



ALL ABOUT ECZEMA

AN INFORMATION PACK FOR SCHOOLS

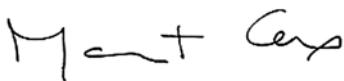
NATIONAL
ECZEMA
SOCIETY

www.eczema.org/eczema-at-school

Over the years we have seen first-hand the pivotal role that teachers can play in ensuring a child's experience of school - whether they have mild, moderate or severe eczema - is as rich, positive and opportunity filled as that of their classmates. We therefore hope that this new resource proves to be both informative and useful and one that you refer to time and time again.

With one in five children now living with the condition, we need the support of the teaching profession more than ever to ensure that every child is able to achieve their full potential. On behalf of those with eczema I would therefore like to say a big thank you for your time today and would welcome any feedback you may have.

P.S. Complete our short survey online at www.surveymonkey.com/r/eczemaschoolpackfeedback



Margaret Cox

Chief Executive of the National Eczema Society



About us

The National Eczema Society was established in 1975. We support and represent the six million patients with eczema in the UK.

As well as providing information, advice and support through our free* **Helpline 0800 448 0818** and popular website

www.eczema.org, the Society is committed to taking the eczema message into the local community by attending events across the UK. It also holds cost effective training days for healthcare professionals.

*Calls are free from BT landlines. Other providers and mobile services may charge for calls.

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✓ A PDF of this entire information book is available to download from our website at www.eczema.org/eczema-at-school
 ✓ The checklists on pages 21-26 are available to download as both PDF and Word documents
 ✓ You can also download the activities on pages 27-44 in different formats for planning and as classroom resources

Why do schools need to know about eczema?

Starting school is an exciting yet anxious time for any parent and child. For a family where the child has eczema, this new phase of independence represents an even greater challenge.

Most people will have heard of eczema or know people with this condition, which can be mild, moderate or severe. However, unless you or your family have eczema, it is difficult to appreciate its impact on the quality of everyday life, and the time and effort required to keep eczematous skin under control. A child with eczema will, over time, need to learn how to be responsible for their own skin care during the school day. This is often a challenge and all school staff have an important role to play in supporting the child with aspects of their eczema which may affect their wellbeing at school and in accommodating the child's complex needs (especially when the eczema is moderate to severe).

We recognise that managing eczema at school can be daunting for everyone involved – children, parents/carers and school staff – and that's why we've designed this information pack, which aims to do the following:

1

HELP STAFF UNDERSTAND AND MEET THE NEEDS OF THE CHILD WITH ECZEMA AT SCHOOL.

2

GIVE ADVICE ON HOW STAFF CAN HELP A CHILD WITH ECZEMA INTEGRATE INTO THEIR CLASS/THE SCHOOL ROUTINE AND GAIN CONFIDENCE IN MANAGING THEIR ECZEMA.

3


EQUIP TEACHERS WITH TOOLS TO TEACH THEIR CLASS ABOUT ECZEMA, IN ORDER TO ENCOURAGE UNDERSTANDING AND COMPASSION AMONG THE CHILD'S PEERS.

4


FORM THE BASIS OF AN INFORMED, ONGOING DIALOGUE BETWEEN TEACHER AND PARENTS/CARERS REGARDING A CHILD'S CONDITION.

Eczema and - starting from scratch


What is eczema?

 Eczema is a chronic dry skin condition that may be red and sore in various areas of the body. Itch is a major symptom, which leads to scratching and a vicious itch-scratch cycle.


What causes it?

 Eczema is caused by a combination of genetic, immunological and environmental factors that are the subject of ongoing research. Put simply, healthy skin keeps moisture in and external irritants out. When someone has eczema, the skin does not provide the same level of protection as normal skin since the skin barrier is defective. So moisture is lost – causing the skin to become very dry – and external irritants can penetrate the body more easily and cause inflammation (redness). Dry skin is always itchy skin.


How common is the condition?

 Six million people live with eczema in the UK – 1 in 5 children and 1 in 12 adults.


Why do some children get eczema and not others?

 Eczema is one of a group of atopic conditions that often run in families. These include eczema, asthma and hay fever. While a family history of these conditions indicates that a child might be at risk of developing eczema, this doesn't always happen. Equally, many children develop the condition with no family history at all.

Is it contagious?


 Eczema is not contagious and it's vital that everyone who comes into contact with the child – teaching staff, support staff, other children – understands that. It can help if the child is taught to respond directly to negative comments with something simple like *'It's only eczema, you can't catch it'*.

What are the main symptoms?


 Eczema varies in severity from child to child. Some children have small patches of red, dry and itchy skin. For example, a common pattern in school-age white-skinned children with mild to moderate eczema is patches in the elbow creases, around the wrists, behind the knees and around the ankles. In children with darker skin, eczema can appear around the front of the knees and backs of the elbows (called the reverse pattern). Some children also have eczema on their hands and face, particularly around their eyes, and children with severe eczema may be covered from head to toe.

Eczema is not a static condition – it can change from one day to the next. Eczema is most active during 'flare-ups' (i.e. when the skin takes a sudden turn for the worse and becomes very itchy, causing the child to scratch more intensely). The skin will become red and sore where there are eczema patches or sometimes spread further on an arm/leg or trunk. If eczema is infected, it will become more red (sometimes with yellow crusts and small blisters) and sore, and will weep.

Do children grow out of it?

 In a large proportion of children eczema clears by the time they reach puberty. However, people who had eczema as a child will often go on to have 'sensitive' skin'. A number of children will continue to have eczema during the teen years and adulthood – for them it will be a lifelong chronic condition.

Is there a cure?

 There isn't currently a cure for eczema so the aim is to 'manage' the condition to minimise its impact on daily life. There is a range of different treatments available. Eczema is treated on a continual basis with medical emollients. Eczema flares are generally treated first with topical steroids and – if the eczema is infected – with antibiotics. There are other options for treating more severe eczema.

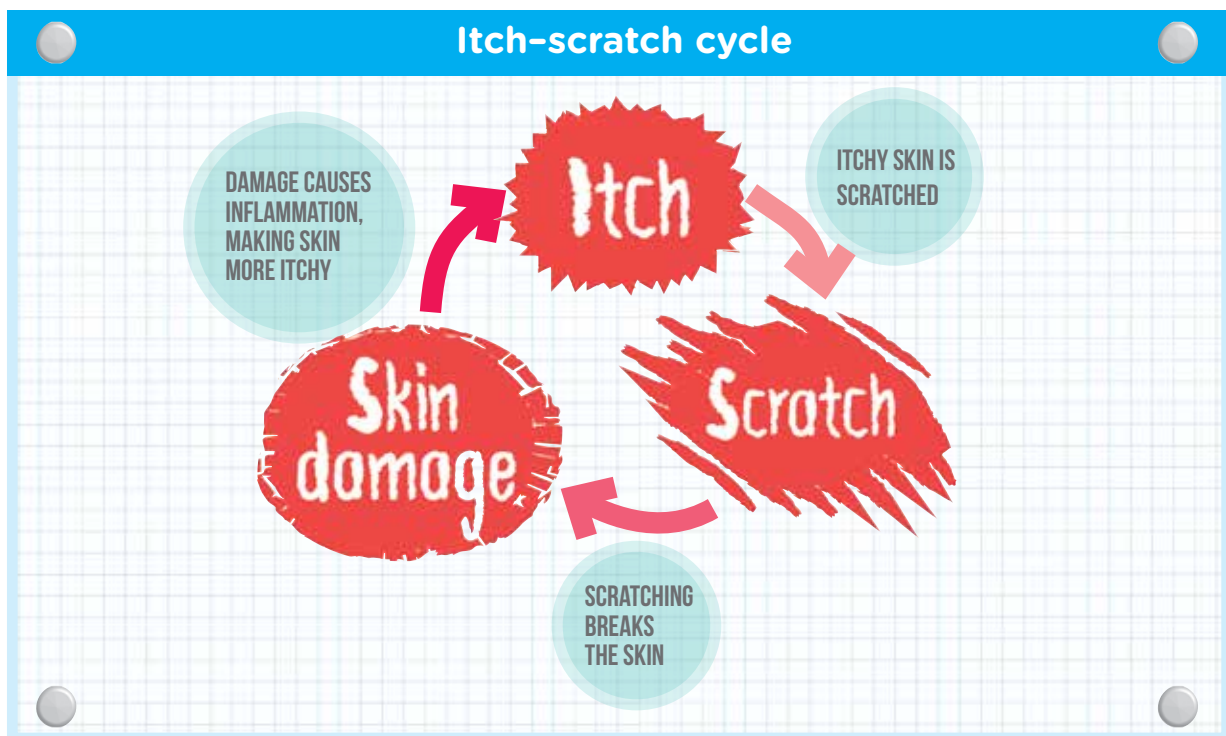
Scratching – the agony and the ecstasy!

One of the most frustrating things that people can say to someone with eczema is ‘Don’t scratch’!

We all know that scratching is counter-productive as it tears at delicate skin, causing it to become red and sore and even to bleed. Scratching does give some short-term relief but the problem is, the more the child scratches, the more intense the itch becomes, leading to an **‘itch-scratch cycle’** (see below). Supporting a child to minimise scratching behaviour is therefore useful in helping them cope with the symptom of itch. One of the best ways you can do this is to keep them busy and make sure their hands are occupied with school work. However, it can actually be very hard, and sometimes impossible, to resist scratching and it is important not to blame the child when this happens.

The child with eczema is best helped to cope with itching and scratching on an individual basis with the teacher or classroom assistant. Ask the child: ‘When is your skin most itchy during the school day?’ and ‘How does the itch make you feel?’ You can work together in using some of the techniques on page 5.

Another common problem is habitual scratching where the child will scratch even when they aren’t actually itchy. For example, as itching makes them frustrated and the scratching helps to alleviate the itch, they then come to associate scratching with alleviating frustration and will start to use it, unconsciously, whenever they feel this emotion.



To give you an idea of the challenge that not scratching presents, why not try the following?



Next time YOU have an itch, do NOT scratch it.

No matter how great the urge, leave it alone.

How does that make you feel?
Uncomfortable? Irritable?
Angry?



Now, imagine that itch was ten times as 'itchy' and that it wasn't located in just one area of your body but in three or five or ten.

How would that feel?

How would you cope if you couldn't scratch to relieve your suffering?



What can I do to help



Monitor them

Parents will often tell you that their child gets itchy at a certain time of day. As they have identified this pattern they know to look out for it and to be prepared. See if you can identify a similar pattern in the child's itching at school. Share what you've found with the parents/carers so you can work together to identify what's causing it – tiredness, difficulty understanding a particular subject, a classroom that gets very hot in the afternoon, etc. Equally, if the child is especially itchy one day or one week, inform the parents/carers in case they need a different cream, or need to moisturise more during school hours or are reacting to a substance or situation at home or at school.



Use distraction

As well as openly scratching, a child may generally become fidgety and restless when they are feeling itchy. If the children

are working individually, go up to the child and ask how they are getting on and chat with them and do the same with other children on their table.

