Royal Manchester Children’s Hospital

Returning To School Following A Burn Injury
A Guide For School Staff
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1. Introduction

Social re-integration after a burn injury is as important for life survival as stabilisation and wound healing are for physical survival (Cahners and Kartiganer, 1990). For school-aged children, returning to school is a huge part of the social re-integration process and can be a major step for both the child with a burn injury and his/her family, as well as the staff and pupils of the receiving school. For these reasons, the sooner the child returns to school, the easier the adjustment will be (Cooper and Hall, 1996).

Although studies have found that children who survive even large burn injuries can adapt positively and lead happy and successful lives (Benjamin and Herndon, 2002), children who have post-burn scars often have to deal with teasing, name calling, and in some cases bullying. Ultimately this can affect the child’s self-esteem, confidence and academic performance. It has been found that this victimisation can result from a lack of understanding and familiarity with burn scars, resulting in a tendency to reject and withdraw from the child, which can result in social isolation (Cahners and Kartiganer, 1990). Educating teachers and classmates as to what has happened to the child, and providing them with the opportunity to express their concerns and anxieties, can help to facilitate acceptance at school (Doctor, 1995).

We understand that school plays a vital role in any child’s life and particularly in helping a child with a burn injury to take up life they used to have before the injury occurred. It is therefore important to think about and plan for the child returning to school, getting back to their friends, routine, play activities, as well as learning, as soon as possible after a burn injury.

It can be difficult for a child to return to school after their accident as each child will have been through a great deal. Teachers are important role models in a child’s life, and so can play a crucial role in the successful re-integration of a child back into school life following a burn injury.
2. The Skin

In order to understand how and why scarring develops following a burn injury, it is useful to know a little about the structure and function of normal skin.

Structure of the skin

The skin is the largest organ of the body and is essential for survival. It is composed of three basic layers. The outer layer is the epidermis, the middle layer is the dermis and the innermost layer is the fat. Normally, the surface of the skin is smooth, punctuated only with hairs and pores for sweat.

Function of the skin

The main function of the skin is to provide a protective barrier between the body and the environment to protect the underlying structures. The outermost layer of the epidermis is made up of sheets of dead cells that act as a waterproof barrier. There are also special cells inside the epidermis that give protection from ultra-violet light.

The dermis contains sweat glands and blood vessels, which help regulate body temperature, and nerve endings which send the sensations of pain, itching, touch and temperature to the brain.

It also contains oil glands, which produce a substance called sebum to help moisturise the skin, and hair follicles. The main structural component of the dermis is a connective tissue called collagen, and this is arranged in organised bundles. As new collagen fibres form, the old ones are broken down.

The innermost layer of the skin consists of fat, which provides insulation and helps to store calories.
The deeper the burn injury the more of these structures are destroyed and their functions are therefore lost.

**Cause of burns**
Burns are a type of injury caused by thermal, chemical, electrical or electromagnetic energy.

A **thermal** injury is caused by an external source of heat such as flames, hot objects, hot fluids, and hot gases. A **scald** is a thermal injury caused by hot fluids e.g. hot water, hot tea.

A **chemical** burn is caused by contact with chemicals e.g. household cleaners, caustic soda, cement, acids.

An **electrical** burn is caused by contact with electrical current e.g. High tension injury from railway lines/pylons, faulty plugs and/or sockets.

A **radiation** burn is caused by exposure to sources of radiation/sun e.g. sunburn, sun bed, X-rays.

**Friction** injuries are often designated as ‘burn injuries’ i.e. treadmill, road traffic accident, vacuum cleaners.

**Depth** can be classified as –

**Superficial**
- Damage to the epidermal layer.
- Red in appearance.
- Extremely painful.
- Heals in 5 – 10 days usually without leaving a scar.

**Superficial partial thickness**
- Damage to the epidermis and top layers of the dermis.
- Red and blistered in appearance.
- Painful.
- Heals by the spread of new skin cells from the hair follicles, sweat and oil glands, within approximately 10 – 14 days.
- Some areas may scar.

**Deep partial thickness**
- Damage to the epidermis and significant amount of dermis.
- fixed red/mottled/pale in appearance.
- Variable sensation.
- Fewer follicles and glands remain so takes longer to heal with visible scarring.
- Sometimes requires skin grafting.
Full thickness

- All skin elements destroyed.
- Muscle and bone may also be damaged. Nerve endings destroyed.
- White/brown/black/leathery in appearance.
- No follicles or glands so healing can only occur by new cells migrating from the edges of the wound. Small burns may heal in this way but a larger burn requires skin grafting.

