is there lift access Is the educational setting free from obstruction <p><i>Discuss general cleanliness and tidiness where the equipment is kept; clear corridors. Ensure all areas the CYP accesses are free from obstruction.</i></p> <ul style="list-style-type: none"> List all of the areas the CYP will be accessing during the day Are there working smoking detectors in all areas the CYP accesses Are the smoke detectors tested regularly Will the oxygen be kept with the CYP <p>Storage</p> <ul style="list-style-type: none"> Which type of oxygen equipment is the CYP using <i>If a concentrator is installed, this must be in place before the CYP starts</i> Will additional oxygen be required How many cylinders in total Where will these be stored (including backup if concentrator being used) <i>Oxygen cylinders to be kept in a locked, well ventilated cool dry place out of direct sunlight. Concentrators in an open space away from open fire/gas fire (3m)/radiator (1.5m) and near a plug</i> Is this an educational setting account or does the CYP bring oxygen in from home 	<p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Cylinders/Concentrator/Liquid Oxygen</p> <p>Yes/No- If yes Cylinders or Liquid</p>	
<p>Heating</p> <ul style="list-style-type: none"> Is heating adequate and functioning What type of heating is used in the educational setting Is the heat source at least 1.5 metres away from the oxygen 	<p>Good/ Satisfactory/Poor</p> <p>Electric/Gas/Radiator/Underfloor</p> <p>Yes/No</p>	

<ul style="list-style-type: none"> • Are the fire doors working and tested regularly • Any visible signs or smells of damp 	<p>Yes/No Yes/No</p>	
<p>Telephone</p> <ul style="list-style-type: none"> • Do staff have access to telephone for emergency purposes <i>Landline is considered essential for emergency calls as mobile battery low / poor reception</i> • Staff aware of emergency protocol. <i>Consult CYP's Health Care Plan</i> 	<p>Yes/No Yes/No</p>	
<p>Electricity</p> <ul style="list-style-type: none"> • Electric power points for concentrator located in an appropriate place/adequate electricity points • If using a concentrator, is the concentrator plugged into the main wall socket <i>Adaptors/extension leads MUST not be used as may reduce the power supply to the concentrator</i> 	<p>Yes/No Yes/No/Not Applicable</p>	
<p>Adaptations</p> <ul style="list-style-type: none"> • Discuss oxygen and how this will affect the CYP's life • Discuss using water based creams only on the CYP • Discuss travelling with equipment when using car/pushchair/bus/train • Discuss oxygen tubing and hazards with other CYP/Staff 		
<p>Naked Flames</p> <ul style="list-style-type: none"> • Advise educational setting staff to keep oxygen 3m away from naked flames; <i>Gas or open fire, Domestic science/Science laboratory; gas cooker, Bunsen burner, Candles</i> 		
<p>Relevant People to notify</p> <ul style="list-style-type: none"> • Insurance • Fire rescue services (FRS) <i>FRS is automatically contacted if the educational setting has an account A FRS visit can be requested if there are concerns about the building</i> • Electricity company (<i>if using concentrator</i>) aware of the CYP's special needs if the power supply is ever interrupted • Does the educational setting have a generator 		

<p>Transport: There is no Nationwide guidance about travelling with oxygen equipment on public transport such as trains, coaches, buses and taxis. When arranging educational visits ensure you check with the transport companies before travelling.</p> <ul style="list-style-type: none"> ● Is Oxygen required whilst on transport (Nearest bus stop/Underground/Overground station) ● Does the transport have the space to carry the oxygen ● Does the vehicle's insurance know there will be oxygen on board ● What type of oxygen equipment will the CYP be using ● If cylinders, how many cylinders will the CYP be travelling with ● Will the CYP be carrying any additional equipment <p>Storage</p> <ul style="list-style-type: none"> ● Will the cylinders be secured properly during transit (can be stored lying down) <i>Liquid oxygen flasks MUST always be kept upright AT ALL TIMES</i> ● Are there any heaters on board- if so, <i>store at least 1.5 metres away</i> <i>-If cylinder are left in a vehicle, they should be placed out of sight</i> <i>-Vehicle windows should be kept partially open when transporting oxygen equipment in use</i> <p>Staff</p> <ul style="list-style-type: none"> ● Will there be a suitably trained member of staff on board ● Is the appropriate staff ratio/ability to carry essential equipment 	<p>Yes/No Yes/No Yes/No Cylinders/Liquid Oxygen</p> <p>Yes/No Yes/No Yes/No</p> <p>Yes/No Yes/No</p>	
<p>ANY ADAPTATIONS REQUIRED? IF YES LIST BELOW:</p>		

