THIS GUIDELINE DESCRIBES THE MANAGEMENT OF

Dermatitis (eczema)

IN THE SCHOOL SETTING INCLUDING THE ROLE OF COMMUNITY
CHILD HEALTH MEDICAL AND PUBLIC HEALTH NURSING SERVICES

This guideline is designed to assist both health-care and non-health-care personnel involved in the care of children.

This guideline should be read in conjunction with the Administration of Medicines in Schools Policy.
## Description of clinical condition

<table>
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<tr>
<th>Condition - description</th>
<th>Dermatitis (eczema) is skin condition involving inflammation (redness and swelling) and is always associated with intense itching.</th>
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<td>There are many different types of dermatitis. The most common type is atopic dermatitis, which is an ongoing condition where there may be flare-ups where the condition gets much worse. It may be related to other conditions such as asthma or hay-fever.</td>
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<td>Dermatitis is often associated with dry skin. It occurs in 1 in 5 school children in the UK.</td>
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<td>Itchyness often occurs in skin creases such as the elbows, behind knees, front of ankles or around the neck and is aggravated by sweating.</td>
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### Complications at school/pre-school

1. Infections - weeping, crusting skin, worsening of dermatitis, blisters, fever. Avoiding cross infection is important as well as treating the infection.
   - Tiredness may occur as a result of loss of sleep from itching. This may affect a pupil's ability to concentrate and work.
   - Itching and rubbing of skin.
   - Body image - especially in PE, need to wear different clothing, obvious bandaging. This can affect self-esteem and self-confidence and may make the pupil a target for bullying
   - Absenteeism

### 1a. Precipitating factors

- Contact with irritants and allergens - particular problem in cooking, technical or science classes
- Abrasive fabrics e.g. wool
- Extremes of temperature and humidity - most improve in the summer and are worse in the winter
- Diet can affect 10% of children
- Inhaled allergens e.g. dust mite, pollens, pet dander and molds
- Stress
- Hormonal changes e.g. puberty

### 1b. Preventative measures

- Regular use of moisturiser s/emollients which
soothe, smooth and retain moisture in dry, scaly skin to make it soft and flexible. This helps to reduce itching. These are applied to skin regularly, many times a day and liberally. Pupils may need access to appropriate private areas to apply emollients through the day.

Discourage scratch and advise patting rather than scratching skin.

Use of a soap substitute such as Diprobase® Cream, Dermol® Lotion or Epaderm® ointment to wash hands.

Avoiding very hot or very cold conditions.

Wearing cotton clothing and avoiding synthetic fibres. Some leniency may be required regarding school dress codes, PE kit for these pupils without making the pupil stand out as being different.

Diet - avoiding foods which make the condition worse. Special diets are not normally required as it has not been shown that there is a link between diet and dermatitis.

Keeping nails short

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<tr>
<th>1c. likely symptoms</th>
<th>Itching and scratching of skin</th>
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<td>Redness and swelling of skin, especially in skin folds</td>
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<tr>
<th>1d. treatment</th>
<th>Emollients or moisturisers - these are applied to skin regularly, many times a day and liberally. Pupils may need access to appropriate private areas to apply emollients through the day.</th>
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<td>Topical steroid creams - to reduce inflammation. These are used in small amounts and spread thinly. These are often only used once a day. Different steroid creams may be used on different parts of the body and it is important to follow instructions carefully. Steroid creams are usually only used for short periods of time.</td>
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<td>Wet wrap bandaging - Wet cotton tubular bandages may be put on top of emollient and /or steroid creams and then covered with a dry bandage. This is usually a treatment used at night and requires some training to learn how to use.</td>
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This may be more of an issue for residential schools or for school trips. Wet wraps should not be used if the dermatitis is infected (signs: crusting, weeping, increase in itch).

Anti-infectives - these may be as creams to apply to infected skin or tablets to take. These are usually only for short courses to treat an infection.

Pastes - thick creams and ointments containing medicines which are covered with bandages. These may stain clothing or skin.

Light therapy or phototherapy - this is used in hospitals. Pupils undergoing this type of therapy may have skin which is more sensitive to normal sunlight and schools require to be aware of pupils who may need to remain indoors at break times and that adequate protection measures such as sunscreen may be required to be applied before outdoor activity.

Antihistamine may be prescribed to reduce itch. These may cause sleepiness in pupils which may affect concentration.

**1e. Follow-up**

Assess impact on quality of life at school/pre-school and give support e.g. pupils may be self conscious, subjected to teasing and bullying etc. and may become withdrawn.

Pupils may require many clinic appointments and require staff to anticipate pupil work requirements to ensure they keep up to date.