3. Scar Management

The following information is provided to give an insight into the care required over the next 12-24 months. Providing this care is time consuming and at times difficult for the child and family. It is essential in order to achieve the best scar appearance, physical function, comfort and self esteem that the school and home life work together to support the provision of this care.

Scar formation

Wounds heal by forming scar tissue. Initially the healed wound may appear flat and smooth. However, within the next few months dramatic changes may take place.

As burn wounds heal, new connective tissue (collagen) is formed. The blood supply to this new connective tissue is more rapid and greater than in normal skin, which makes the scar look red in appearance.

The new connective tissue is laid down faster than it is broken down resulting in a build up of connective tissue which is compact and lumpy causing the scar to be raised, firm, and red. This red, raised, hard scar is known as a hypertrophic scar.

Hypertrophic scarring goes through a process of maturation whereby the scar tissue remodels continually and changes in appearance from red, hard, shiny and itchy to pale, flat and soft. This process of maturation is of variable duration and can take several years. During the course of scar formation and remodelling/maturation the scar changes its physical appearance and consistency from pink/red to pale, shiny to matt, hard to soft and often raised to flat.

It is not possible to fully prevent the formation of hypertrophic scars but the effects can be minimised by improving the texture of scars making them softer and more pliable.

This can be done by:

- The wearing of pressure garments – day and night.
- Exercises and stretching programmes – provided by the Physiotherapist.
- Massaging with moisturisers – 3 times daily.
- Silicone therapy.
- Wearing of splints – provided by the Occupational Therapist.
- Resuming normal daily activities as much as possible.
Washing, moisturising and massaging
When a child has suffered a burn or a scald the glands that produce the skin’s natural oils are also damaged. These oils need to be replaced to keep the skin soft and supple. Massaging the affected area with the prescribed moisturiser helps reduce the tissue fluid within the scar and improve the texture and pliability of the scar. This in turn helps ease movement of the affected areas, improves the appearance of the skin and therefore improves the child’s self esteem.

The affected areas should be washed with baby soap, dried and massaged with the moisturising cream for 5 –10 minutes for each small area. It is important that the old cream is washed off prior to applying more to prevent the build up of cream and oil, which can cause blackheads and pimples. Massaging can at times be very uncomfortable for a child, who may become distressed, but most children learn to accept that it needs to be done so they can get better in the long run. Washing, creaming and massaging is carried out 2-3 times daily.

Silicone therapy
In conjunction with massaging and the wearing of pressure garments some children may be prescribed silicone therapy. How silicone therapy works exactly is not known, but it is thought that the silicone hydrates the skin to produce a soft, smooth, pale scar. Silicone comes in gel or sheet form, both of which have the same desired effect. The gel is applied twice a day after washing with baby soap and the sheet is worn all the time, only being removed once a day for washing and massaging with a moisturiser.

Pressure garments
Pressure garments are made out of strong Lycra material, which provides firm even pressure over the affected areas. These garments work by compressing the burn scars, altering the blood supply. This causes changes to the cells and structure of the scar tissue helping to make the scars soft, flat, pale and supple.

Each child is measured in Pressure Clinics at the hospital for their own individual garment and re-measured when the garment becomes too small. Appointments will be dependent on how the scar is maturing and the fitting of garments. The garments are of a tight fit but should not restrict the movement of the child in any way and they should still be able to participate in school activities.

The garments should be worn day and night under clothing and are only to be removed for washing, creaming and massaging. The garments are continued until the scar has matured which can take 2 years or longer.

Pressure garments can often help relieve itching.
Facemasks
Sometimes after a child has suffered from a deep scald or burn to their face they may be required to wear a facemask. This is made from a clear plastic material, which is specially moulded for their face. The mask is worn day and night and only removed for washing, creaming, massaging and for meals. The mask provides compression for the facial scars.

Blistering
Newly healed skin is thinner and more sensitive than normal skin. It is therefore quite common for children to develop small water blisters. These may occur if the child knocks themself when playing or can be caused by the rubbing of pressure garments. This usually stops after six months. Wearing well fitting pressure garments and following a good skin care regime can help prevent blisters. Blistering should be dressed with a dry dressing. Cream or gel should not be applied to the area until it is fully healed.

