ECZEMA MANAGEMENT POLICY

Eczema (also known as Atopic Dermatitis or Atopic Eczema) is a chronic inflammatory skin condition causing dry and itchy skin and can affect children and adults. It affects approximately 30% of children and usually starts in the child's first twelve months of life. For most children, eczema tends to resolve itself by age five (Royal Melbourne Children's Hospital, 2019).

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
90	Medical conditions policy
90(1)(iv)	Development of communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
136	First aid qualifications

RELATED POLICIES

Administration of First Aid Policy Administration of Medication Policy Hand Washing Policy	Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Supervision Policy

PURPOSE

We aim to create and maintain a safe and healthy environment for all children enrolled at the Service where all children can participate in as many experiences as their medical condition will safely allow.

SCOPE

This policy applies to children, families, educators, staff, management, approved provider, nominated supervisor, students, volunteers and visitors of the Service.

DUTY OF CARE

Our Service has a legal responsibility to provide:

a. a safe environment, and
b. adequate supervision at all times.

Staff members, including relief staff, must have adequate knowledge of the preventative treatment and treatment for flare ups required for children with eczema.

BACKGROUND

Eczema is a skin condition that is most frequently seen in babies. It presents as an itchy rash that appears dry and scaly. In babies it is generally seen around the face. In toddlers it will generally be seen on the insides of wrists and on the fronts of ankles and knees, and in older children the rash is generally all over the body. However, in any age group it can be seen in other places on the body (The Sydney Children's Hospitals Network, 2019).

Eczema occurs when the body does not produce enough oils and fats that prevent the surface of the skin from losing moisture and preventing irritants from entering. The skin also has microscopic 'gaps' in it, leading to the dry and itchy skin (Martin et al., 2013). Therefore, children (and adults) with eczema must ensure that creams are applied to affected areas to:

a) prevent further moisture loss, and
b) prevent irritants from entering the skin.

Eczema is **not** contagious.

Common eczema triggers include (from Martin et al., 2013):

- teething in babies and children
- an illness or cold when the child's body is fighting the illness (the skin is linked to the immune system)
- stress (even babies feel stress if others around them are stressed)
- over-tiredness (children who have eczema often scratch if overtired especially at evening or night-time)
- scratching if the skin is dry (not moisturised) as it becomes itchy and eczema can arise from an 'itch, scratch, itch' cycle
- heat (overdressing babies with warm clothes or thick wraps or having heating on too high)
- bathing too often (especially in hot water).

Other irritants can include:

- sand
- grass
- chlorine (or strong bleaches)
- household or hospital grade disinfectants and cleaners
- clothing made from synthetic fibres (allowing the child to overheat), or 'rough' fabrics, for example, wool (cotton and loose clothing is best)
- hot showers or baths (short baths or showers using tepid water is recommended)
- fragrances in soaps or washing powders,
- wind (drying out the skin), heat, or cold

Note: Not all children react to all triggers. Generally, food items are not a trigger but can be for some children. Infants or children with allergy to food/s may require supervised diets under an immunology/allergy specialist.

Managing eczema involves regularly applying creams or ointments throughout the day, as allowing the skin to dry out can cause 'flare ups' and infections. An infection is generally indicated if there is red, weeping, or crusty skin. The child will require antibiotics to treat any infection. Generally, if there has been a flare up, a topical ointment will be prescribed to apply **underneath** the moisturiser.

IMPLEMENTATION

We will involve all educators, families, and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

As moisturisers and ointments used to manage eczema can vary greatly, it is imperative that all educators and volunteers at the Service follow a child's individual *Medical Management Plan* or ASCIA Action Plan for Eczema.

THE APPROVED PROVIDER AND NOMINATED SUPERVISOR WILL ENSURE:

- upon employment at the Service all staff will read and be aware of all medical condition policies and procedures, including the *Eczema Management Policy*
- families are provided with information about *Eczema Management Policy* and *Administration of Medication Policy* at time of enrolment
- children with eczema are identified during the enrolment process and staff are informed
- families provide a Medical Management Plan if their child requires daily or frequent treatment, detailing the treatment required by their child throughout the day (i.e., the name and quantity of the cream to be applied and the frequency of application) prior to enrolment of their child at the service or if the diagnosis occurs after enrolment, as soon as they are aware of the diagnosis. An ASCIA Action Plan for Eczema may also be provided
- communication between management, educators, staff and parents/guardians regarding the Service's Eczema Management Policy and strategies are reviewed and discussed regularly to ensure compliance and best practice reflecting latest research
- families of all children with eczema provide creams and soap substitutes for use whilst their child is attending the Service. All creams and soap substitutes must show the expiry date and be clearly labelled with the child's name. If any creams are prescribed by a medical practitioner, it must be in the original container/tube, bearing the original label and instructions with the name of the child clearly displayed and before the expiry date
- all staff are informed of individual children's eczema treatment requirements and use only topical ointments and moisturisers that have been provided by the family
- all staff adhere to high levels of hygiene when applying creams or ointments to children with eczema – (see *Administration of Medication Policy and Handwashing Policy*)