PLEASE SEND A COPY OF THIS FORM TO THE CLINICIAN REQUESTING/ ORDERING HOME OXYGEN

Name: Signature: Job Designation: Date.....

Appendix 7- Record of Oxygen Therapy Administered to Child or Young Person

As stated by the Nursing and Midwifery Council (NMC) in the Code of Conduct, keeping clear and accurate records relevant to practice is imperative [9]. It highlights that records must be completed at the time or as soon as possible after an event. All medications administered must be documented, oxygen, being a medicinal product is subject to medicine management guidance and therefore should be recorded accordingly. The table below should be used to document the administration of oxygen within the educational setting.

Name of School/setting:

Date	CYP's Name	Time	Litres per minute(LPM)/Hours per day(HPD)	Signature of Staff	Print Name

Appendix 8 - Staff Training Record: Safety, Usage, Storage and Administration in Educational Setting

Name of Educational Setting	
Name:	
Type of training received:	Safety, usage, storage and administration in educational setting
Date of training completed:	
Training provided by:	
Profession and title:	

Training provided by clinicians will not be patient specific and therefore it is the individual's responsibility to familiarise themselves with the CYPs individual health care plan and equipment and to keep up to date with any changes relating to these.

It is clearly stated that the RCN & Paediatric Pan London Oxygen Group (PPLOG) cannot confirm the competence of any practitioner - Accreditation relates to the educational event only and the RCN & PPLOG do not endorse the clinical competences. The delivering trainer is not involved with assessing practice. Consequently, the PPLOG does not make judgement on any practitioner's ability or competence.

I confirm that has received the training detailed above. The training was provided by

Trainer's Signature:.....

Date:.....

I confirm that I have received the training detailed above

Staff Signature:

Date:

Review Date:

References

1. I M Balfour-Lynn et al. (2009) BTS guideline for home oxygen in children. [Online]. https://thorax.bmj.com/content/thoraxjnl/64/Suppl_2/ii1.full.pdf
2. Mintz, J et al. (2018) A review of educational provision for children unable to attend school for medical reasons. [Online]. Available from: <https://www.hhe.nottingham.sch.uk/wp-content/uploads/2019/10/A-review-of-educational-provision-hospital-and-home-education-services-UCL-2018.pdf>
3. Air Liquide Home Health Care. (2021) Introduction to Home Oxygen Leaflet. [Information leaflet for parents/professionals from oxygen provider].
4. The Equality Act (England, Scotland and Wales) (2010) [Online]. Available from: <https://www.gov.uk/guidance/equality-act-2010-guidance>
5. Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (December 2015) [Online]. Available from: <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>
6. Special educational needs and disability code of practice: 0 to 25 years Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities (January 2015) [Online]. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND Code of Practice January 2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf)
7. Education, health and care plans (2020) [Online]. Available From: <https://www.gov.uk/government/statistics/education-health-and-care-plans-england-2020>
8. NHS Quality Improvement Scotland. (2010) Home oxygen therapy for children being cared for in the community, Best practice Statement. [Online]. Available from: <https://www.cen.scot.nhs.uk/wp-content/uploads/2017/02/12d-home-oxygen-therapy-for-children-being-cared-for-in-the-community.pdf>



9. Nursing & Midwifery Council Code of Conduct (2015) [Online]. Available from:
<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>