Itching
Itching is a very common problem affecting both the donor site and the burn/scald area; it can be very distressing for the child. It is caused by either dry skin, scar tissue or the regeneration of nerve endings damaged during the burn injury. Itching will decrease as the scars mature, but until that time it can be eased by:

• Bathing the child in cool not cold water.
• Wearing cotton/polyester clothing to prevent the child becoming too hot.
• A good skin care regime. Creaming, massaging and wearing pressure garments can help relieve itching.
• Medicine can be prescribed by the GP, but it can also cause drowsiness.
• Keeping the room cool and avoiding overheating.

4. Physiotherapy

Exercise
Exercise is often started early in the child’s burn care as it is important to maintain full range of movement, strength and function. The overall aim is for the child to return to pre-injury activity levels and re-integrate with their peers.

If scars pass close to or cross over joints the child will have an exercise programme provided by the physiotherapist. The programme is usually carried out 3 times a day after massage and creaming because this is when the skin is most supple.

If the child has an exercise programme they will also require physiotherapy sessions. It may be necessary for the sessions to be carried out at the hospital or in some cases a community physiotherapist may be involved and provide some review sessions at home or school. Exercise is important throughout the scar maturation time and also as the child grows. However, the most intensive period is within the first 6 months after healing.
School activities
School activities can be helpful in encouraging normal movement and maintaining full movement and strength. Helpful activities include:

- Reaching for objects or to charts, e.g. whiteboard cleaning.
- Bending and stretching, jumping and running – even walking.
- PE, sports and playtime. Hop scotch and ball games.

Contact sports should be avoided until the skin has matured enough to minimise damage if knocked, (approximately 3-6 months).

Swimming is an excellent form of exercise and can be allowed approximately 6 weeks after the skin has healed. It helps achieve good movement and general strength. Pressure garments should be removed for swimming as chlorine can damage the fabric.

The child must shower thoroughly after leaving the pool, to prevent chlorine from drying the skin and causing itching. Moisturising cream must be applied after showering and before pressure garments are re-applied. It can be easier to re-apply the garments if the child is completely dry.

5. Occupational Therapy
An Occupational Therapist (OT) may be involved in the treatment of the child.

Splints
Some children may be required to wear splints when a scar goes across or near a joint to immobilise a limb or to give a constant stretch to a scar so that it does not contract and reduce the range of movement. Splints are usually made of a mouldable plastic material which softens when heated at low temperatures. Splints must only be taken off when the child is doing their creaming and massaging and physiotherapy. However, depending on the limb affected and the reason for wearing the splint, some children are able to take their splints off for some activities as advised by their therapist. A splint wearing regime will be provided by the OT for each child and adjusted as their scars improve. Where a child is provided with splints it will be necessary for them to attend the hospital for regular reviews. The child's splints may affect their level of function and ability to participate in activities in the short term, with the long term aim of improving function.

Activities of daily living
The OT may also be involved in assessing and giving advice on improving functional skills if the child has any problems following their burn injury, which affect their ability to fully participate in school activities.
6. Sun Care

Burn scars and donor sites are extremely sensitive to sunlight, becoming blistered or red very quickly even in Britain. Therefore to prevent further trauma to the skin the following advice should be followed. (This does not prevent children playing out in the sun as long as the advice is followed).

During the first 12 months after injury, children who have been burnt or scalded, whether they have received a graft or not, will not be able to tolerate the sun’s rays on their damaged skin. Therefore the child should be kept covered with cotton clothing, and if they have had a facial burn or scald, a peaked cap should be worn when exposed to normal sunshine. Total sun block (available on prescription) should be used on all affected areas, including donor sites.

After 3 years following the injury, the child could be exposed to normal sunshine, with the application of a suitable sun cream (e.g. factor 25).

7. Nutrition

The main aim of nutritional support for a child following a burn injury is to promote optimal wound healing and to maintain normal growth. In order to achieve optimal healing, children with burn injuries require a diet that is higher in protein and energy than usual. Other nutrients that are important for wound healing include vitamins A, C, E, K and the minerals iron and zinc.

Children with major burn injuries are likely to have required naso-gastric (NG) feeding and/or nutritional supplements whilst in-patients. Children with less major burn injuries who were unable to achieve their nutritional requirements through diet alone, may also have required NG feeding and/or nutritional supplements whilst in-patients. Children who require NG feeding have a soft, thin tube passed through the nose and into the stomach to allow delivery of a high energy, high protein liquid feed.

