Randar Education

Medication policy

Policy Date	**1st April 2025**
Review Date	**1st April 2027**

Version 1

REVIEW SHEET

Each entry in the table below summarises the changes to this policy and procedures made since the last review (if any).

Version Number	Version Description	Date of Revision
1	Original	1 April 2024
2	More concise language	May 2026

Randar Education recognises that many pupils will at some time need to take prescribed medication at organisation. Whilst parents/carers retain responsibility for their son/daughter's medication, the organisation has a duty of care to their pupils while at organisation, and Randar Education wish to do all that is reasonably practicable to safeguard and promote pupils' welfare. This should be read in conjunction with the safeguarding policy.

Pupils at organisation with medical conditions should be properly supported so that they have full access to education, including organisation trips and physical education. Randar Education will ensure that arrangements are in place to support pupils at organisation with medical conditions and that organisation staff consult with health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

Responsibilities

The Education Outreach Manager will ensure that procedures are understood and adhered to, that training is provided and that there are effective communication and consultation with parents/carers, pupils and health professionals concerning pupils' medical needs. All staff are expected to maintain professional standards of care though they have no contractual or legal duty to administer medication. Training relating to emergency medication and relevant medical conditions will be undertaken. Advice about this can be obtained from a doctor/health visitor/specialist nurse/specialist professional.

Organisation/Setting staff.

The administering of medicines in our setting is entirely voluntary and not a contractual duty unless expressly stated within an individual's job description. If individual staff agree to administer medication, then, they will have access to information, training and that appropriate insurance is in place. In practice, the Director may agree that medication will be administered or allow supervision of self-administration to avoid a pupil losing teaching time by being unable to attend the setting. Each request should be considered on individual merit and staff have the right to refuse to be involved. It is important that staff who agree to administer medication understand the basic principles and legal liabilities involved, have confidence in dealing with any emergency situations that may arise and have had appropriate training. Although administering medicines is not part of staff professional duties, they should consider the needs of pupils with medical conditions that they teach and support.

Parents

Parents should provide the organisation with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the organisation that their child has a medical condition. If Randar Education agree to administer medication on a short term or occasional basis, the parent/carer is required to complete a consent form. Verbal instructions will not be accepted. Only one parent (defined as those with parental responsibility) is required to agree to, or request, that medicines are administered by staff. If it is known that pupils are self-administering medication in the organisation on a regular basis, a completed consent form is still required from the parent/carer. Parents are key partners

and should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are always contactable. For administration of emergency medication, a Care Plan must be completed by the parent/carer in conjunction with the organisation staff. Minor changes to the Care Plan can be made if signed and dated by a medical practitioner.

If, however, changes are major, a new Care Plan must be completed. Care Plans should be reviewed at least annually. It is the parents' responsibility to notify the organisation of any changes required to the Plan e.g. treatment, symptoms, contact details. The parent/carer needs to ensure there is sufficient medication and that the medication is in date. The parent/carer must replace the supply of medication at the request of relevant organisation/health professional. Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal.

Medication should always be provided in an original container with the pharmacist's original label and the following, clearly shown: -

- Child's name
- Date of birth
- Name and strength of medication.
- Dose
- Any additional requirements e.g. in relation to food etc
- Expiry date whenever possible
- Dispensing date

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

We understand that in addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition, and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. Long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Randar Education staff will support reintegration back into the organisation so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), will also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing. Some children with medical conditions may

be disabled under the definition set out in the Equality Act 2010. Where this is the case Randar Education will comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the Special educational needs and disability (SEND) code of practice. The Special educational needs and disability code of practice explains the duties of local authorities, health bodies, organisations and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

The format of individual healthcare plans may vary to enable organisations to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on an organisation but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed.

This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan. Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of organisation staff or a healthcare professional involved in providing care to the child.

We capture the steps which Randar Education will take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the organisation. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan. Where a child is returning to organisation following a period of hospital education or alternative provision (including home tuition), organisations should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Records

On admission of the pupil to the organisation, parents/carers will be required to provide information giving full details of:

- medical conditions
- allergies
- regular medication in the case of on-going illness or long-term conditions.