If you're talking to the class as a whole, give them a role in the talk such as holding up a prop or taking part in a scene. Get them up and moving around by asking them to fetch you something from a cupboard. Busy hands and minds are less likely to scratch so involve them and some other children in a fast-moving task such as solving problems as a team against the clock.



Eliminate possible triggers

Unfortunately eczema is, by its very nature, 'itchy' so we cannot alleviate the symptom completely. However, there are lots of things that make the itching worse which can be addressed, as we describe in our next section.

Triggers

Triggers are environmental factors that might cause a child's eczema to worsen. These vary from individual to individual and it can be difficult to identify them as they might not trigger an immediate or noticeable reaction.

Below are some of the most common 'triggers' for a child with eczema along with suggestions of ways in which these can be addressed.



Soap and water



Normal soap and plain water can further damage the already defective skin barrier in those with eczema, causing the skin to become dry and irritated. Parents/carers should therefore supply a soap substitute for use during school hours. Generally, this will be the child's emollient, which could be provided as an additional pump dispenser to be kept by the classroom sink, or in a small container to be kept on their person. To ensure that the child always has access to it, discuss with the parents/carers where the most appropriate location(s) would be. It's also important that the other children understand that the soap substitute is part of the child's treatment regime – and that only they should use it.



Temperature



Being too hot or too cold or suddenly moving from one temperature to another – e.g. from a warm classroom to a cold school gym – can all trigger a bout of itching.

- > Young children might not realise they are overheating so you might need to make suggestions such as 'If you're getting a bit warm, take your jumper off'.
- > Be aware of the weather. If it's very hot or very cold outside and the child is already feeling itchy and irritable, it might be an idea for them to play indoors at break time.
- > Ensure that a child with eczema doesn't sit near a draughty door or near a radiator or near a window that the sun pours through.
- > On a lovely summer's day it is tempting to teach part of a lesson outside. If you do decide to venture out, be sure to pick a spot with some shade and ensure the child sits in it – don't assume they will know to stay out of the sun.



Sweat

Whether as the result of break time games in the playground or PE, sweat can be incredibly irritating to sensitive skin. While we would always encourage participation, if the child's skin is flaring, the teacher on playground duty could suggest a less active form of entertainment to the group the child is playing in, while a PE teacher might split the class into groups and give each an activity with a different level of intensity, so that the child isn't singled out.



Wet and messy play

In the early years these are regular learning activities, which the child with eczema should participate in. However, eczema may be triggered by sand, water, paint, clay and some foods. Sometimes items on the nature table (e.g. plants, leaves and tree bark) may be a problem. The child may benefit from wearing PVC gloves with a cotton liner. Hands should be moisturised before messy or wet activities, then washed with a soap substitute and moisturised with emollients afterwards. Give parents/carers advance notice of such activities so they can bring in any items that the child might need.



Clothing and uniform

Clothing can irritate the skin and those with eczema respond best to items that are 100% cotton and that don't have seams and labels that constantly rub and chafe. If your school has a uniform, can substitutions be agreed for health reasons? For example, can the child wear a red jumper like the other children but one that is made from a different material? A child might also be able to wear a thin cotton or silk layer under their school uniform as a barrier to synthetic fabric or wool.



Pollen

If the pollen count is high and the child's eczema is flaring or triggered by pollen, indoor play at break time should, again, be made an option. If the child does go outside, remind them to play in areas of the playground with a manmade surface (i.e. not on the grass).



Dust

With the best will in the world it is impossible to eradicate every speck of dust from a classroom on a daily basis. In fact, it's not the dust itself that can be irritating to those with eczema but the house-dust mite droppings which it contains. Damp dusting (using a slightly wet cloth) is a particularly effective way of removing dust from a room and it may be worth recommending this to the cleaning team.



Chairs

These can be a problem as inflamed skin can 'stick' to them, especially in warmer weather, and plastic can rub and catch. Ask the child's parents/carers if they can supply an additional cotton sitter or a thin synthetic cushion with a cotton cover that can be placed on the seat to overcome these issues. Again, some children will question this behaviour so the child needs to be taught to say, *'The chair makes my skin sore. That's why I have a special cushion to sit on.'*



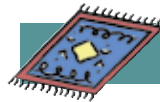
Animals

The other children may love 'Bob the rabbit' but he could be responsible for a number of potential irritants, such as his fur, saliva and hay bedding. If moving him to another class is not an option, then he needs to be located at the opposite side of the class from the child and not be allowed to 'roam'. Cleaning out should take place in another room because of the volume of irritants it will release into the atmosphere, and all the children must be taught to wash their hands immediately after handling 'Bob' in case they then go on to have physical contact with the child with eczema. It is probably best for the child with eczema not to handle 'Bob' and definitely not to volunteer to look after him for the weekend.



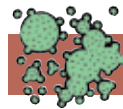
Food

A few children will have food triggers for their eczema, with cow's milk and eggs being the most common. As a result, these children will probably bring in a packed lunch that is tailored to their needs. Ask parents/carers if there are any foods their child must avoid as this may also have a bearing on cookery lessons and snacks provided by the school.



Carpet

Carpets are a prime location for house-dust mites and their droppings and can also chafe exposed skin. Ideally, a child with eczema should be provided with a cotton sitter (towels will be too rough) so that their skin does not come into direct contact with the carpet. Also, a child with very dry, sore eczema will have less flexibility in their flexures (the insides of their elbows and behind their knees) so sitting cross-legged on the carpet with their arms folded will be at best painful and at worst impossible. As the rest of the class may view this as preferential treatment, make sure you point out that it is because the carpet will make the child's skin very sore.



Damp and mould

Older school buildings can have problems with damp and mould, the spores of which generate a reaction in some children with eczema. Unfortunately, cleaning, ventilating and repair work can only do so much.



Fragrance

Fragrance, in the form of liquid, powder or paste, or airborne, can be a trigger for eczema. Scent particles can emanate from cleaning products used in the classroom, an air freshener or your own perfume or aftershave. Ask the cleaning team to use unscented products where possible and to remove air fresheners from both your classroom and adjoining rooms and corridors.



Swimming

Swimming lessons can be a particular challenge as they combine the drying effects of water (it strips oils from the skin) with exposure to chemicals, the most common being chlorine.

It is a good idea for the child with eczema to apply emollient before they get into the swimming pool, in order to provide a protective layer against the possible irritation of the swimming pool water. The child should be offered a cubicle for privacy while they do this. The child will need to rinse off the pool water after swimming, so it would be best for them to get out of the pool five minutes early in order to shower with emollient and then reapply a layer before getting dressed. Some children (particularly younger ones) will need an adult to help with/oversee this process.

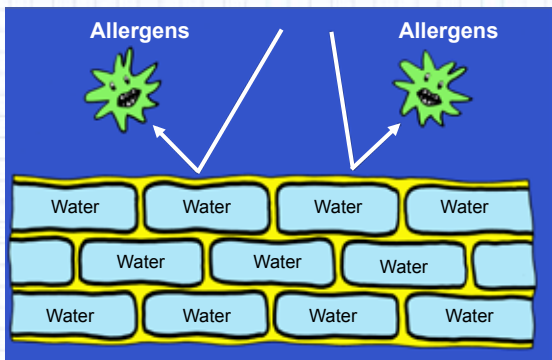
If time and the ratio of staff to pupils restricts how flexible you can be in accommodating the child's needs it would be valuable to discuss what can and can't be achieved several weeks before lessons start so that parents/carers can work with you to investigate the best possible plan of action.

Eczema Treatments: Emollients – the first line of defence

The foundation of eczema management is to use emollients (often several times a day) to rehydrate the skin, help prevent further moisture loss and stop external irritants from penetrating the body and causing inflammation.

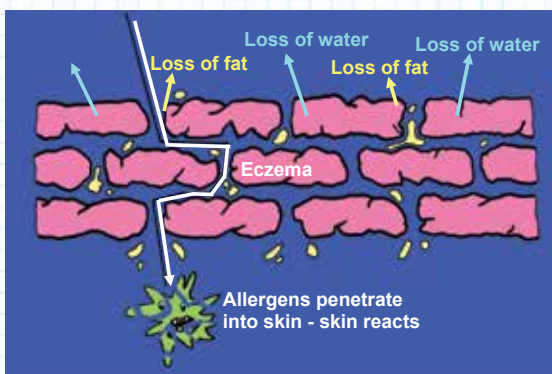
Emollients are special medical moisturisers that are generally prescribed by a healthcare professional or sometimes bought over the counter at a pharmacy. These are not the same as the cosmetic moisturisers that you would purchase at a beauty counter.

Emollients in the treatment of eczema



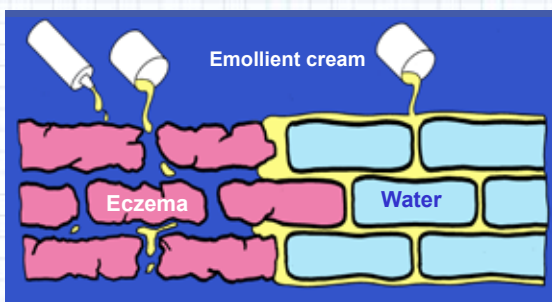
HEALTHY SKIN

IN HEALTHY SKIN THE SKIN CELLS ARE PLUMP AND FULL OF WATER, AND THEY ARE SURROUNDED BY FATS AND NATURAL OILS. THEY FORM A SOLID 'BRICK WALL' THAT KEEPS MOISTURE IN AND EXTERNAL IRRITANTS AND ALLERGENS OUT.



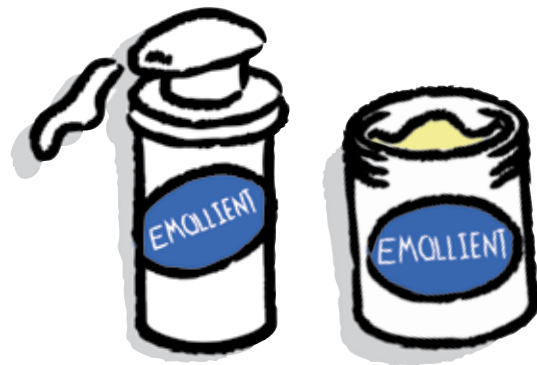
ECZEMA SKIN

IN PEOPLE WITH ECZEMA, THE SKIN CELLS LOSE THEIR WATER, FATS AND NATURAL OILS – A PROCESS MADE WORSE BY SOAP, SHAMPOO, BUBBLE BATH ETC. LOTS OF SMALL GAPS APPEAR IN THE 'BRICK WALL', ALLOWING EXTERNAL IRRITANTS AND ALLERGENS TO ENTER AND CAUSING THE SKIN TO BECOME RED, INFLAMED AND ITCHY.