On discharge, families are advised how to provide a high energy, high protein diet for their child until wound healing is complete. They will also be advised on the importance of including foods rich in iron, zinc, and anti-oxidants. Whilst following such a diet, it may be necessary for the child to have high energy and/or high protein snacks to eat and drink at break-times (e.g. chocolate, doughnuts, crisps, cheese and crackers, sandwiches, milk, milkshakes, etc.). If a child is unable to meet their nutritional requirements by diet alone, they may be prescribed special high calorie/high protein nutritional supplement drinks. A dietitian will assess the child’s intake and advise families regarding appropriate supplementation if required.

Once healing is completed, the child can resume a normal healthy diet so long as they continue to grow well. Where concerns remain regarding a child’s growth, they may remain on a high energy/high protein diet and/or nutritional supplements for longer.
A major burn injury causes a hyper-metabolic state (burning more calories) which may persist many months post injury. This means that growth can potentially be affected for up to 3 years following a major burn, and long term growth monitoring is important in this group of patients. Where possible, the dietitian will try to see the child and their parents when they attend other hospital appointments, so as to minimise time off school for such appointments.

8. Psychological Well-being

Studies have shown that most children following a burn injury adapt positively, despite the huge lifestyle changes a burn injury can bring, and can lead happy and successful lives. The way in which children cope with these changes will vary from child to child depending on their personality and family circumstances.

Changes in behaviour

Any child who has been through a traumatic experience and spent a period of time in hospital may show changes in their behaviour. This is common in any age group. They may slip back a developmental stage – for example, becoming clingy towards parents and other adults, bedwetting or having disturbed sleep. They may also push the boundaries more than usual – testing whether the rules are still the same, and/or having tantrums when things do not go their way. This behaviour is normal, and represents a reaction to the traumatic experiences they have suffered. However, with reassurance and understanding, the child will return back to their usual ways.

It is important to stick to the same rules and boundaries that were in place before the accident and deal with any misbehaviour in a firm and consistent manner. Finding out that rules are still in place, and that the reactions of their teachers to inappropriate behaviour are still the same, will be reassuring to the child.

‘Spoiling’ a child following a burn injury – however, tempting after a serious accident – will only make them insecure as they will wonder why you are now treating them differently. The child will soon learn how to get their own way by ‘playing on’ the injury if allowed to do so. In addition, treating the child differently may make other children in their class jealous and this can, in turn, lead to its own problems.

Nightmares/flashbacks

Nightmares and/or flashbacks can be a common problem following traumatic experiences and can affect both children and their parents; again these will lessen through time with support. It can help to talk through any bad dreams at a calm time the next day. This helps the mind to process the trauma and lay it to rest. If nightmares continue to be a problem some months after the injury some children may see a psychologist. This gives them a safe and calm environment to talk through their feelings and fears, whilst having someone who can give them advice on how to cope with daily life.
**Worries about scarring**

This is not usually a problem for toddlers, as children at this stage tend to be too young to be aware that their appearance has changed.

With an older child, it helps to approach this subject in a truthful and honest manner, giving the child support in accepting their injuries. Try to be sensitive to the child’s wishes with respect to showing their scars, whilst also gently encouraging and supporting them to not cover up unduly or avoid activities that may involve revealing scarring (e.g. getting changed for P.E.) Be aware that it may take time for the child to gain confidence in this respect.

Teenagers can become very upset about their changed appearance, but again with time, sensitivity and support from their family, teachers and school friends, they can work through their fears and overcome their problems.

**Parental concerns**

It is not just children who can experience difficulties following a burn injury, it can affect the whole family in many different ways. Guilt is a very common feeling amongst parents/carers, who often feel that they could have done something which may, perhaps have prevented the accident. These feelings can be overwhelming and indeed parents are constantly reminded of the accident by their child’s scarring and the nature of the aftercare treatment. Some parents feel worthless, or feel very ‘nervy’ even about things unrelated to the accident.

Feelings of guilt can fade away gradually with time as their child’s condition improves and the injury can be put in the past as an accident, which unfortunately happened but is now over.

**Going back to school**

Going back to school after a burn injury can be a scary experience for a child with a burn injury, but getting back to their normal routine as soon as possible will really help with their adjustment back into home and school life.