Clarify expectations of treatment – treatment may be required for long periods of time, symptoms may return.

Lifestyle measures – avoid triggers or minimise exposure to them by wearing appropriate protective clothing.

Watch for signs of infection - weeping, crusting skin or blisters which may need further medical attention.

**1f. Issues for school trips**

Privacy and space for pupil to apply medicines.

Safe storage for potentially large quantities of medicines.

Awareness of needs for special types of clothing.
### Responsibilities of Organisations

| Health                      | There will be a school doctor for each school.  
|                            | There will be a public health nurse for each school/pre-school.  
|                            | Providing relevant training on the management of dermatitis at school/pre-school to school staff.  
|                            | Liaison in provision of relevant clinical guidance. Contribute to the Child’s Plan as appropriate  
| Education                  | Ensuring relevant staff receive appropriate training.  
|                            | Ensuring appropriate facilities and procedures are in place in education environments to manage children with dermatitis.  
|                            | Liaison with parents in relation to sharing information on health and medicine requirements for their children.  
|                            | Named Person to compile Child’s Plan with contributions from agencies as appropriate  
| Social Work                | Ensuring relevant staff receive appropriate training.  
|                            | Ensuring appropriate facilities and procedures are in place in education environments to manage children with dermatitis.  
|                            | Liaison with parents in relation to sharing information on health and medicine requirements for their children. Contribute to the Child’s Plan as appropriate  

### Responsibilities of personnel involved

| Community Paediatricians   | School doctors should be aware of all children within their schools with dermatitis  
|                           | Meet parents and monitor children who have problems with dermatitis in school or about whom there are concerns  
|                           | Take part in education sessions for staff in schools/pre-schools. Contribute to Child’s Plan as appropriate  
| School Nurses             | Should ensure that  
|                           | - teachers are aware of pupils with dermatitis in their class  
|                           | - the class teacher has relevant information sheets on dealing with dermatitis and the
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<th>Requirement</th>
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<td>Individual healthcare plan</td>
<td>- Teachers including PE teachers are aware of symptoms of dermatitis and are confident in managing relevant care.</td>
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<td>- Refer any problems or concerns to school doctor</td>
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<td>- Contribute to Child’s Plan as appropriate</td>
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<td><strong>Parent</strong></td>
<td>- Informing the school/pre-school of their child’s condition, symptoms and treatment</td>
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<td>- Keeping school information current</td>
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<td>- Providing pupil with appropriate food where necessary</td>
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<td>- Providing school with appropriate emergency requirements</td>
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<td>- Contribute to Child’s Plan as appropriate</td>
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<td><strong>Education staff</strong></td>
<td>- Obtaining relevant information about pupils in their class with dermatitis</td>
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<td>e.g. teachers, playgroup leaders, ancillary staff</td>
<td>- Attending training on how to recognise symptoms and manage them and keeping this information up to date</td>
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<td>- Liaison with health and social care staff and Named Person</td>
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**Requirements for implementation**

**Training**

**Health staff**

- Continuing professional development.
- Updates on dermatitis every 3 years.
- Provided by clinicians experienced in the current management of dermatitis.
- Content to include – prevalence, recognition of signs & symptoms, management of treatment & complications.

**School and social work staff**

- Update on dermatitis at least every 3 years unless changes to management.
- Specific training on individual children in care as and when need arises.
- Provided by members of community child health staff e.g. public health nurse, doctor, pharmacist.
- Content to include – prevalence, recognition of signs & symptoms, management of treatment & complications.

**Equipment/facilities**

- Storage of supplies from parents for treatment of dermatitis and procedure for access.
- Appropriate private area for pupils to access for application of medications if needed.

**Documentation**

Child’s Plan (How I Grow and Develop)
Referral and liaison

Referrals from the hospital dermatology nurse and clinic consultant via a link member of Community Child Health Department medical staff (includes all correspondence).

Liaison is particularly important at school entry and before transfer to secondary school from P7, and on any school transfer.

Exceptions
- school/pre-school not advised by parent of child’s condition
- staff member declines to provide treatment

References

NICE Guideline Atopic Dermatitis in Children December 2007

Policies in place in school e.g. child protection, health and safety, consent (age child is responsible for own decisions and who is given advice)
Appendix I

Staff agreeing to administer medicines

The head teacher is responsible for ensuring that staff agreeing to administer medicines obtain the recommended training to do so and for maintaining an up-to-date record of such persons.

The staff member administering medicines is responsible for ensuring that he or she understands and is competent to undertake the duties required. The staff member is also responsible for ensuring that administration is carried out as described in the policy and according to his or her code of professional practice and conduct.

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