• emergency contact numbers

• name of family doctor/consultants

• special requirements (e.g. dietary)

At the beginning of each academic year all parents/carers will be required to up-date the medical form and should inform the organisation of changes to contact information throughout the year

Administration of the medication

Parents/carers should ensure that they are familiar with the advice and guidelines the organisation provides with respect to health, in particular diseases caused by infectious and contagious organisms. The organisation expects parents/carers to respect the advice and guidelines. The organisation expects that normally parents/carers will administer medication to their children. Any requests for prescribed medicine to be administered must come from a parent, in writing, on the organisation's 'Parental Agreement for Randar Education to Administer Medicine' which is attached as Appendix A, and each request will be considered on an individual basis.

The Form will include:

- name of parent/carer and contact number

- name of pupil and Year group

- name of medicine

- name of doctor who prescribed it as well as contact details

- how much to give

- how it is to be administered

- when to be given

- any other instructions

This must be signed and dated by a parent or someone with parental control before any medicines are administered.

Parents/carers will be expected to notify any requests for the administration of medicines at the earliest opportunity to the staff at Randar Education. This applies to medication for an on-going condition, e.g. epilepsy and for self-administered medication, e.g. use of an inhaler. In the case of common, but long-term ailments, such as epilepsy and asthma, the facts of the illness, and the action to be taken by the organisation, should be highlighted out by a medical practitioner and recorded in the pupil's records.

The Director will decide whether any medication will be administered in the organisation, and by whom.

The organisation will not deal with any requests to renew the supply of the medication. This is entirely the responsibility of parents/carers. Parents are responsible for checking medication in the organisation is the correct dosage and is 'in date'. If the pupil is required and able to administer her own medicine (e.g. inhaler for asthma) a staff member will check that the pupil fully understands what must be done and will organise or supervise the administration. Normally medication will be kept under the control of the organisation administration office unless other arrangements are made with the parent. The organisation will not in any circumstances administer non-prescription medicines in the organisation unless it has a written request from a parent/carer following advice from an appropriate medical practitioner stipulating the required dosage and frequency. Such medicine must be in a named container.

No sharing of medication is allowed, and the organisation will not, under any circumstances, supply medication to pupils.

Intimate or Invasive Treatment

The organisation will not normally allow these to take place in organisation.

Long-term Medical Needs

Randar Education will do all it reasonably can to assist pupils with long-term needs. Each case will be determined after discussion with the parents/carers, and medical practitioners.

Emergency procedures

As part of general risk management processes Randar Education has arrangements in place for dealing with emergency situations. Children should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services and who is responsible for carrying out emergency procedures in the event of need. Staff should not take a child to hospital in their own car. It is always safer to call an ambulance. If the parent/carer is unable to accompany their child, a member of staff must always accompany a child taken to hospital by ambulance and should stay until a parent/carer arrives. Organisations need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems. Health professionals are responsible for any decisions on medical treatment when a parent/carer is not available. Basic medical information about the child, identifying data and contact details should be taken to hospital by the settings staff.

Storage

Generally non-emergency medication should be stored in a locked cupboard, preferably in a cool place. Items requiring refrigeration may be kept in a clearly labelled closed container in a standard refrigerator and the temperature monitored each working day. Consideration should be given as to how confidentiality can be maintained if the fridge is used for purposes in addition to the storage of medicines. All storage facilities are in an area which cannot be accessed by children. Wherever appropriate, pupils will be allowed to oversee their own medication, either keeping it securely on their person or in lockable facilities. It is advisable

for a risk assessment to be completed to minimise the potential for harm to occur. This will depend on the child's age, maturity, parent/carer and organisation consent. All emergency medication e.g. inhalers, Epi-pen, dextrose tablets and anti-consultants must be readily accessible but stored in a safe location known to the child and relevant staff (see condition guidelines). This location will be different depending on where the child has their lessons, but general locations will be the office at the back of the building in Randar. Possible other location is the reception area; both areas have a lockable facility. Staff should never transfer medicines from original containers. Local pharmacists and organisation nurses can give advice about storing medicines.

Over the Counter Medicines (non-prescription)

Over the counter medicines, e.g. hay-fever treatments, cough/cold remedies should only be accepted in exceptional circumstances and be treated in the same way as prescription medication. The parent/carer must clearly label the container with the child's name, dose and time of administration and complete a Consent Form. Staff should check that the medicine has been administered without adverse effect in the past and that parents have certified that this is the case – a note to this effect should be recorded in the written parental agreement for Randar staff to administer medicine. There is a potential risk of interaction between prescription and over the counter medicines so where children are already taking prescription medicine(s), prior written approval from the child's GP should be considered. The use of non-prescribed medicines should normally be limited to a 24hr period and in all cases do not exceed 48hrs. If symptoms persist medical advice should be sought by the parent. Other remedies, including herbal preparations, should not be accepted for administration in centre.