- all staff maintain an *Administration of Medication Record* of when creams have been applied or other treatments administered to a child with eczema unless a Medical Management Plan is in place, specifying medication.
- Eczema treatment procedures are consistent with current national recommendations
- all staff members can identify and minimise eczema triggers for children attending the Service where possible
- children with eczema are not discriminated against in any way
- children with eczema can participate in all activities safely and to their full potential

EDUCATORS WILL ENSURE:

- they are aware of the Service's *Eczema Management Policy* and treatments required for each individual child with eczema
- they can identify and, where possible, minimise eczema triggers as outlined in the child's Medical Management Plan (ASCIA Action Plan for Eczema)
- children's personal eczema treatments (creams) are taken on excursions or other offsite events, including emergency evacuations and drills
- to apply prescribed eczema creams or treatments in accordance with the child's Medical Management Plan (or ASCIA Action Plan for Eczema) and the Service's *Administration of Medication Policy*, including using the correct amount of moisturiser as informed by families
- the *Administration of Medication Form* is completed
- to adhere to the highest levels of hygiene when applying creams or ointments. For example, washing hands thoroughly prior to putting gloves on; not using fingers to scoop out creams, but using single-use spatulas (if the cream is not in a pump-action bottle; washing hands after taking gloves off)
- a communication plan is developed in collaboration with parents/guardians of children with eczema in relation to the health and safety of their child, and the supervised management of the child's eczema
- to communicate any concerns to parents/guardians if a child's eczema is limiting his/her ability to participate fully in all activities
- children with eczema are not discriminated against in any way
- that children with eczema can participate in all activities safely and to their full potential, ensuring an inclusive program (note, some children may not be able to participate in sandpit play)
- any eczema flare ups are treated according to the child's Medical Management Plan and documented, advising parents as soon as practicable.

FAMILIES WILL:

- read and adhere to the Service's *Eczema Management Policy*
- inform staff, either on enrolment or on initial diagnosis, that their child has eczema
- families provide a ASCIA Action Plan if their child requires daily or frequent treatment for Eczema ensuring it has been prepared in consultation with, and signed by, a medical practitioner
- have the *Medical Management Plan* (ASCIA Action Plan for Eczema) reviewed as required
- collaborate with management and educators to develop a Communication Plan and Risk Minimisation Plan for their child
- communicate regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's eczema
- ensure all details on their child's enrolment form are completed prior to commencement at the Service
- provide an adequate supply of eczema creams topical ointments (as required) and soap substitutes for their child at all times
- ensure they provide adequate and appropriate spare clothing for their child each day that will not cause a flare up or discomfort (e.g., no woollen fabrics).
- notify staff in writing, of any changes to the information on the Medical Management Plan (ASCIA Action Plan for Eczema), enrolment form, or medication record
- encourage their child to learn about their eczema, and to communicate with Service staff if they are experiencing discomfort or a flare up.

ONLINE RESOURCES

Australian College of Dermatology

Australian Society of Clinical Immunology and Allergy. ASCIA

Eczema and school

The Royal Children's Hospital Melbourne *Knowing your child's eczema*

CONTINUOUS IMPROVEMENT/REFLECTION

The *Eczema Management Policy* will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

SOURCE

Australasian Society of Clinical Immunology and Allergy
Department of Health. Government of Western Australia. (2019). Eczema (atopic dermatitis)

Government of Western Australia. Perth Children's Hospital (2019). Eczema: https://pch.health.wa.gov.au/For-health-professionals/Emergency-Department-Guidelines/Eczema

Martin, PE, Koplin, JJ, Eckert, JK, Lowe, AJ, Ponsonby, A-, Osborne, NJ, et al 2013, *'The prevalence and socio-demographic risk factors of clinical eczema in infancy: a population-based observational study'*. Clinical & Experimental Allergy, vol. 43, no. 6, pp. 642-651.

Page, S. S., Weston, S., & Loh, R. (2016). Atopic dermatitis in children. *Australian Family Physician, 45*(5), 293-296. Retrieved from https://www.racgp.org.au/afp/2016/may/atopic-dermatitis-in-children/

The Royal Children's Hospital Melbourne. Eczema management

The Skin Hospital retrieved from: https://skinhospital.edu.au/eczema/

The Sydney Children's Hospitals Network. Fact sheet- eczema

REVIEW

POLICY REVIEWED BY	Krystle Hills	Centre Manager	20/05/2025
POLICY REVIEWED	May 2025	NEXT REVIEW DATE	May 2026
MODIFICATIONS	• annual policy maintenance • sources checked and updated as required • removed a child with eczema bathing and showering requirements		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
MARCH 2024	• annual policy maintenance • no major edits to policy • sources checked for currency		FEBRUARY 2025