**PROCEDURES**

**Schools MUST ensure that the following 5 points are implemented:**

1. School handbook informs parents of their responsibility to ensure that all relevant information pertaining to their child’s health needs, including any changes to their condition or medication, is provided to the school.
2. For pupils who have **mild eczema**, the following is carried out:

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| (i)  | Completion of “*Request for Use of Medication and/or Administration of Healthcare in School’* (see Appendix 4) |[ ]
| (ii)  | A supply of the appropriate emollient (moisturiser) is given to the school by the parent in the original packaging/container in which it was purchased/ dispensed including any patient leaflet, and is clearly labelled with the pupil’s name in full and the dose to be given | [ ]   |

1. For pupils who have **severe eczema**, the following is carried out:

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| (i)  | Parents provide a completed ‘Individual Healthcare Plan: Eczema IHP (see below) | [ ]   |
| (ii)  | A supply of the appropriate emollient (moisturiser) is given to the school by the parent in the original packaging/container in which it was purchased/ dispensed including any patient leaflet, and is clearly labelled with the pupil’s name in full and the dose to be given | [ ]   |

1. For pupils requiring medication in school a copy of the prescription or prescription re-order form detailing the medication and dosage must be attached to the IHP.
2. All Individual Healthcare Plans are reviewed at least annually and/or if there is a change of condition. N.B. Care Inspectorate advice is that in Early Learning and Childcare settings it is good practice to review all agreed medical intervention at least every three months to check that the medication is still required, is in date and that the dose has not changed.
3. On completion of IHPs and following reviews, copies should be given to parents.

**Schools MUST ensure that consideration is also given to:**

* **The School Curriculum**Reasonable adjustments should be considered with regard to a pupil’s eczema and the classes/activities to be undertaken, e.g. physical activity if sweat is a trigger.
* **General School Arrangements**The class register should be clearly marked to indicate pupils with eczema so that when a supply teacher takes a class she/he is aware of any pupils with eczema in that class.

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| **Pupil’s name:** |       |  |  |
| **Date of birth:** |       |  |
| **CHI:** |       |  |
| **Address:** |       |  |
| **School:** |       |  | Insert photograph of pupil |

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| This Individual Healthcare Plan should be completed by the pupil’s parent.* If medication is required in school a copy of the prescription or the prescription re-order form detailing the medication and dosage must be attached to this plan.

Please read the Privacy Notice available at:<https://www.westlothian.gov.uk/media/45140/Privacy-Notice/pdf/ASN_Privacy_Notice_14092020_.pdf?m=637357012009700000> |

|  |  |
| --- | --- |
| **Parent Contact 1** | **Parent Contact 2** |
| **Name:** |       | **Name:** |       |
| **Relationship to pupil:** |       | **Relationship to pupil:** |       |
| **Address:** |       | **Address:** |       |
| 🕾 **Home:**  |       | 🕾 **Home:**  |       |
| 🕾 **Work:** |       | 🕾 **Work:** |       |
| 🕾 **Mobile:** |       | 🕾 **Mobile:** |       |
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**Details of medical condition**

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| Eczema is a chronic dry skin condition that is accompanied by a ferocious itch. It is caused by a combination of genetic, immunological and environmental factors. When someone has eczema, their skin does not provide the same level of protection as normal skin since the skin barrier is defective. Moisture is lost causing the skin to become very dry and external irritants can penetrate the body more easily and cause inflammation. Eczema is not contagious and it is vital that everyone who comes into contact with the child – teaching staff, support staff, fellow pupils – understands that. |

**Details of care required in school**

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| * Ensure that the child does not come into contact with anyone with herpes simplex.
* If there is a case of chickenpox anywhere in the school, inform the parents as soon as possible.

*Tick any that apply:*[ ]  Apply emollient at lunch time every day.[ ]  **Temperature** – being too hot or too cold or suddenly moving from one temperature to another. Ensure that the pupil doesn’t sit near a draughty door, near a radiator or near a window that the sun pours through.[ ]  **Soap and water** – ensure that the pupil always has access to the soap substitute supplied by their parents for use during school hours.[ ]  **Wet and messy play** – hands should be moisturised before messy or wet activities, then washed with soap substitute and moisturised with emollients afterwards. Give parents advance notice of such activities so they can bring in any items that the child might need.[ ]  **Pollen** – if the pollen count is high and the child’s eczema is bad or triggered by pollen, indoor play at break time should 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** – it is impossible to eradicate every aspect of dust from a classroom on a daily basis. Damp dusting (using a slightly wet cloth) is a particularly effective way of removing dust from a room and this should be recommended to the cleaning team.[ ]  **Chairs** – inflamed skin can ‘stick’ to chairs, especially in warmer weather, and plastic can rub and catch. Ask the child’s parents if they can supply a thin cotton cushion that can be placed on the chair to overcome these issues.[ ]  **Carpets** – carpets are a prime location for house-dust mites and their droppings and can chafe exposed skin. A pupil with eczema should be provided with a lino or plastic mat 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. [ ]  **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. All pupils with eczema will need extra time after the lesson to rinse themselves carefully with clean water – using washing emollient – gently pat themselves dry and then apply leave-on emollient before getting dressed. |