Methylphenidate (e.g. Ritalin, Metadate, Methylin) Methylphenidate is sometimes prescribed for children with attention deficit hyperactivity disorder (ADHD). Its supply, possession and administration are controlled by the Misuse of Drugs Act and its associated regulations. Methylphenidate will be stored in a locked non-portable container/place to which only named staff have access and a record of administration must be kept. It is necessary to make a record when new supplies of Methylphenidate are received into organisation. Unused Methylphenidate must be sent home via an adult and a record kept. These records must allow full reconciliation of supplies received, administered and returned home.

Antibiotics

Parent/carers should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of organisations hours wherever possible. Most antibiotic medication will not need to be administered during organisations hours. Twice daily doses should be given in the morning before attending the organisation and in the evening. Three times a day doses can normally be given in the morning before attending, immediately after (provided this is possible) and at bedtime. It should normally only be necessary to give antibiotics in organisation, if the dose needs to be given four times a day, in which case a dose is needed at lunchtime. Parent/carers must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into

organisation/setting in the morning and taken home again at the end of each day by the parent/carer. (Older pupils may bring in and take home their own antibiotics if considered appropriate by the parent/carer and teachers.) Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent/carer. All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose, the date of dispensing and be in their original container. The antibiotics will be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so, this will be stated on the label. Some antibiotics must be taken at a specific time in relation to food. Again, this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent/carer. The appropriate records must be made. If the pupil does not receive a dose, for whatever reason, the parent/carer must be informed that day.

First Aid Boxes

First aid boxes, identified by a white cross on a green background, will be provided within the centre to ensure there are adequate supplies for the nature of the hazards involved. Consideration should be given to the recommended minimum provision provided by the Health and Safety Executive. Only specified first aid supplies will be kept.

No creams, lotions or drugs, however seemingly mild, will be kept in these boxes. Saline or water sachets may be included to irrigate wounds. The location of first aid boxes and the name of the person responsible for their upkeep will be clearly indicated on notice boards throughout the centre. First aid boxes file will have the following information: - the name of the person responsible for their upkeep, the nearest location for further supplies, the contents of the first aid box and replenishing arrangements, the location of the accident book.

First aid boxes are maintained and restocked, when necessary, by authorised organisation personnel. Used items should be replaced promptly. Randar personnel will be made aware of the procedure for re-ordering supplies.

Staff at Randar will be trained in first aid.

Guidelines for the Administration of Epipen/Anapen by Staff

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or other substances but may happen after a few hours.

An Epipen/Anapen can only be administered by staff who have volunteered and have been designated as appropriate by Robin Adams and who has been trained by the appropriate health professional.

Training of designated staff will be provided by the appropriate health professional and a record of training undertaken will be kept at the centre.

An EpiPen/Anapen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An EpiPen/Anapen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one device used correctly in accordance with the Care Plan. The EpiPen/Anapen should only be used for the person for whom it is prescribed.

Where an EpiPen/Anapen may be required there should be an individual Care Plan and Consent Form, in place for each child. These should be readily available. They will be completed before the training session in conjunction with parent/carer, organisation/setting staff and doctor/nurse.

The EpiPen/Anapen should be readily accessible for use in an emergency and where pupils are of an appropriate age the EpiPen/Anapen can be carried on their person. It should be stored at room temperature, protected from heat and light and be kept in the original named box.

It is the parent's responsibility to ensure that the EpiPen/Anapen is in date. Organisations have a statutory duty to keep children safe. As such, they may put systems in place whereby expiry dates and discolouration of contents are checked termly. Parents are ultimately responsible for replacing medication as necessary.

The use of the EpiPen/Anapen must be recorded on the pupil's Care Plan, with time, date and full signature of the person who administered the EpiPen/Anapen. Immediately after the EpiPen/Anapen is administered, a 999-ambulance call must be made and then parent's notified. If two adults are present, the 999 calls should be made at the same time of administering the EpiPen/Anapen. The used EpiPen/Anapen must be given to the ambulance personnel. It is the parent/carer's responsibility to renew the EpiPen/Anapen before the child returns to organisation. The EpiPen/Anapen must be taken if the pupil leaves the organisation site. The pupil must be accompanied by an adult, who has been trained to administer the EpiPen/Anapen.