EMOLLIENT TREATMENT

APPLYING EMOLLIENT HELPS TO TRAP WATER IN THE SKIN, BY CREATING A SEAL ON THE SURFACE, WHILE ALSO REPLACING THE LOST FATS AND NATURAL OILS. BY REPAIRING THE 'BRICK WALL', THE EMOLLIENT ALSO HELPS TO PREVENT FURTHER MOISTURE LOSS AS WELL AS PENETRATION BY IRRITANTS AND ALLERGENS.



There are many different emollients to choose from and these are available as lotions, creams and ointments.

There is no such thing as one emollient for all children with eczema – choosing a suitable emollient is normally a process of trial and error since what is soothing to one person’s skin may irritate another’s.

Emollient should be applied gently, by stroking downwards in the direction of hair growth.

Daily ongoing emollient therapy is extremely important for all severities of eczema, to repair the skin barrier and try to prevent the itch–scratch cycle, which will inevitably lead to eczema flares. In more severe cases of eczema, emollients will need to be

applied far more frequently as the skin dries out much faster. Even for mild eczema, emollients often need to be applied three times a day.





Most children with eczema will therefore need to apply emollient at least once during the school day. We suggest that parents/carers may begin teaching their child to apply their own emollient well in advance of starting the first term. However, it is likely that most children will still need reminding about what time to apply their emollients and some degree of help and supervision during the process.

What can I do to help








- ✓ Ask parents/carers what works best with their child. For example, some children might need to be talked through the process: *‘First your right arm, that’s it, now your left arm...’* while others might be extremely self-conscious and prefer it if you talk about anything but them applying their emollient! It might also be helpful to have the parent/carer oversee the first application on school premises so you can observe the approach they take and the child can understand that, during school hours, you will be taking on the role.
- ✓ Ask parents/carers to measure out how much cream or ointment the child should use so you have a visual guide. This will vary from child to child and will also depend on the product being used.
- ✓ The process of dipping fingers in and out of a tub of cream or ointment during application can lead to contamination with bacteria, which could cause the eczema to become infected.

- ✓ If the child uses a cream emollient, ask their parents/carers if it would be possible for the child to have a pump dispenser instead of a tub. If they use ointment from a tub (ointments are too solid for a pump dispenser), they will need to bring a clean spoon or spatula from home to spoon out the emollient, rather than using their fingers.
- ✓ Discuss with the parents/carers when would be the best time to apply the emollient. Some children may be able to manage with just a lunchtime application; others might need to apply it at morning break, lunchtime and afternoon break.
- ✓ If this is the case, you may need to involve some of your colleagues so that each of you oversees one application slot.
- ✓ Discuss with the parents/carers how long it takes to apply the emollient. If this proves to be longer than the duration of a break time (which may well be the case if the child is still learning to do this by themselves), you might need to explore alternative solutions with them.

-  Decide where the child will go to apply the emollient. A private location should be provided, but toilets are not appropriate due to the risk of infection. Most children will also view this as a very private process that they want to undertake well away from their classmates.
-  Decide where the emollient is going to be stored in-between applications. This needs to be somewhere cool and dry, away from direct heat and light. Contamination of skin-care products is an issue as eczema can easily become infected, so the tub or dispenser needs to be kept in a place where it won't be inadvertently opened or tampered with.
-  Because eczematous skin easily becomes infected, anyone helping a child to apply emollient should wear nitrile/PVC/latex (but powder-free) gloves. Check with the parent/carer that the child isn't allergic/doesn't react to the chosen glove. The helper should avoid any materials they are allergic or sensitive to.
-  Ensure that all members of staff who might be called upon to help with or oversee the moisturising process know where the emollient is stored, how much needs to be applied and the best strategy to take in terms of guiding a child through the process.

Ask the parents/carers for a smaller container of emollient for 'top-ups' following wet play, arts and crafts, outdoor activities and so on, when the skin on the child's hands will have been exposed to various chemicals and irritants. Make sure the other children know not to touch it. Lower down the school, suggest that a responsible adult looks after the container.

-  Another important reason for having this small tub accessible to the child is that they will need to use it as a 'soap substitute' to wash their hands (soap must be avoided, as it irritates eczema).
-  Agree on a simple line that the child can use with their peers if asked about the process. For example, *'I have to put cream on my skin or it gets very dry and sore'*.
-  It is important to leave a gap between applying emollients and putting on sunscreen – **ideally 30 minutes** – so that emollient is absorbed properly and does not dilute the sunscreen; also, to prevent the child from 'frying' in the sun.
-  If the child is reluctant to use their emollient on school premises, but is happy to do so at home, suggest to the parents/carers that they use a reward chart. The chart is on display at home and the stickers are handed over by you at the end of each day – one for every successful application at school. In this way there will be a clear link between school (the stickers) and home (the chart) to encourage consistency of behaviour. The parents/carers can then offer a small reward after a certain number of stickers have been achieved.
-  Finally, ask parents/carers to keep you updated on any changes (e.g., if they decide to use a new emollient, if the amount to be applied changes, or if the frequency of application increases or decreases).

Supporting pupils with eczema in school

Moderate to severe eczema is a long-term medical condition, which requires daily skin care, including the frequent application of emollients (both for hand washing and moisturising) to treat dry skin and prevent flares.

A practical concern for many parents/carers with children who have atopic eczema is that emollient use at school can be problematic to organise. One reason for this is that schools do not always understand that emollients are important eczema therapies and that children may need support with applying them. If this is the case, the importance of eczema therapy needs to be explained in the context of the school's legal duty of care.

The relevant legislation is different in Scotland (see page 12) to that applicable in England, Wales and Northern Ireland. In the latter by law, school governing bodies must make arrangements to support children with medical needs in school. The

Department of Education (DoE) statutory guidance (DoE 2015) advises that when a medical need is identified, parents/carers and their child's school should, if necessary, work together to devise an individual healthcare plan (IHP) so that the pupil can remain healthy, play a full and active role in school life and achieve their full academic potential.

The legislation is fairly complex, so here is a guide to how parents/carers can work with the school to help their child manage their eczema during the school day.

For more information, please visit the websites listed under 'Useful Resources' overleaf.

England, Wales and Northern Ireland

Notifying the school

Managing eczema in school starts with the parents/carers notifying the school of their child's diagnosis and describing the treatments/additional support that will be required during the day. This notification can be provided at any time but it is best done at the beginning of the summer term before a child starts primary school (reception class) or prior to them transferring from primary to secondary school.

There will normally be a meeting between the school (e.g. key staff including a senior teacher or head teacher) and the parents/carers. If required, an Individual Healthcare Plan (IHP) may then be drawn up and agreed. The aim of an IHP is to provide clarity on which medicines/treatments are used, what needs to be done and by whom.

Useful resources

Department for Education Supporting pupils at school with medical conditions (DfE, 2015). Available from: www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3 [accessed 15 August 2016]

The Medical Conditions in Schools Alliance offers parents information and support on medical conditions. Available from: <http://medicalconditionsatschool.org.uk> [accessed 14 August 2016]

Public Health England Maximising the school nursing contribution to the public health of school-aged children (PHE, 2014) www.gov.uk/government/uploads/system/uploads/attachment_data/file/303769/Service_specifications.pdf [accessed 15 August 2016]

When is it necessary to have an Individual Healthcare Plan?

An IHP is usually essential for moderate to severe eczema and for complex medical conditions. However, whether or not an IHP is put in place also depends on the school's policy regarding the classification of emollients –some schools view emollients as 'medicines' and therefore insist on an IHP with emollients listed as such. For this reason, an IHP may be deemed necessary by the school for a child with eczema of any severity (from mild to moderate to severe). Of course, there are also schools which don't view emollients as medicines and are happy to support the child without a formal IHP (although it is still important for the parents/carers to provide detailed instructions and discuss the child's needs with the school).

The school and parents/carers should agree, based on the evidence and the school's policy, whether an IHP would be appropriate or not. If medical needs are complex (for example, in cases of moderate to severe eczema, and especially if the child has allergies or other medical conditions such as asthma), it is important that a healthcare professional (see below) is involved in discussions to ensure the child's medical and emotional needs are fully supported.

The IHP should be reviewed on a yearly basis, or earlier if the severity of the eczema and any other medical conditions change.

The role of the healthcare professional

The healthcare professional assigned to support the child's transition to school entry will be a Health Visitor or a Community Nursery Nurse (CNN). If the school or parents/carers have concerns about organising eczema care in school and/or establishing an IHP, these healthcare professionals should be contacted by either the parents/carers or the school so that they can liaise between the two parties to ensure the child's eczema needs will be met in school.

School nurses, with their teams, co-ordinate and deliver public health interventions that support the health, social and emotional wellbeing of school-aged children (5–19 years). The school nurse covers a large local area and due to time constraints would not normally attend meetings for IHPs. Parents/carers can also contact the school nurse, if they have concerns, via their health centre/GP.

Resolving disputes

If consensus cannot be reached or if parents/carers and pupils are dissatisfied with the support provided and cannot resolve any concerns through discussion with the school/head teacher, they may make a complaint via the school's complaints procedure (but see useful resources for further advice).

Scotland

Scottish Executive guidelines on the 'Administration of Medicines in Schools' states:

'The Scottish Executive is committed to an inclusive society where every child has the best start to life. An essential part of that is a rich and rewarding school education. The Standards in Scotland's Schools etc. Act 2000 places a duty on education authorities to educate children to their fullest potential. A child's experience of school can, however, sometimes be interrupted by a medical condition. In these circumstances it is very important to ensure that their education should neither be interrupted nor curtailed by the need to take, or have medication administered whilst in school.

'If parents or guardians ask that their children be given medicine in school then it is essential that the NHS and Education Authorities work together to ensure appropriate arrangements are put in place wherever possible. Without this co-operation many children may not be able to continue with their mainstream education. The education of all would be poorer as a result.

'We hope (this guidance) will enable children with medical needs to participate as fully as possible in mainstream education and go on to play a full part in society.'

The guidance is fairly complex, so below is a guide to how parents/carers can work with the school to help their child manage their eczema during the school day. For more information, please visit the websites listed under 'Useful Resources' at the end of this section.

Notifying the school

Managing eczema in school starts with the parents/carers notifying the school of their child's diagnosis and describing the treatments/additional support that will be required during the day. This notification can be provided at any time but it is best done at the beginning of the summer term before a child starts primary school (reception class) or prior to them transferring from primary to secondary school.

There will normally be a meeting between the school, Health Visitor (at school entry) and the parents/carers. When moving schools at a later age, as well as notifying the school, you can involve your GP who can liaise with school nurses. Some support staff may have meeting the healthcare needs of pupils as part of their duties. For most teaching staff administering prescribed medicines is voluntary. Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil should have proper training and guidance. He or she should also be made aware by a healthcare professional of possible side effects of the medication and what to do if they occur.

The Scottish Executive recommends that schools develop an individual healthcare plan (IHP) for all pupils with healthcare needs.

The main purpose of an IHP for a pupil with healthcare needs is to identify the level and type of support that is needed at school.

A written agreement with parents clarifies for staff, parents and the pupil the help that the school can provide and receive. Schools should agree with parents and medical practitioners how often they should jointly review the IHP depending on the healthcare needs.