**Learning**

Following a burn injury the normal sleep patterns of children may easily be disturbed. Children may have very restless sleep; have nightmares or wake-up tired. This type of interrupted sleep can interfere with their daytime concentration and attention, making it more difficult to attend to school work and learn new things. Because of this, some children with burn injuries may show a drop in their school work or grades. A child’s feelings of worry or being afraid, may also express themselves as a loss of abilities or skills that they have already learnt. For example, children may not be able to fall asleep on their own, be left at school or play outside on their own without an adult present. It may also take some time before their energy level returns to what it used to be.

It is a big step for a child to go back to school after any lengthy absence, and it therefore may be helpful to plan with the child and their parents a programme to help the child in returning to school. It may be useful for the child to at first start by coming into school for half a day at the end of the week, or go into
school for just the mornings for a while, gradually increasing the time spent in school as the child builds up their confidence and stamina again.

In some cases it may be important to develop a plan with the child, and their parents, for helping the child to catch-up with school work they may have missed due to their absence. This may involve planning extra catch-up/revision sessions, or the possibility of revising a child’s timetable to allow more time to spend on core subjects.

**Friendships**

Both children and adults can react to the appearance of a child with a burn injury in a range of ways. Some people may stare; others may ask questions or make comments. These reactions may be difficult for the child to cope with.

It has been found that children who receive support from their friends, seem to cope better after experiencing a traumatic event like a burn injury. Allowing a child with a burn injury to spend as much time as possible with their friends, will provide them with a great deal of support when trying to adjust to their return to school life, as well as reducing the possibility of the child feeling isolated.

Teachers can prepare the other children in the class for their class mate’s return, by giving them the chance to ask questions about what happened to their class mate, and to think about ways in which they can support him/her.

It is important to tackle teasing and name-calling directly. Asking the child how things are going at school may help you to keep an eye on what is happening to them, whilst also providing them with the opportunity to talk with you about their worries. Helping the child to come up with practical, suitable responses may be helpful in combating any teasing that may occur.

**9. Summary**

All of the above interventions have one desired aim – for the child with burn injuries to return to normal life as it was before the accident occurred. Not all children will require all of the treatments explained, but all children will need to moisturise and massage the scars two to three times a day until they are fully matured, however, long this takes. Complying with the treatments as advised will help a child’s scars become soft, supple and pliable. This in turn will help to improve the child’s appearance, function, self-esteem, concentration and school life. It is therefore a necessary part of their life after a burn.

We hope that this leaflet provides information that you will find useful in supporting a child with a burn injury within your school.

If you require any further information, or feel that your colleagues, or the child’s classmates would benefit from a visit to the school by the Burns Service Team, please do not hesitate to contact us to discuss the matter further. It is important to remember that with support and reassurance, children who have sustained any degree of burn injury can settle down and go on to lead happy, well-adjusted lives.
This information was compiled by;

The Burns Service Multi-disciplinary Team and The Burns Service School Reintegration Team at Central Manchester University Hospitals NHS Foundation Trust.

Thank-you to the Therapists in Burn Care at The Welsh Centre for Burns, Morriston Hospital and the Occupational Therapists in Burn Care at Pinderfields for their help in developing this package.

References:


10. Additional Information and Useful Contacts

The Burns Service
Royal Manchester Children’s Hospital
Oxford Road
Manchester
M13 9WL

**Burns Unit** (0161) 701 8123

**Burns and Plastics Aftercare Clinic** – Dressing and Scar Management Clinics
(0161) 701 9250 Monday – Friday 8.00 am – 4.00 pm

**School Re-integration Programme Co-ordinator** (0161) 701 8145

Changing Faces
The Squire Centre
33-37 University Street
London
WC1E 6JN
Phone: (0845) 4500 275
www.changingfaces.org.uk

Changing faces provide information for professionals, teachers, families and the burn-injured individual. Teachers’ Resources include:

Guides for three age-groups (3-6, 7-11, 11-16 years)
Back to School booklet
Story books for children (5-9 years, teenagers)
Educating children with facial disfigurement. Creating inclusive school Communities (handbook including worksheets).

Curriculum Linked Resources:
Drawing the real you.
Make the Difference (including video)

School Services include: School specialists and expert consultants who offer support and advice for teachers (INSET days, presentations, training, continuing professional development (CPD), liaison, involvement at reviews, assessment of interaction)
Disfigurement Guidance Centre
P.O. Box 7
Cupar
Fife
Scotland
KY15 4PF
Phone: (01337) 870281
Fax: (01337) 870310

The Disfigurement Guidance Centre was founded over thirty years ago as a charity to provide support and information for disfigured people and their professional advisors. It publishes a range of helpful illustrated booklets.