Guidelines for Managing Asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects. Staff who have volunteered to assist children with inhalers, will be offered training from an appropriate health professional. Organisations are now able to hold salbutamol inhalers for emergency use.

For further information and guidance, please see Guidance on the use of emergency salbutamol inhalers in organisations, DfE, September 2014. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. Appropriate training is available from the organisation nursing service.

If Randar staff are assisting pupils with their inhalers, a Consent Form from parent/carer should be in place. Randar will keep a register of children in organisation with asthma. Individual Care Plans need only be in place if pupils have severe asthma which may result in a medical emergency.

Inhalers MUST be readily available when children need them. Pupils will be encouraged to carry their own inhalers. If the pupil is too immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place. Individual circumstances will be considered, e.g. As Randar is a small centre; inhalers may be kept at reception.

It would be considered helpful if parent/carer could supply a spare inhaler for pupils who carry their own inhalers. This will be stored safely at organisation in case the original inhaler is accidentally left at home, or the pupil loses it whilst at organisation. This inhaler must have an expiry date. All inhalers should be labelled where possible with the following information: -

- Pharmacist's original label
- Child's name and date of birth
- Name and strength of medication
- Dose
- Dispensing date
- Expiry date

Some children may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning. Parent/carer is responsible for renewing out of date and empty inhalers. Parent/carer should be informed if a pupil is using the inhaler excessively. Physical activity will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler MUST be available during PE and games. If pupils are unwell, they should not participate. If pupils are going on offsite visits, inhalers MUST still be accessible.

It is good practice for organisation staff to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent/carer. Asthma can be triggered by substances found in the environment e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these is advised not to have contact with them.

Guidelines for Supporting the Management of Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. This is because the pancreas does not make any or enough insulin, or because the insulin does not work properly or both. There are two main types of diabetes:

Type 1 Diabetes

Develops when the pancreas is unable to make insulin. Most children and young people have Type 1 diabetes. Children with type 1 diabetes will need to replace their missing insulin either through multiple injections or an insulin pump therapy.

Type 2 Diabetes

Is most common in adults but the number of children with Type 2 diabetes is increasing, largely due to lifestyle issues and an increase in childhood obesity. It develops when the pancreas can still produce insulin but there is not enough, or it does not work properly.

Treating Diabetes

Children with Type 1 diabetes manage their condition by the following: -

Regular monitoring of their blood glucose levels.

Insulin injections or use of insulin pump

Eating a healthy diet

Exercise

The aim of treatment is to keep the blood glucose levels within normal limits. Blood glucose levels need to be monitored several times a day and a pupil may need to do this at least once while at Randar. Insulin Therapy Children who have Type 1 diabetes may be prescribed a fixed dose of insulin; other children may need to adjust their insulin dose according to their blood glucose readings, food intake and activity. Children may use a pen-like device to inject insulin several times a day; others may receive continuous insulin through a pump.

Insulin pens.

The insulin pen should be kept a room temperature, but any spare insulin should be kept in the fridge. Once opened it should be dated and discarded after 1 month. Parents should ensure enough insulin is always available at organisation and on organisation trips. Older pupils will probably be able to independently administer their insulin; however, younger pupils may need supervision or adult assistance. The pupil's individual Health Care Plan should provide details regarding their insulin requirements.

Insulin pumps

Insulin pumps are usually worn all the time but can be disconnected for periods during PE or swimming etc. The pumps can be discretely worn attached to a belt or in a pouch. They continually deliver insulin, and many pumps can calculate how much insulin needs to be delivered when programmed with the pupil's blood glucose and food intake. Some pupils may be able to manage their pump independently, while others may require supervision or assistance. The child's individual Health Care Plan should provide details regarding their insulin therapy requirements.

Medication for Type 2 Diabetes

Although Type 2 Diabetes is mainly treated with lifestyle changes e.g. healthy diet, losing weight, increased exercise, tablets or insulin may be required to achieve normal blood glucose levels. Administration of Insulin Injections If a child requires insulin injections during the day, individual guidance/training will be provided to appropriate organisation staff by specialist hospital liaison nurses as treatment is individually tailored. A Care Plan will be written.