The role of NHS Boards

NHS Boards have a statutory duty to commission services to meet the health needs of their local population. NHS Boards provide a comprehensive Children's Service including a School Health Service. NHS Boards also have the responsibility for securing the medical inspection, medical supervision and treatment of pupils in schools, including the administration of medicine, and education authorities will help them to discharge this responsibility.

It is for NHS Boards to ensure that appropriate agreements are in place with education authorities, which determine the respective responsibilities of each in relation to the administration of medicines in schools (local protocols and procedures, including training).

NHS Boards, education authorities and schools should work in co-operation to determine needs and plan and co-ordinate effective local provision within the resources available.

Resolving disputes

If consensus cannot be reached or if parents/carers and pupils are dissatisfied with the support provided and cannot resolve any concerns through discussion with the school/head teacher, they may make a complaint via the school's complaints procedure (but see useful resources for further advice).



Useful resources

Full Scottish Executive guidelines on the Administration of Medicines in Schools: www.gov.scot/Resource/Doc/158301/0042868.pdf [accessed 15 August 2016].

This should be read in conjunction with Working Group 2014 notes to update the original guidelines (2001) www.gov.scot/Resource/Doc/158301/0042868.pdf www.cypcs.org.uk/ufiles/Administration-of-Medicines-SCCYP-Working-Group-27-02-14.pdf [accessed 15 August 2016]

Further information on the Curriculum for Excellence and health and wellbeing across learning can be found at: www.educationscotland.gov.uk/learningandteaching/learningacrossthecurriculum/responsibilityofall/healthandwellbeing/index.asp [accessed 15 August 2016]

Eczema treatments: The building blocks of eczema treatment

Emollients

Emollients (medical moisturisers) are the foundation of all eczema management – to prevent moisture loss, rehydrate the skin and stop external irritants from penetrating the body. Children with eczema will need to apply emollients during the school day to try to prevent dry and itchy skin. Some children may need to moisturise their skin 2–4 times during school hours, depending on their individual eczema needs. For more information, see pages 8–10.



Other topical treatments for eczema flares

For children with mild to severe eczema there is a range of other treatments that will be prescribed for use alongside their emollients to help treat eczema flare-ups.

As eczema is such an individual condition, sometimes identifying the most effective combination of treatments can take time and is a complex process, especially if a child has severe eczema. Most children with mild and moderate eczema will have a standard skin-care routine and treatments prescribed by their healthcare professionals for flare-ups.

The following topical treatments do not need to be applied to the child's skin during the school day as they are generally prescribed for application only once or twice daily. However, it is useful for school staff to understand how each treatment works and any implications of treatment or side effects for the child during the school day.

Topical steroids

Topical steroids are usually prescribed if emollients alone are not enough to manage a child's eczema. They are prescribed for short periods (anything between 5 and 14 days) during flare-ups to reduce inflammation and itchiness and help the skin to heal.

Topical steroids are available as ointments, creams and lotions and come in four different strengths – mild, moderately potent, potent and very potent. Parents/carers will be instructed to apply them once or twice a day, depending on the steroid prescribed and the severity of the eczema. Unlike emollients, which often need to be applied several times a day on a daily and continual basis, topical steroids are used for short treatment bursts during flare-ups only.

While a child can, over time, learn to apply their own emollients, topical steroids must be applied by an adult in very precise amounts and only to active and recovering areas of eczema. Children should therefore have their topical steroids applied at home. As they are prescribed for use only once or twice a day, application will not be required during school hours.



Topical immunomodulators

Topical immunomodulators help to calm down the skin's overactive immune system, reducing inflammation and redness. One of their advantages is that they can be used on very delicate skin, such as the face and eyelids, and for prolonged periods.

Topical immunomodulators are applied thinly to active eczema twice a day. Again, children must not apply topical immunomodulators themselves, but since application is only twice daily this can happen outside of school hours.

Patients using topical immunomodulators are advised to limit their exposure to the sun and to use sunscreen to protect their skin. If a child is using

this form of treatment, you will need to agree with the parents/carers how much sun exposure they can have over the course of the day – taking into account break times, lunchtime play, outdoor PE lessons and any other outdoor lessons – and the options for limiting this; for example, a child may need to stay indoors over lunchtime when the sun is at its most intense.

You will also need to ask the parents/carers how often their child should apply sunscreen, if they know how to apply it, how much supervision they need and how this will fit in with their emollient routine during school hours. **Remember, it is important to leave a gap between applying emollient and sunscreen (see page 10).**

Bandages and wraps



Bandaging the skin not only helps it to absorb emollient better but also prevents further damage being caused by scratching.

Paste bandages are impregnated with a paste containing zinc oxide or zinc oxide and ichthammol, which are soothing and cooling ingredients that help to relieve irritation.

Wetwrapping involves a layer of emollient on the skin, a wet inner bandage and a dry outer bandage.

Most children who need bandages and wet wraps will have them applied only at night. However, sometimes it may be necessary for the child to wear full body or limb bandages to school and, in the case of wet wraps, the inner layer will require spraying with water during school time in order to prevent it drying out. More commonly, though, a child may wear a dry wrap or bandage on a small area, such as a wrist or ankle, during the day.

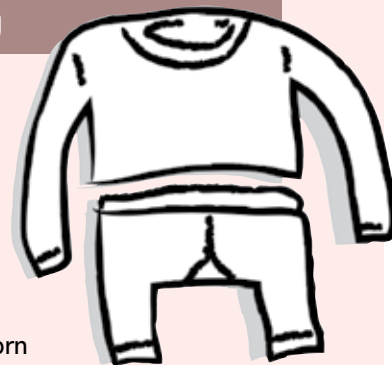
Extensive bandaging and full body wrapping look unusual and can therefore result in a negative reaction from peers, so it is best if the child only

wears bandages and wraps to school if absolutely necessary.

It is important that the child is taught to say, *'The bandages help my skin to get better'*, but further intervention from you may be required to reassure the class that the bandages are nothing for them to be alarmed about.

Silk clothing

A range of silk garments are now available. Because the fibres are soft, natural and 'breathable', they can help to regulate body temperature and humidity, absorb sweat and reduce irritation. Worn under school uniform (so a useful barrier against synthetic materials and wool), they should not be visible to classmates.



Tablets and hospital-based treatments

A small number of children have severe atopic eczema (and often other atopic and allergic conditions). These children are often under the care of a dermatologist and may be prescribed additional treatments to ones that are applied to the skin.



Oral steroids

Oral steroids are anti-inflammatory drugs that help to bring about a rapid reduction in the redness, weeping and irritation associated with eczema. A typical course will last up to two weeks and medication is taken once a day. **It is important that the school knows if a child is having a course of oral steroids, and the child should carry a steroid card at all times.**

(See also IMPORTANT NOTE! on page 17.)

Azathioprine

Azathioprine is a potent immunosuppressant drug that reduces the body's normal immune response. In eczema it helps to reduce the inflammation associated with the condition, allowing the skin to heal, and will be taken for several months at a time. Only a consultant dermatologist can prescribe and oversee its use.

All patients taking azathioprine have regular blood tests to monitor for bone marrow suppression, which can lead to severe anaemia and an increased risk of infection. Liver function tests are also carried out regularly.

Given the nature of the treatment, you can expect to have several weeks' notice of a child starting a course of azathioprine as they will need to undergo tests beforehand to assess their suitability.

During school hours you should monitor for nausea, diarrhoea and loss of appetite as these are all possible side effects. Azathioprine can cause photosensitivity, so extra diligence with sun protection is required.

(See also IMPORTANT NOTE! on page 17.)

Ciclosporin

Like azathioprine, ciclosporin is a potent immunosuppressant drug that reduces the inflammation associated with eczema. In children it is used as a short-term treatment under the supervision of a consultant dermatologist.

The main side effects of ciclosporin are high blood pressure and reduced kidney efficiency. Blood pressure and kidney function will therefore be checked before treatment and monitored closely throughout treatment using blood and urine tests.

As the risk of bacterial, fungal and viral infection is greater when a child is on this medication, it may be advisable to discreetly seat the child away from other children who are exhibiting signs of becoming unwell, or who are unwell or who are recovering from illness.

(See also IMPORTANT NOTE! on page 17.)

Methotrexate

Methotrexate is another immunosuppressant, which like azathioprine and ciclosporin is used to reduce the body's immune response to eczema and reduce inflammation associated with eczema. It is also a treatment that can only be initiated and supervised by a dermatologist; and children will also need to be monitored in the dermatology department (this may involve time off school for blood tests). The drug is taken as a tablet in a single weekly dose.

As well as suppressed immunity, leading to an increased susceptibility to infection, possible side effects of methotrexate are anaemia and problems with liver function. Blood tests, including liver function and full blood counts are checked and monitored regularly during treatment.

Children taking methotrexate may also experience nausea, so you should monitor this and report back to the child's parents/carers.

(See also IMPORTANT NOTE! below)

Phototherapy

Some children with eczema find that their condition improves with phototherapy, a type of UV light treatment that is available at a specialist clinic or hospital. Treatment is usually given two or three times a week for up to ten weeks and helps to reduce inflammation. Generally, treatments are arranged outside school hours but sometimes the child may need time off school to attend a session.

Some children experience redness and itching after this treatment and, as a result, the emollient used during school hours or the frequency of application, or both, may need revisiting during the treatment process.

After treatment the child should avoid further exposure to UV light. You will need to discuss with the parents/carers if this means they must stay inside the building during school hours or whether they can have a limited amount of time outside – perhaps morning break only – as long as they apply sunscreen beforehand.

Important Note!

Because oral steroids, azathioprine, ciclosporin and methotrexate (detailed below) suppress the immune system, the risk of bacterial, fungal and viral infection is increased. Where possible, you should try to minimise direct contact between the child and any pupils or staff who are exhibiting signs of illness. It may be advisable, therefore, to discreetly seat the child away from others who are exhibiting signs of becoming unwell, or who are unwell or who are recovering from illness.

In particular, the child's parents/carers will need to know as soon as possible if their child has potentially been exposed to cold sores, measles or the chickenpox or shingles virus.

Time off school due to eczema

Sometimes children may miss a number of lessons due to hospital or GP appointments, and this will be a key concern for parents/carers.

It may help to sit down with them and discuss the dates of these appointments and ways in which you can work together to prevent the child from falling behind. For example, a series of short activities based on what their classmates will be learning while they are away can be used by parents/carers during the journey to and from the hospital or while sitting in the waiting room.

Very occasionally, a child with severe eczema – especially if infected with eczema herpeticum (see pages 18–19) – may be admitted as an in-patient. The child may need some time off at home to recover, so it is important to liaise with the parents/carers about providing school work.

A teacher may need to liaise directly with the hospital teacher to give information on the child's educational needs and current school work and curriculum.