Burns Survivors Association – UK
416 Outwood Common Road
Billericay
Essex
CM11 1ET
Phone: (01277) 631 086
www.burnsurvivorsassociation.com

The aim of this charity is to improve support and quality of services to all those who have suffered from burn injuries, by providing a national umbrella for the various burn survivors support groups and other providers of services.

The Charity has established links with all UK Burn Support Groups and other providers of services. It has established a website, issues a quarterly newsletter and organises a yearly Burn Survivors Conference. The Conference is primarily for burn survivors but professional people are more than welcome. They also have an advisory panel with experts in the legal, medical, psychosocial fields.

Children’s Burns Trust
38 Buckingham Palace Road
London
SW1W 0RE
Phone: 020 7233 8333
The Children’s Burns Trust is able to provide information on matters such as prevention, rehabilitation and support.
11. Questions and Answers

1. Will any treatment/medication have to be administered in school time? (E.g. will the student need to wash and cream during the school day? Can they do this themselves)

In some cases it may be helpful for the student to do one session of washing/creaming/massage and exercise in school time. If this is the case it will be discussed with the school. He/she may have medication – antibiotics or medication to relieve itching.

2. Will the student have long or frequent periods off school? (Will there be further treatment needing hospitalisation? Will there be hospital appointments? How often, and will we know in advance?)

See page 6 Scar Management and page 7 Pressure garments. Hospital appointments will initially be every 1-2 weeks, progressing to every 6-8 weeks. Where possible appointments will take place on the same day.

3. Will the student be able to participate in PE? (Are pressure garments left on? Will it harm thescar tissue to be stretched, as in exercise? Can the new skin pick up germs easily from equipment e.g. mats, beanbags?)

See page 8 Physiotherapy. Pressure garments are kept on. In terms of germs, new healed skin is like normal skin but more fragile to knocks.

4. Will the treatment regime affect the student getting to school on time? (Will medication to help sleep mean the child is difficult to rouse? Will washing and creaming mean the child will be late for school?)

Medication taken at night to relieve itching may make it more difficult to rise in the morning. Washing/creaming/massage will need to be done before school. The greater the injury the more time this will take. Also see page 11 Psychological Well-being.

5. Will anything affect the child completing homework assignments? (Will the student have a lengthy treatment regime that means they will not have time for homework? If so, for how long? Will the student have any medication that affects their cognition or concentration in or out of school?)

See page 12 Going back to school and above. Some medication if taken in the day may make the student a little sleepy.
6. Will anything affect the student wearing school uniform? (Might the school uniform cause itching or cause the student to be unduly hot?)

   See page 8 Itching and page 9 Splints.

7. Can the student play out at break times? (Do they need to be covered if he is allowed out? Are the scar and donor sites too fragile for general play?)

   See page 9 School activities.

8. Does the school need to stock any particular emergency medication? (Is there anything that might need immediate treatment until parents are contacted e.g. burst blisters, lesions.)

   See page 8 Blistering.

9. Are there aspects of lessons the student needs to avoid? (Will the injured areas be affected by flour dust in cookery or adhesives/paint dyes in technology?)

   See page 7 Washing, moisturising and massaging and page 8 Blistering. New healed skin is more sensitive. Use fragrance free, hypoallergenic soap i.e. Baby soap/Simple soap. A student with a hand injury may benefit from wearing protective gloves when dealing with some substances.

10. Will the student need any special arrangements for examinations due to the burn injury? (Might they write slower due to skin contraction/pressure garments? Might they think slower due to overnight medication?)

    If the school has any concerns about exams contact the hospital team. Each child will need to be considered as an individual. Things to be thought about include: psychological issues, injuries to hands, ability to sit for a period of time, medications and time of exams.
No Smoking Policy

The NHS has a responsibility for the nation’s health.
Protect yourself, patients, visitors and staff by adhering to our no smoking policy.
Smoking is not permitted within any of our hospital buildings or grounds.
The Manchester Stop Smoking Service can be contacted on
Tel: (0161) 205 5998 (www.stopsmokingmanchester.co.uk).

Translation and Interpretation Service

Do you have difficulty speaking or understanding English?

 переводите. (Hindi)
ने क्या आपकी भाषा या समझने में कठिनाई है? (Hindi)

能有困难理解或明白英语吗？ (Cantonese)

你能有困难理解或明白英语吗？ (Cantonese)

你能有困难理解或明白英语吗？ (Urdu)

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