**Details of care required in school – continued:**

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| 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 a sewing?      |

**Details of medication to be taken in school:**

|  |  |  |
| --- | --- | --- |
| **Medication** | **Dose** | **Comment** |
| Moisturiser

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|       |

(Insert name of medication) |       |       |
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 (Insert name of medication) |       |       |
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 (Insert name of medication) |       |       |

**Agreement to Individual Healthcare Plan**

**NHS Confirmation:**

**(If, on completion of risk assessment, Head Teacher determines that this is required):**

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| **Name of approving healthcare professional:** |       |
| **Job Title:**  |       |
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| **Signature:** | **Date:** |       |

(A letter detailing medication/care, dated and signed by the approving healthcare professional can be attached to this Individual Healthcare Plan and be accepted as the approving signature.)

**Parent:**

* I have read the [Privacy Notice](https://www.westlothian.gov.uk/media/45140/Privacy-Notice/pdf/ASN_Privacy_Notice_14092020_.pdf?m=637357012009700000).
* I accept responsibility for keeping the school informed of anything that might be relevant in relation to the implementation of this care.
* I accept responsibility for ensuring that there are supplies of any relevant in-date medication, materials or equipment for my child’s needs in the original packaging/container in which it was purchased/dispensed including any patient information leaflet, clearly labelled with my child’s name in full and the dose to be given.
* I will collect all unused medication from the school at the end of the summer term.
* I accept that the school will dispose of any unused medication that remains uncollected at the end of the summer term.

I wish my child to have the care/medication detailed in this plan:

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| **Name of parent:** |       |
| **Signature:**  |  | **Date:** |       |

**Pupil aged 12 years or over (if appropriate):**

* I agree to the requested healthcare arrangements detailed in this plan.
* I have read and understood the [Privacy Notice](https://www.westlothian.gov.uk/media/45140/Privacy-Notice/pdf/ASN_Privacy_Notice_14092020_.pdf?m=637357012009700000).

|  |  |  |  |
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| **Signature:**  |  | **Date:** |       |

**The Head Teacher/designated person:**

* I agree to the procedures detailed in this plan being administered in school.
* The healthcare/medication will be administered by staff who have knowledge and understanding of the appropriate healthcare and interventions.

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| **Name of Head Teacher/designated person:** |       |
| **Job Title :** |       |
| **Signature:** |  | **Date:** |       |

**Staff administering the healthcare to the pupil:**

* I have read this pupil’s Individual Healthcare Plan.
* I have knowledge of and understand the healthcare and medication requirements and detailed in this Plan.
* I agree to administer the healthcare and medication to this pupil as detailed in this Plan.

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| **Staff Member** | **Job Title** | **Date** | **Signature** |
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| **Pupil’s name:** |       | **Date of birth:** |       | **School:** |        |

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| **Review agreement of parent and pupil aged 12 years or over (if appropriate)** | **Review agreement of Head Teacher/school** |
| * I can confirm that the existing Individual Healthcare Plan continues to reflect the current needs of my child/this pupil, and propose that a further review is undertaken in line with the next review date which I have detailed below\*.
* I will inform the school if my child’s/this pupil’s needs change prior to the next review date, and will arrange with the school for a replacement Individual Healthcare Plan to be completed.
* I request that the school contacts the named healthcare professional(s) and for those professionals to advise the school in any relevant matters in connection with this Individual Healthcare Plan.
* I accept responsibility for keeping the school informed of anything that might be relevant in relation to the implementation of this care.
* I accept responsibility for ensuring that there are supplies of any relevant in-date medication, materials or equipment for my child’s needs in the original packaging/container in which it was purchased/dispensed including any patient information leaflet, clearly labelled with my child’s name in full and the dose to be given.
* I will collect all unused medication from the school at the end of the summer term.
* I accept that the school will destroy any unused medication that remains uncollected at the end of the summer term.
* I wish my child/this pupil to have the care/medication detailed in this plan and I accept that the emergency services will be summoned, where appropriate.
 | * I agree to the procedures detailed in this plan being administered in school.
* The medication will be administered by staff who have the knowledge and understanding of the appropriate healthcare and interventions.
* In the event of an emergency, the emergency services will be summoned and the school will follow advice received from the health professionals.
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| **Date review undertaken** | **Method****(F) Face to Face****(P) Post****(T) Telephone** | **Name of parent reviewing** **(BLOCK LETTERS)** | **Parent’s signature**  **(if review conducted face to face or by post)** | **Pupil’s signature (if appropriate)** | **\*Next proposed review date** | **Name of staff member (BLOCK LETTERS)** | **Staff member’s signature** |
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**N.B. On completion of the above, copies should be given to parent.**