Guidelines for Managing Hypoglycaemia (hypo or low blood sugar) in Children Who Have Diabetes

All staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia which occurs when the blood-sugar level falls. Training might be in conjunction with paediatric hospital liaison staff or Heart of England Foundation Trust staff. Staff who have volunteered and have been designated as appropriate by Robin Adams will administer treatment for hypoglycaemic episodes.

To prevent a hypo

There should be a Care Plan and consent form in place. It will be completed at the training sessions in conjunction with staff and parent/carer. Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan. Children must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed due to extracurricular activities at lunchtimes or detention sessions. Offsite activities e.g. visits, overnight stays, will require additional planning and liaison with parent/carer.

To treat a hypo

If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the child may experience a "hypo". Symptoms may include confrontational behaviour, inability to follow instructions, sweating, pale skin, confusion and slurred speech.

Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, or Glucogel/Hypostop (dextrose gel), as per Care Plan. Whichever treatment is used, it should be readily available and not locked away. Many organisation-age pupils will carry the treatment with them. Expiry dates must be checked each term by the parent/carer. It is the parent/carer's responsibility to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given.

If the child is very drowsy, unconscious or fitting, a 999 call must be made, and the child put in the recovery position. Do not attempt oral treatment. Parent/carer should be informed of a hypo where staff have issued treatment in accordance with Care Plan.

If Glucogel/Hypostop has been provided: The Consent Form should be available. Glucogel/Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Glucogel/Hypostop must be recorded on the child's Care Plan with time, date and full signature of the person who administered it. It is the parent/carer responsibility to renew the Hypostop/Glucogel when it has been used.

Do not use Glucogel/Hypostop if the child is unconscious.

Blood Glucose Monitoring for Children will be assessed as an individual basis.

Guidelines for Managing Eczema

Eczema (also known as dermatitis) is a dry skin condition. It is a highly individual condition which varies from person to person and comes in many different forms. It is not contagious, so you cannot catch it from someone else. In mild cases of eczema, the skin is dry, scaly, red and itchy. In more severe cases there may be weeping, crusting and bleeding. Constant scratching causes the skin to split and bleed and leaves it open to infection. In severe cases, it may be helpful and reassuring for all concerned if a Care Plan is completed. Eczema affects people of all ages but is primarily seen in children.

In the UK, one in five children have eczema. Atopic eczema is the most common form. We still do not know exactly why atopic eczema develops in some people. Research shows a combination of factors play a part including genetics (hereditary) and the environment. Atopic eczema can flare up and then calm down for a time, but the skin tends to remain dry and itchy between flare ups. The skin is dry and reddened and may be very itchy, scaly and cracked. The itchiness of eczema can be unbearable, leading to sleep loss, frustration, poor concentration, stress and depression.

There is currently no cure for eczema but maintaining a good skin care routine and learning what triggers a pupil's eczema can help maintain the condition successfully, although there will be times when the trigger is not clear. Keeping skin moisturised using emollients (medical moisturisers) is key to managing all types of eczema with topical steroids commonly used to bring flare ups under control.

Common problems:

Dealing with allergies and irritants e.g. pets, dust, pollen, certain soaps and washing powders; Food allergies can create problems with organisation lunches and the organisation cook having to monitor carefully what the child eats; Needing to use a special cleaner rather than the organisation soap, they may also need to use cotton towels as paper towels can cause a problem; Changes in temperature can exacerbate the condition, getting too hot (sitting by a sunny window) or too cold (during PE in the playground); Wearing woolly jumpers, organisation uniforms (especially if it is not cotton) and football kits can all exacerbate eczema;

Applying creams at organisation, a need for extra time and privacy; Needing to wear bandages or cotton gloves to protect their skin; If the eczema cracks, they may not be able to hold a pen; Eczema may become so bad that the child is in pain or needs to miss organisation, due to lack of sleep, pain or hospital visits; Sleep problems are very common. A nice warm cosy bed can lead to itching and therefore lack of sleep; Grumpiness and lack of concentration can result due to tiredness. For more information, please see: National Eczema Society www.eczema.org mailto:helpline@eczema.org Helpline - 0800 089 1122 - Monday to Friday, 8am to 8pm