



RUGBY SCHOOL THAILAND



HEALTH CENTRE POLICY

THE WHOLE PERSON THE WHOLE POINT

The health, safety and well-being of young people are of paramount importance to all the adults who work at Rugby School Thailand. Children have the right to protection, regardless of age, gender, race, culture, sexual orientation, or disability. They have a right to be safe in our school. Members of staff in the school have a legal and moral obligation to safeguard and promote the welfare of the pupils, taking all reasonable steps to protect them from harm whether from physical injury, abuse, neglect, emotional harm or from anything that interferes with their general development.

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1. VISION

- 1.1. Rugby School Thailand aims to provide all students with all medical conditions, the same opportunities as others at the school. The Health Centre will help to ensure that all children:
 - Stay Healthy;
 - Stay safe;
 - Enjoy and achieve;
 - Make a positive contribution;
 - Achieve personal well-being.
- 1.2. The Health Centre aims to support the health and wellbeing needs of every pupil, allowing them to achieve their full potential in all aspects of school life.
- 1.3. In partnership with school, families and communities, the Health Centre will provide health education, promotion and medical services according to the complex personal, physical, social and emotional needs of each pupil.

2. AIMS

- 2.1. All Health Centre services given, will comply with patients rights, Thai laws, and Rugby School Thailand Policies.
- 2.2. Rugby School Thailand acknowledges the importance of prompt and effective treatment in the occurrence of illness or accident. This policy sets out the actions to be taken should an accident or an illness occur within the school premises.
- 2.3. All services provided by the Health Centre aim to appraise, protect, and promote health.
- 2.4. Emergency and non-emergency medical services will be provided by qualified registered nurses.
- 2.5. All medical records will be kept confidential and shared only with relevant staff, and in accordance with safeguarding policies.
- 2.6. All students with medical conditions will be well supported in school, and will have full access to education and activities, including school trips and physical education.

3. RUGBY SCHOOL THAILAND HEALTH CENTRES AND STAFF

Health Centre locations

- Pre-Prep Health Centre. Ground floor, Oval Building;
- Prep Health Centre. Ground floor, Veraphan Building;
- Senior Health Centre. Ground floor, Webb Ellis Centre.

Working Hours

- 7:50 am - 6:00 pm Monday to Friday during term time, covered by a registered nurse during normal school hours and during assigned outside pupil activities as required.
- After hours covered by on-call nurse Rota.

- The three boarding houses each have a registered nurse working on staff, who are available for boarders after hours medical needs.

Health Centre Staff

- 3.1. There are 4 qualified nurses working within the RST Health Centres:
 - Nurse Joy, Head of Health Centre, Registered Nurse;
 - Nurse Joop, Registered Nurse;
 - Nurse Jon, Registered Nurse;
 - Nurse Koy, Registered Nurse;
 - Nurse Tri, Registered Nurse
- 3.2. All Health Centre staff have statutory and mandatory training undertaken to ensure quality of care to our pupils. The members of the teaching staff receive regular First Aid training, plus AED training annually.

4. RESPONSIBILITIES AND AUTHORITY

Head of School

- 4.1. Responsible for Health and Safety Policy statement and a safety budget, this is usually under the control of the school governing body.

Deputy Heads Academic, Pastoral and Co-curricular

- 4.2. They are responsible for day-to-day management of Health and Safety. This includes having the authority to close the school in the event of an emergency. They also need to ensure regular inspections are carried out, submit inspection reports to the local education authority, pass on any information received to the relevant parties, carry out investigations, chair the school's Health and Safety committee, identify staff training needs, and liaise with the Ministry of Education on policy issues.

Teachers and Teacher Assistant

- 4.3. Their roles include daily management of Health and Safety, compiling and reviewing departmental procedures, carrying out regular inspections, and responding and adding to reports.

Head of the Health Centre

- 4.4. Accepts responsibility within the constraints laid out in this policy document, for the administration of medicines to certain pupils in order that they may continue their education with the minimum of disruption during the school day. This document lays down the arrangements and procedures for undertaking this responsibility.

School nurses

- 4.5. Support pupil success by providing health care through assessment, intervention, and follow-up for all children within the school setting. The school nurses addresses the physical, mental, emotional, and social health needs of pupils and supports their achievement in the learning process.