Infection and eczema

When someone has eczema the skin does not provide an adequate level of protection as the skin barrier is defective, so moisture is lost – causing the skin to become very dry – and external irritants can penetrate the body more easily and cause inflammation. Inflammation leads to scratching, which leads to more broken skin, leaving the body vulnerable to a range of infections.

Bacterial skin infections

Infection is generally caused by the bacterium *Staphylococcus aureus*, which is the most common skin infection. Unfortunately, people with eczema are more susceptible to *Staph. aureus* skin infections.

You can recognise this type of infection as the area becomes redder, itchier and will weep. There is often yellow 'crusting' and sometimes small red blisters may also be present. Eczema infected with bacteria takes longer to recover, as the body has to take control of both the eczema flare-up and the infection. Infected eczema may cause the child to have a raised temperature (they may complain of feeling 'fluey'). If the infection is severe, the child will need to have time off school (although they are not infectious to other children, they will feel generally unwell for a couple of days until the antibiotics have treated the infection).

It is important to note that even though infected eczema is caused by the same bacteria as impetigo (a common skin infection that mainly affects children), infected eczema is not the same thing as impetigo. Like any other child, if a child with eczema has a diagnosis of impetigo, they should be kept off school for 48 hours, from commencement of antibiotics, as impetigo is highly contagious.

Once an infection has been identified, a child's treatment regime will need to be stepped up.

This may include:



Applying emollient more frequently or changing to an emollient that contains an antimicrobial. (Note: antimicrobial emollients are not medicines.)



Taking a course of oral antibiotics (the lunchtime dose will need to be given at school).



Using topical steroids to treat an eczema flare (applied at home).



Using topical steroid/antibiotic (applied at home).

In addition, as infections thrive in warm, moist conditions, the child will have to stop bandaging and wet wrapping, if this is a normal part of their daily treatment regime, until the infection has completely gone.

Fungal skin infections

Fungal infections generally affect small parts of the body and are treated with twice daily antifungal creams. They do not make eczema worse or cause a child to be ill. Children with eczema are more prone to fungal infections.

Candida A yeast infection that thrives in warm, moist folds of skin, such as the groin.

Ringworm A fungal infection that can often look like eczema. (Note: Ringworm is a descriptive term only and has nothing to do with worms!)

Viral skin infections

Chickenpox

A viral infection caused by the Varicella zoster virus, chickenpox is very common in all children. This is a particularly unpleasant condition for a child with eczema because eczema often gets worse when the chickenpox is crusting and resolving and there is additional itch due to chickenpox.

Molluscum contagiosum

This is a very common childhood virus that any child can get, although children with eczema are more prone to it. It is seen as small clusters of pearly lumps; some children have many crops all over their body while others have only one or two. It is contagious but is generally not treated. Molluscum will simply disappear when the child's immune system rejects the virus.

Herpes simplex

Better known as the 'cold sore virus', herpes simplex is a high-risk infection for those with eczema as it can lead to the development of eczema herpeticum, which can be life-threatening.

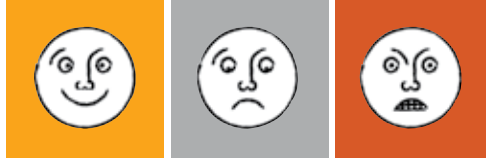
If eczema herpeticum develops, onset is rapid and the condition needs to be treated with antiviral drugs and will usually require hospitalisation. Eczema herpeticum is a dermatology emergency and can be life-threatening. Onset is rapid and the child will be very ill with a high temperature. The condition needs to be treated with antiviral drugs and will usually require hospitalisation. It is likely that the child will be off school for a couple of weeks. It is vital that a child with eczema does not have close contact with anyone with herpes simplex.

What can I do to help



- ✓ Ensure that the child does not come into contact with anyone (another child or member of staff) with a cold sore (herpes simplex).
- ✓ If there is a case of chickenpox anywhere in the school, forewarn the parents at the first opportunity.
- ✓ Ask the parents/carers to alert you if they suspect the child's eczema has become infected as, if it has, the child will be itchier and more uncomfortable than usual and you may need to amend your lesson plan accordingly.
- ✓ If an infection is diagnosed, ask the parents/carers to update you on the new treatment regime and any implications for care during school hours, especially the administration of antibiotics during the school day.
- ✓ A child should already be using a pump dispenser or decanting their emollient from a tub, with a clean spoon or spatula (see page 9), to prevent it from becoming contaminated – this is especially important if the skin is infected.
- ✓ If the infection is particularly bad and the child is generally feeling unwell so needs to stay home, provide parents/carers with activities that they can do with their child to prevent them falling too far behind with schoolwork.
- ✓ Ask the parents/carers to confirm when the infection has completely cleared and if the child's treatment regime during school hours has changed (e.g. a child might not simply revert to their pre-infection treatment regime, as their GP may decide that changes need to be made to help prevent another infection).

Emotions



As well as the physical effects of eczema, the child may face emotional challenges in coping with the psychological and social effects of eczema.

There may be times at school when a child with eczema feels different, self-conscious or anxious about fitting in at school. For example, taking part in classroom activities that may affect their eczema.

A child might feel...

Self-conscious – because of visible eczema on their skin.

Different – because they itch and look different to their peers.

Irritable – they may be short-tempered or tired due to lack of sleep, which can affect concentration in class.

Frustrated – due to itching, their eczema being visible, and having to adapt to coping with triggers at school.

Overwhelmed – due to coping with eczema generally, including managing emollients at school.

Angry – because of the perceived injustice of having eczema when others don't.

Left out – when they can't take part in certain activities with friends (e.g. sleepovers), although this should never be allowed to happen at school.

Ostracised – other children may exclude them (e.g. by not wanting to hold their hand)

Upset – they may become more easily upset when coping with eczema symptoms and tiredness resulting from disturbed nights.

Teased or bullied – if a child is reluctant or refuses to go to school, or becomes very upset while there, it may be a sign that they are being singled out because of their eczema and are perhaps being teased or bullied.

Equally, remember that some children cope well with eczema, and adapt to managing the condition at school. They do need support, however, to have a normal and enjoyable experience at school.

Meanwhile parents/carers and other family members might feel...

It is hard to 'let go' of a child with eczema, especially as they will have cared for their child's skin from babyhood onwards.

Parents/carers themselves may be anxious or worried, and also feel overwhelmed with helping their child prepare for coping with eczema at school.

What can school staff do to help?



Make sure the child knows you understand about their eczema and are always there to talk to. Children with eczema are often very aware of their eczema needs and what their own triggers are. Always be aware that the child with eczema needs support with both physical and psychosocial aspects of the condition.



Encourage good two-way communication with parents/carers: make sure that you know how the child is doing at home and that you are aware of any relevant issues concerning their eczema; also make sure that the parents/carers know how the child is coping with their eczema at school.

Parent/carer-teacher meeting checklist

While we've tried to keep this information book as short as possible, we appreciate that there is a lot to digest, especially if you've never come into contact with eczema before.

That's why we've put together this handy list of questions to go through with parents/carers before their child joins your school or class.

Where relevant, we have also listed the page numbers you can refer to for additional information on a particular subject.

It might be helpful to include such questions in the child's 'New starter' induction pack for parents/carers to complete so that you have the opportunity to go through the information before meeting them for the first time. Copies are available for download on our website at www.eczema.org/eczema-at-school-eczemainformation

Checklist

Name of child

Class

Teacher's name

Date

1 When did the child's eczema first develop? How has the condition changed since it was first diagnosed? Has it improved? Has it got worse? Has the eczema spread? What is the eczema like when at its best and when at its worst?

2 Do they have any other health conditions? If so, do these have a bearing on their eczema?

3 How does the child feel about their eczema? Do they accept it as part of them? Are they very self-conscious about it? Do they get frustrated? Does how they feel change over time? (See page 38.)



Checklist

- 4** Is the child under the care of a dermatologist? How often do they see them?
- 5** Is there a pattern to the child's eczema (e.g. worse in winter and better in summer)? How often do they suffer from flare-ups? (See pages 6–7.)
- 6** What treatments does the child currently use? Emollients? Emollients and a topical steroid and/or other additional treatments? Are there any side effects that you should be aware of or special precautions that you must take (e.g. keeping the child out of the sun, etc)? (See pages 8–10 and 14–17.)
- 7** What is their current treatment routine (i.e. when are treatments applied during a normal day)? How will this routine translate in terms of the school day? (It might be that the child's entire routine – during and outside of school hours – will need to be amended. For example, some parents/carers apply emollient more frequently outside of school hours than they normally would to compensate for less being applied during the school day.)
- 8** Ideally, how much emollient should the child apply during the school day, when and to what parts of their body? Can the child apply their own emollient or do they need a lot of help? Are they confident with it? Are they happy to do it or is refusal common? What is the best approach to getting the child to co-operate? What if they won't and are getting very distressed? Confirm where the child will be applying their emollient, who will be helping/overseeing it and where the emollient will be stored between applications. Suggest to the parents/carers that it might be beneficial if they come in and oversee the first application on school premises. (See pages 9–10.)
- 9** Is the child allergic or sensitive to any of the materials in protective gloves? This is relevant if the child uses gloves for wet or messy play or if a member of staff is applying emollient, in which case they need to wear nitrile/PVC/latex (but powder-free) gloves (see page 9) in order to avoid infection.
- 10** Ask the parents/carers if they will be supplying a soap substitute (or using emollient as soap substitute) and whether the child needs their own towel to dry their hands on. If so, ask how often a fresh one will be supplied. (See page 6.)



Checklist

11 Ask if the parents/carers can supply a pump dispenser for emollient cream application and a travel-sized pump dispenser or small, separate pot that the child can keep in their tray for quick 'top ups' during the day (e.g. after wet play and for hand washing). If the child's emollient is in a tub, they will need a clean spoon or spatula to decant the amount they need to apply (using fingers can cause contamination). (See pages 6, 9, and 10.)

12 Does the child's treatment routine change seasonally (i.e. do they use more emollient during winter because of the drying effects of the cold outside and central heating indoors)?

13 What are the child's main triggers? How do the parents/carers propose overcoming these in a school environment? Will they be supplying additional items – cotton gloves for example – for use during school hours? If so, is the child familiar with them and happy to use them? (See pages 6–7.)

14 If clothing is an issue, see whether the school can be flexible in terms of uniform. (See pages 6 and 12.)

15 Ask how itching and scratching are handled at home (e.g. do the parents/carers use distraction techniques or does the child squeeze a ball or pinch their skin to prevent themselves from scratching and making their skin bleed)? Does the child get itchier at particular times of the day? (See pages 4–5.)

16 How often will the child need to take time off school to attend medical appointments? How much notice of these can the parents/carers give?

17 Does the child suffer from disturbed sleep? How often does this happen? How do the parents/carers feel this will affect the child's performance (i.e. do they bounce back quite quickly)? (See page 20.)



Checklist

18 Does the child's eczema get infected? Does this happen often?
(See pages 18–19.)

19 If food is an issue for the child, confirm if the school can provide lunches for children with special dietary requirements. If not, discuss the arrangements for packed lunches. Discuss possible implications for things like cookery lessons.
(See page 7.)

20 Ask the parents/carers if the child will be participating in PE and swimming lessons and discuss the implications in terms of needing to keep cool, sweat, chlorine, applying emollient and having an eczema-friendly PE kit. For example, some children will need to wear trousers rather than shorts to protect their skin from further damage. (See pages 6–7.)

21 If the child's condition or medication – or both – require sunscreen to be applied, ask how this will fit in with their emollient regime at school, how much should be applied and when and whether the child is able to apply their own sunscreen and is comfortable doing so. (See pages 9–10, 14–17.)

22 Inform the parents/carers of any planned school trips during term time so that they can think about potential issues and solutions in advance.

23 As parents/carers will worry about bullying, it would help to alleviate their concerns if you can explain the school's approach, so they know in advance the support that is available and how any issues would be addressed.

24 Ask the parents/carers to keep you informed of any changes in the child's medication, treatment routine, forthcoming medical appointments and any other issues that may have a bearing on their condition.

Eczema - planning checklist

If you've no or little previous experience of having a pupil with eczema in your class, it can be difficult at first to keep on top of their treatment regime and to remember all their individual triggers. That's why we've included this at-a-glance checklist for your planning folder so that when putting together a lesson plan you can easily identify possible issues for the child, which can then be highlighted to all the adults involved with the lesson.

Copies are available for download on our website at www.eczema.org/eczema-at-school-eczemainformation

Name of child

Class

Teacher's name

Date

 **Treatment...**

When does the child need to apply emollient during the school day?

When does the child need to be reminded to 'top up' their emollient (e.g. after wet play, etc)?

Leave a gap (ideally 30 minutes) between applying emollient and sunscreen.

Who will oversee help with each of these applications (assuming the staff members rotate)?

Is the child using their soap substitute if one has been supplied?

Are there any side effects from the child's current medication that the team needs to look out for?

Is the child allergic or sensitive to any of the materials in protective gloves (e.g. nitrile/PVC/latex)?

Potential triggers...

Tick any that apply

- Being too hot or too cold or sudden temperature changes
- External conditions (e.g. very sunny, bitterly cold, high pollen count, etc)
- Natural environment (e.g. contact with grass, plants, trees, etc)
- Animals and birds
- Soap
- Wet play
- Chemicals (e.g. glue, paint, clay)
- Clothing
- Sweat
- PE
- Swimming
- Dust
- Carpet
- Certain foods



Visual clues for the team to watch out for...

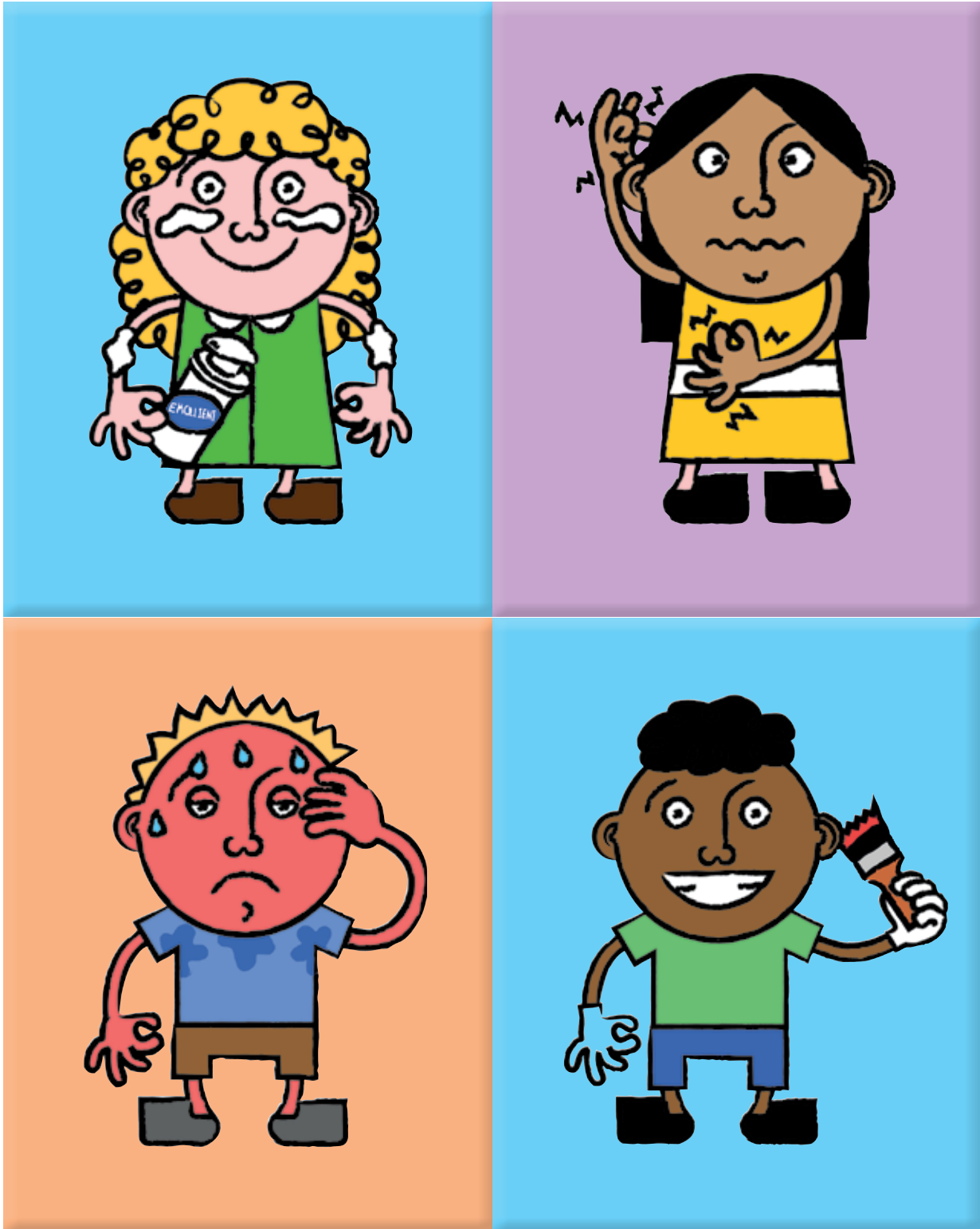
How does the child convey that they are itchy? By pinching their skin, squeezing a ball or using everyday items such as a ruler or pen to scratch themselves with?

What usually precedes a bout of itching (e.g. does the child become quiet and withdrawn or louder and more disruptive)? Do they suddenly go very still or do they continually fidget? Do they go red in the face, etc?

How sore are the child's hands? Can they hold a pencil comfortably? Can they take part in 'fine work' such as sewing?

Activities

A series of lesson plans, including a variety of activities and resources.



Eczema is a complex condition and one that affects a growing number of families in the UK. Highly visible, it attracts attention, speculation and comment, which is why it's so important for a child's peers to have a better understanding of its causes, symptoms and treatment as well as the everyday challenges that it presents.



If you had no experience of eczema prior to reading this guide, we appreciate that there's a lot of information to take in and that you might not immediately feel confident giving a lesson on the condition. Equally, we recognise how time-consuming lesson planning can be.



That's why we've worked with a team of highly experienced teachers to produce a series of lesson plans, including a variety of activities and resources.



We suggest the following activities for different age ranges, but please feel free to use your discretion as to what will work for your class.

3-5-year-olds | **5-7-year-olds** | **7-11-year-olds**
Activities 1, 2 and 3 | Activities 4, 5 and 6 | Activities 7, 8 and 9



Designed to encourage understanding and compassion, each lesson aims to be no more than 20–30 minutes long, with an emphasis on both the physical and the emotional impact of eczema on a child.



Finally, whether you use the lesson plans as they have been provided or decide to modify them to suit the specific needs of your pupils, we hope that they provide a useful framework for teaching the next generation about this incurable and increasingly common condition.

**Thank you
once again for your
help and support.**



The activities in this section are available to download in different formats for planning and as classroom resources



★ **Activity one** Recommended for 3-5-year-olds

What is eczema?

Today we are going to be learning about this word (have the word 'Eczema' displayed on the board). It says 'eczema'.

Has anybody heard this word before?

Explain to the class what eczema is - a dry skin condition where the person has red patches of skin that are very sore and itchy.



Activity and Feedback

- > Give each child a piece of play dough and ask them to roll it flat.

How does this feel?

- > Now ask them to scratch the surface.

What happens?

- > Now ask them to scratch it again.

What happens?

- > Repeat the scratching one more time.

What happens?



Conclusion

Explain to the class that this is what happens to a person's skin when they scratch their eczema.

This is why a person with eczema needs to keep putting cream on their skin as it helps to stop it being so dry and itchy and to get better. This means it's easier not to scratch.





★ **Activity two** Recommended for 3–5-year-olds

Triggers

Can anybody remember what this word (have ‘Eczema’ written on the board) says? Remind the class what the word says and that it is a dry skin condition where the sufferer has red patches of skin that are very sore and itchy.



Activity

Take the class into the hall or another large space and invite the child with eczema to stand at the front and take on the role of PE teacher, asking the other children to do ten star jumps or hop on the spot – any sort of physical activity. It should be for about 2–3 minutes.



Feedback

With the class sitting down, ask them how they are feeling, how does their skin (particularly their face) feel and how do they feel in their clothes.



Conclusion

Explain to the class that how they are feeling would not be good for a person with eczema as it will make their skin even more sore and itchy and that’s why you asked the child with eczema to be the PE teacher instead.

Explain to the class that many things in everyday life can make a person’s eczema worse, even if they have put their cream on.

Show the class the trigger list, opposite, or from our website www.eczema.org/eczema-at-school-activity2

Triggers...



Clothing and uniform



Sweat



Temperature



Pollen



Soap and water



Animals



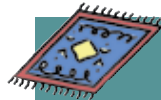
Messy or wet play,
art and cookery



Chairs



Dust



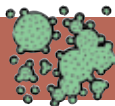
Carpet



Swimming



Food



Damp and mould



Fragrance



★ **Activity three** Recommended for 3–5-year-olds

Social and emotional issues

Remind the class that eczema is a dry skin condition where the sufferer has red patches of skin that are very sore and itchy.

People with eczema need to put cream on to protect their skin and help it to get better.

There are also many everyday objects or items that can make it worse. Show the class the **feeling cards** (only use Happy, Sad, Angry and Excited) and explain to them what each feeling is. A template is available on page 38 and from our website www.eczema.org/eczema-at-school-activity3



Activity

Sit the class in a circle with each child having a set of feeling cards (Angry, Sad, Happy and Excited) - see page 38. Ask the children to listen to the following situations and, at the end of each, to hold up a card to say how they would feel in this situation.

- > Everyone else in your class is going to Ben's birthday but your parent/carer says you can't because you're already doing something else.
- > Your best friend has a cat but you can't have one because cats make your Daddy sneeze.
- > You're at the beach and want to go and play but your parent/carer is spending ages putting sunscreen on you because she doesn't want you to burn.
- > You've been poorly and your parent/carer says you can't go swimming this weekend in case it makes you ill again.
- > Some children at school keep pointing and laughing at you because you have to wear glasses.



Feedback

Every time the children hold up a feeling card, ask one or two children to explain why they are feeling like this.



Conclusion

Tell the class that how they have felt in these situations can often be how people with eczema feel as the condition makes their life more difficult. We need to be kind and friendly to everyone we meet so that people don't feel sad.



★ **Activity four** Recommended for 5-7-year-olds

What is eczema?

Today we are going to be learning about this word (have the word 'Eczema' displayed on the board). Does anyone know what this word says? Tell the class if they don't. Explain to the class what eczema is - a dry skin condition where the sufferer has red patches of skin that are very sore and itchy.



Activity

Explain to the class that people with eczema have very itchy skin and that scratching makes it worse so they have to try not to do it. Do you think this would be easy to do? Ask the class to sit on their hands and tell them that you are going to ask them a series of questions but they mustn't put their hand up to answer (or shout out). In order to generate a reaction from the children, pick questions that they will really struggle not to answer such as 'Who likes chocolate?', 'Who has a pet?' and 'Who likes football?'



Feedback

You should hopefully find that the children (well most of them!) were not able to sit on their hands but put their hands up to answer your questions! Ask the children to put their thumbs up or down depending on how easy they felt it was to not put their hand up to answer questions.



Conclusion

Explain to the class that this is how a person with eczema feels - they know they mustn't scratch because it will make their eczema worse but it is very hard not to. Add that this is why a person with eczema needs to keep putting cream on their skin as it helps to stop it being so dry and itchy.



★ Activity five Recommended for 5-7-year-olds

Spot the Triggers

Remind the class that eczema is a dry skin condition that makes the skin red, sore and very itchy.

People with eczema need to put cream on to soothe and moisturise the skin so that they don't scratch and make it worse. Tell the class that many things in everyday life can make a person's eczema worse, even if they have put their cream on.

Show children the list of triggers and explain how and why each is a trigger. It's available on page 31 and from our website www.eczema.org/eczema-at-school-activity5



Activity

Children should be in groups of four or five and have the picture of a classroom (see opposite page 35 and also available from www.eczema.org/eczema-at-school-activity5).

Keeping the trigger list on the board, ask the children to draw a circle around the items that they think are triggers.



Feedback

Ask each group to say what they have drawn their circles around. Refer to the trigger list and ask if that was on the list.

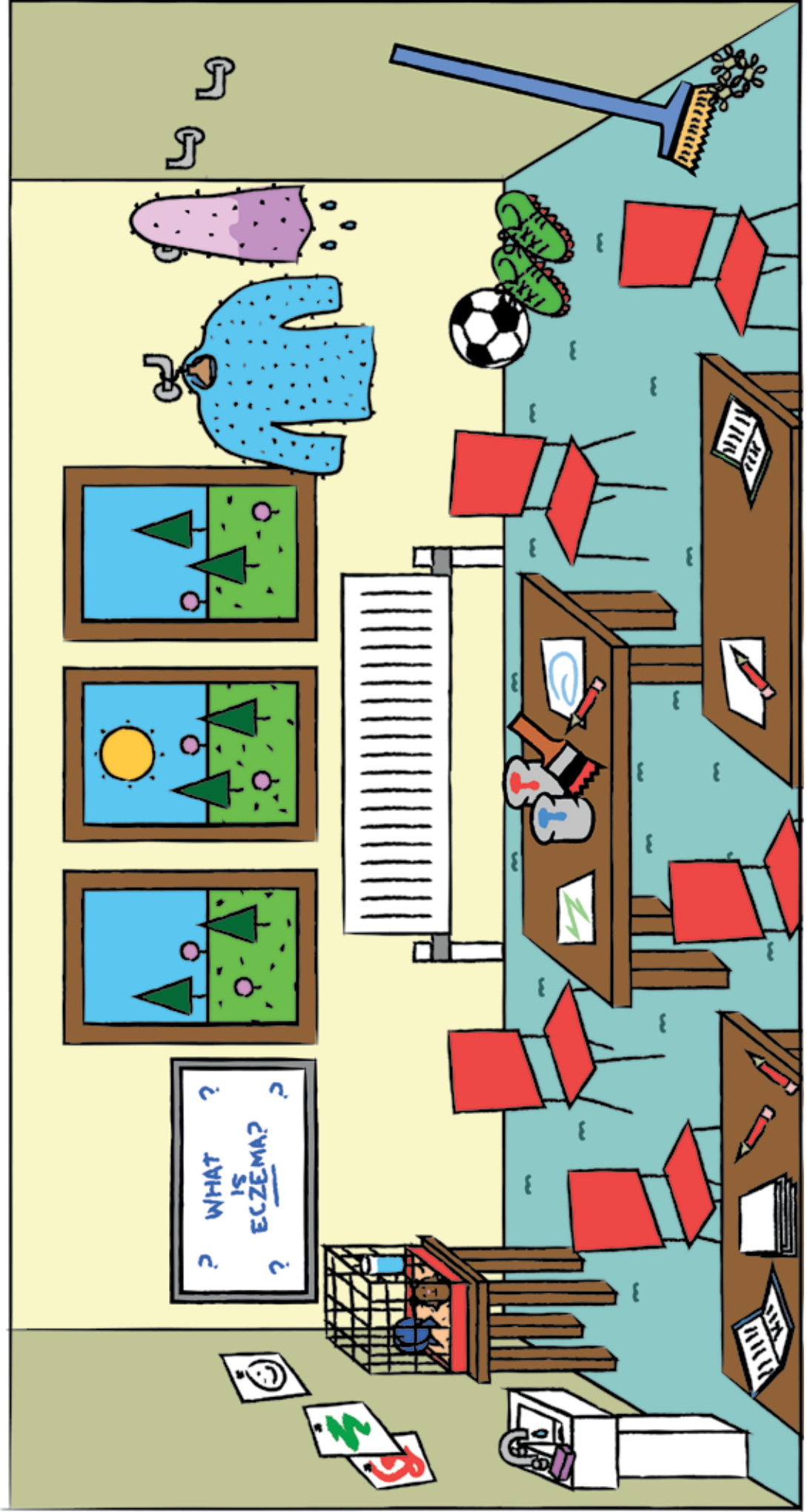
If you feel it is appropriate, you may want the children to explain why they have drawn circles around an object.



Conclusion

Introduce the feelings that a child with eczema may have because they cannot do what their friends can do so easily – Angry, Frustrated, Worried and Sad.

Spot the triggers





★ **Activity six** Recommended for 5-7-year-olds

Social and emotional issues

Remind the class that eczema is a dry skin condition that makes the skin red and very itchy.

People with eczema need to put cream on to protect their skin and help it to get better.

There are also many everyday objects and items that can make it worse. Show the class the **feeling cards** and explain to them what each feeling is. If you do not already have these, a template is available on page 38 or from our website www.eczema.org/eczema-at-school-activity6



Activity

Sit the class in a circle with each child having a set of feeling cards (Angry, Sad, Worried, Happy, Excited and Frustrated).

Ask the children to listen to the stories (opposite and also available from www.eczema.org/eczema-at-school-activity6) you are going to read and, at the end of each story, they are to hold up a card to say how they think the child in the story is feeling.



Feedback

At the end of each story as the children are holding up a feeling card, ask one or two children to explain why they have chosen that feeling.



Conclusion

Tell the class that eczema makes life more difficult for people and that they can feel angry, sad, worried and frustrated as a result.

We need to be kind and friendly to everyone we meet so that people don't feel sad.

Ask the class to give you examples of how they could make another child happy.

Here are five mini stories about children with eczema.



The party

Abigail's birthday party was in one week and she was VERY excited. But there was a problem. She'd seen the prettiest dress in the whole world in a shop window in town. But her Mum said that the stiff, scratchy material would only irritate her skin. It wasn't fair. It just wasn't fair. Just for one day she wanted to not have to worry about her eczema and surely that one day should be her birthday? Just for one day couldn't she be like all her other friends and just wear the pretty dress? Even if it did make her itch!



New school

Tom is starting a new school. His Dad is driving him there. His skin is not feeling good today. Tom's cheeks are red and there are sore patches on his neck. Why couldn't his eczema have just stayed hidden, today of all days? Now everyone is going to know he is 'different' to them. What if it is like his old school? It had taken months for the other children to get used to how he looked and his creams. What if nobody wanted to talk to him or play with him? The car pulled into the car park and Tom wished his Dad would take him straight back home.



Sweet dreams

The big box of chocolates suddenly leapt off the shelf and started chasing Sally around the store. Faster and faster she ran but it wouldn't leave her alone. Past the fruit and vegetables, down the cereal aisle, it was definitely catching her up! With a start, Sally woke up. Looking around her room she wondered what had jolted her from her sleep and then, there it was, the dreaded itch. Itch, itch, itch, itch. She made a fist with each hand and tried counting to ten. Don't scratch, don't scratch, don't scratch. Lying in her bed Sally tried to think of nice things – seeing her friend Maisie at the weekend, her favourite TV programme, that new song she'd heard on the radio – but the itch just wouldn't go away. Sally yawned. And yawned again. She was going to find it really difficult to sleep.



Spike

Sam waves to Amy across the street and shouts, 'Come and see what I've got', pointing excitedly at his back garden. As she walks down the path, Amy wonders what Sam's new toy might be. A climbing frame? A bike? Maybe even the treehouse he asked for? Turning the corner she sees that Joe and Lisa are sitting on Sam's lawn, with their eyes glued to a patch of grass at his feet. They see a flash of brown fur and then they hear a loud 'woof'. Sam reaches down and picks up a very cute, very wriggly puppy and holds it up for Amy to see. 'Come and meet Spike!' Amy looks at Sam and shakes her head. She'd love to stroke the pup and let him cover her in wet kisses, like the others are doing now, but she knows that furry animals always make her skin itch if she gets too close.



Splash

Ryan watched the other children put on their swimming costumes and hurry out of the changing room into the pool. They couldn't wait to play with all the inflatables and toys that were bobbing in the water. Ryan couldn't wait either but his Mum was busy applying his cream and it was taking aaaaaaaaaages. The clock ticked. 'Can I go now? Pleeeeease?' Mum shook her head. Tick, tick, tick. He could hear the other children shouting and laughing and tried to imagine what they were doing. 'I have to do it for your eczema' she added. How many times had Ryan heard that? Sighing, he wondered what it must be like not to have such troublesome skin.

★ **Activity three** Recommended for 3-5-year-olds

★ **Activity six** Recommended for 5-7-year-olds

Feeling cards



Happy



Sad



Angry



Excited



Worried



Frustrated



★ Activity seven

Recommended for 7-11-year-olds

What is eczema?

Have the word 'Eczema' displayed on the board. Ask the children to write down what they think eczema is. Take feedback from the class and write down their ideas on the board.



Activity

- > With the class in pairs ask them to build a wall using Lego/Duplo/Multilink.
- > Now pour shredded paper or sand over it.
What happens?
- > Repeat the exercise but this time ask them to leave lots of gaps in the wall starting from the top row down.
What happens?
- > Repeat again (with the gaps) but place a solid barrier over the top of the wall.
What happens?



Feedback and Conclusion

- Show the class the diagrams from page 8 of this book – also available from www.eczema.org/eczema-at-school-activity7 – and discuss how:
- > 'Healthy skin' with its solid brick wall keeps moisture in and external irritants out.
 - > A child with eczema has skin like the second wall the class built, with lots of little gaps between the skin cells. These gaps allow moisture to escape from the body, causing the skin to become very dry, and allow external irritants in (as demonstrated by the shredded paper or sand) causing it to become red, inflamed and itchy.
 - > Children with eczema use creams that form a barrier to help prevent further moisture loss and penetration by irritants, which in turn means that the skin isn't as red, sore and itchy.



★ **Activity eight** Recommended for 7-11-year-olds

Triggers

Take feedback from the class on what eczema is and how it can affect children. Tell the class that many things in everyday life (triggers) can cause eczema to worsen and these vary from person to person.

Show children the list of possible triggers (available on page 31 or from www.eczema.org/eczema-at-school-activity8) and explain how and why each is a trigger.



Activity

Put children in pairs or groups of four or five for this activity.

Give each pair or group a different scenario (see opposite and also available from www.eczema.org/eczema-at-school-activity8) and ask them to say what possible triggers a child in this situation would face.



Feedback

Take feedback from each pair or group as to what possible triggers a child would face. Does the rest of the class agree? Are there any others anyone can think of?

Possible answers:

Sports day – the heat of the day, getting hot from running, sweat, grass, pollen and shorts elastic or material rubbing on bare skin could all make eczema worse.

Sleepover – make-up, hairspray, perfume, the heat from the radiator and dust in the room could all make eczema worse.

School play – overheating in the costume, overheating from the spotlights, the costume material, dust, paint and glue could all make eczema worse.

Camping – going from hot to cold, the label or seam chafing her neck, grass, trees, pollen and the dog could all make eczema worse.

Beach – heat from the sun, sand, sea (salt can sting if you have sore skin already, and going from hot to cold can also cause an itching frenzy), face paint, sweat and a rough towel could all make eczema worse.



Conclusion

Show how a child with eczema often has to:

- > take extra care in order to participate (e.g. Jessica comes to the sleepover with her own duvet and towels).
- > experience discomfort in order to participate (e.g. Adam doesn't like the beach as the sand makes him itch but he doesn't want to miss out on a family trip).
- > not participate (e.g. Amy couldn't play with the dog she met at the top of the hill as animals make her eczema worse).

Introduce the emotions that a child with eczema may have because they can't do as easily what their peers can – anger, frustration, feeling self-conscious and left out.

Scenarios

Here are descriptions of five different scenarios that a child with eczema finds themselves in.



Sports day

It's the annual school sports day and Ben is competing in the 100m sprint and relay race. In between events he sits on the grass to cheer on the rest of his team. It's warm and sunny, and lots of parents have come to watch. Ben can see his little brother waving at him. In the end it all comes down to the relay race. If Ben's team wins it, they've won overall. Ben adjusts his new shorts, waits for the word 'go' and runs as fast as he possibly can, faster than he ever has before, and crosses the line... first!



Sleepover

It's Alice's birthday sleepover, and Jessica and the rest of the girls are just arriving. Jessica's bag is nearly as big as she is as she's brought her own duvet and towels with her. Alice knows it's because the washing powder her Mum uses to do the laundry might irritate Jessica's skin but the others don't and are whispering behind her back. Chloe leans against the radiator and suggests giving each other makeovers using the make-up, nail varnish and hairspray she's 'borrowed' from her older sister's room. Alice gives everyone a go with her Mum's fancy perfume. Soon the smell of pizza drifts up the stairs....



School play

Jamie has the lead role of King in the school play and is really struggling to learn his lines. Miss Langley is not helping. 'No, no, no, NO!' is all he's heard for the last half an hour. Worse still, even when he did finally come out with the right line, it turned out to be someone else's! Standing in an oversized – and very heavy! – robe and crown, Jamie can see the dust swirling in the spotlight every time the curtain

is pulled back and another pupil is thrust onto the stage to join him. If only he'd volunteered to help with the scenery – it looked a lot more fun painting castle walls and gluing leaves on to fake trees. Maybe if he offered to help....



Camping

It's warm in the car and Amy is determined to stay in it. But her Dad has other ideas. 'It will be fun', he keeps saying as if, the more often he says it, the more fun everything will suddenly be. Amy and her brother peer out of the windows at the grey sky. Still, Dad begins taking the tent out of the boot and putting it up. With a groan Amy pulls on her fleece, waterproof jacket and gloves and follows him. The cold breeze makes her ears burn and she pulls on the woolly hat that Granny knitted. Once the tent is finished it's time for a walk and a picnic. As they march up the hill, one after the other, Amy can feel her nose getting colder and something rubbing her neck but, with so many layers on and her gloves, she can't reach whatever it is. At the top, wagging its tail, is a little dog that wants to play.



Day trip to the beach

It's hot, very hot, and the Robertson family have gone to the beach for the day. Adam doesn't like the beach as the sand makes his skin itch. Mum has already covered them all in sun cream, which means the sand now sticks to his skin even more! To avoid building sandcastles with his little sister he offers to collect shells for her instead. The sea looks lovely and cool to paddle in as he walks down towards the pier where two girls are doing face painting for charity. By the time he gets back and sits down in a deckchair, it's even hotter and sweat is running down his back. Reaching for a beach towel he rubs his face.



★ Activity nine Recommended for 7-11-year-olds

Social and emotional issues

Children should either be in pairs or groups of four or five for this activity. Ask the children to write down what they already know about eczema.

Take feedback from each group. Tell the children that they will be focusing on the feelings a child with eczema may have and what social difficulties they may face.



Activity

Give each pair or group a different 'Ask Amy' question (see pages 43 and 44 and also available from www.eczema.org/eczema-at-school-activity9). Ask them to discuss how the child in the question is feeling and then ask them to write a response.



Feedback

Take feedback from each pair or group and then read how Amy actually responded to the question (see pages 38 and 39).



Conclusion

Remind the class that children with eczema face additional challenges in everyday life and that understanding is needed.

Ask Amy



Q My little sister is seven and has eczema. The other week I found out that people at school are teasing her about it and calling her names. She hasn't mentioned it to Mum and Dad and the only reason I know is because a friend of mine caught a group of girls laughing at her and saying she had fleas because she can't stop scratching.

I've tried to talk to her about it but she keeps telling me that it's ok. I don't want to go behind her back and tell our parents or a teacher but I don't know what else to do. What can I do to help her?

Steven



Amy says...

School can be tough for anyone who stands out from the crowd. Whether you have a funny surname, an unusual hobby or like music that nobody else in your class likes, at some point someone is likely to pick up on why you're different and tease you about it.

The most important thing your sister can do is to show that she's a normal girl just like them. She should therefore make a real effort to participate in things that the other girls in her class are doing both in and out of school. Yes, there may be things she can't do due to her eczema or that require some changes in order not to inflame her skin but, for the most part, there's no reason she shouldn't do a lot of the things that her classmates do.

Ask your friends to keep an eye out for her so you know if things seem to be getting better or worse without constantly asking her. Make sure she knows that you are always there to talk to if she needs a friendly ear.

In terms of telling an adult, I would always advise that someone is kept informed. If you feel that your sister would react very badly to this, then perhaps see how the situation develops over the coming weeks and, if it's getting worse, speak to a teacher.

Q I love football and am a member of the school team but this year the cold, wet weather is making my eczema worse and worse. A group of boys have also started giving me hassle in the changing room afterwards as I have to apply my creams, which they think makes me a girl. What can I do?

Andy



Amy says...

It's clear that playing sport is making your eczema worse, so ask your teacher if you can be a spectator for the next 2-3 weeks while your skin repairs itself.

Once your skin is under control again, rejoin your team but be sure to take the following extra steps:

- > Apply cream before a game as well as afterwards to ensure your skin is fully protected.
- > Ask your teacher if you can wear trousers instead of shorts to create a further barrier between your skin and the harsh elements and tackling.
- > Make sure all your sports kit is made of cotton, which will enable your skin to breathe, reduce the risk of chafing and prevent overheating.

Respond to any comments that are made by saying that your doctor has prescribed the creams to treat your sore skin and that it's something you just have to do to get better in the same way an asthma sufferer needs their inhaler or someone with a broken leg needs to use crutches. If the problem persists, tell your teacher so that he can intervene if any comments are made.

Q I've started going out with a girl who I really like but I find it impossible to talk about my eczema with her. We've only known each other a few months during which my eczema has been really good but my skin is always worse in winter and I'm dreading how she'll react when it does flare up. What should I say to her?

Joe

.....

Amy says...

You're not alone as many young people write to me about how to handle their eczema in a relationship.

The positive thing to take from all of this is that she likes you for who you are and clearly wants to be with you, so finding out you have eczema should not affect the way she feels.

Not everyone knows about eczema, so it's worth starting with the basics so she fully understands why you have the condition and what it means for you. Explain what a flare-up is like and which aspects of the winter months are responsible for your skin getting worse – for example, the cold weather, central heating, heavy clothing, etc .

Finally, encourage her to ask you as many questions as she wants – the more she understands the condition, the easier it will be for both of you.



Q I'm due to start a new school in September and I'm really nervous as I won't know anybody. At my old school I had a big group of friends and we hung around together all the time. Mum says I'll make new friends but I'm scared that nobody will want to talk to me or sit next to me because of my eczema. What can I do?

Katie

.....

Amy says...

Starting a new school is challenging for everyone so you're not alone in your fears!

There are ways in which you can reduce your anxiety though. Here are my top tips:

- > I'm sure you won't be the only new pupil joining your year group in September, so why not ask your parents to speak to the Head about arranging a get-together? Not only will you be able to meet all the other new starters – all of whom will be as nervous as you! – and get to know them before the new term starts, but you might also find you make some good friends in the process.
- > You are obviously a really good friend, as you had so many at your old school, so why not ask them what it is they like about you? This is a fantastic way to boost your confidence as it will remind you of all the great things you have to offer to potential new friends!
- > Before term starts, think about all the questions people might ask you about your eczema. If you know in advance how you want to answer each of these, you'll make sure you come across as friendly and confident rather than shy and embarrassed. Not everyone knows what eczema is, so by answering questions you can help to alleviate any concerns they may have, such as it being contagious.
- > Finally, don't be upset if someone refuses to be friends with you because of your eczema. After all, if they decide who they want to be friends with solely based on how they look, are they actually worth being friends with at all?



NATIONAL
ECZEMA
SOCIETY

Eczema Helpline: 0800 448 0818

Email: helpline@eczema.org

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