Matrons

- 4.6. To liaise with the Health Centre about pupils who are unwell for any reason or in need of medical attention. This may involve direct contact with the school nurse or the hospital. To respond to medical emergencies as well as routine appointments, escorting pupils as needed. To ensure that appropriate pupil medication administration records are kept up to date and that they are stored securely. To ensure the Boarding House medical cabinet and first aid kits are kept stocked as appropriate and to liaise with school medical staff in order to share any health or medical concerns. To administer any medication in accordance with school protocol. To hold and regularly update a First Aid qualification as prescribed by the School.

Parents

- 4.7. A powerful role in supporting their children's health and learning. Engaged parents help guide their children successfully through school, advocate for their children, and can help shape a healthy school environment.

5. CONFIDENTIALITY

- 5.1. Rugby School Thailand ensures that confidentiality is adhered to at all times regarding medical matters, and works in accordance with the school's Safeguarding Policy.
- 5.2. Pupils will be encouraged to keep parent/guardian informed of any medical problems and resulting treatment that occurs in the Health Centre.
- 5.3. All pupil health information will be kept confidentially by the Health Centre staff and will be divulged only to relevant staff and parent/guardian whose name appears on the admission contract or the formal agreement between the school and the parent/guardian.
- 5.4. The school reserves the right to keep all information in a secure place in school.

6. INSURANCE

- 6.1. Rugby School Thailand provides accident insurance for every student in case of an accident up to 10,000 Baht/accident, during the academic year.
- 6.2. Copies of accident insurance cards will be provided by the Health Centre, when pupils require medical care for accidents that occur within the school day, or for school trips or fixtures.
- 6.3. Parent/guardian may provide information about student personal health insurance to the Health Centre.
- 6.4. All boarding pupils must have their own personal health insurance, details of which must be passed to admissions prior to starting as boarders. This information will also be held at the Health Centre and at the boarding house.

7. HEALTH SERVICES

- 7.1. Health Centre staff will provide the following service:

- Non-emergency services, physical assessment, first aid, primary medical care, students medication administration, counselling and advice for general illness and minor injuries;
- Emergency services requiring medical treatment or intervention;
- Observation/resting in the Health Centre;
- Referral service for advanced treatment, where a parent/guardian/boarding house matron/Health Centre staff member will accompany a student to the hospital. The school bus may be used for travel to and from the hospital or specialist facilities;
- Providing first aid cover for school sports events, such as sports days, swimming gala etc, and making appropriate arrangements.

8. HEALTH PROMOTION

- 8.1. Health Centre staff have a responsibility to be involved in monitoring student vaccination programmes according to the national vaccine regime and also give advice to parents or guardians accordingly.
- 8.2. Head lice checking (when there is a case of head lice in a class).
- 8.3. Body temperature checks for all students in the morning as required as a screening method.
- 8.4. Monitoring of environmental and sanitation conditions.
- 8.5. Coordinate basic First Aid and CPR training program for staff and teachers.
- 8.6. Provide information and education to promote good health for pupils and staff.
- 8.7. Health education for staff that leads to healthy role modelling for pupils.
- 8.8. Provide health services that comply with permission given in the RST Medical Form and in accordance with the Health Centre staff's professional judgement.
- 8.9. Personal hygiene care.
- 8.10. Maintain family and community partnership that supports pupils' health and academic achievement.

9. HEALTH REHABILITATION

- 9.1. Support injured pupils and staff to promote good recovery and prevent complications.
- 9.2. Provide medical equipment for injured pupils and staff as required, in order to promote good recovery and prevent complications (such as crutches & wheelchair).

10. BOARDING HOUSE ARRANGEMENTS

- 10.1. For injuries and illnesses that occur to boarding pupils during boarding hours, they should present to the boarding house Matron who will provide first aid or basic medical care.

- 10.2. Boarding pupils who are unwell with vomiting, diarrhoea or fever will be isolated from other pupils in the boarding house "San".
- 10.3. Boarding pupils must hand all prescription and over the counter medication to the boarding house Matron, who will administer medication during out of school hours as required. If boarding pupils require medication during school hours, the medication must be handed to Health Centre staff at the beginning of the school day for administration as required.
- 10.4. Senior Boarding pupils who are developmentally, and/or behaviorally able, will be allowed to self medicate their own medications within the Boarding house, subject to certain conditions. A "Self-Medication Agreement" form (Appendix A) must be signed by the parent/guardian, the pupil, the Nurse and the House Dean.
- 10.5. If a pupil presents to a boarding house Matron with any illness/injury that requires further treatment or investigation, the boarding house Matron will always email or phone the parent/guardian with an appropriate report and copy in appropriate staff. A copy of the email should always be saved to the "notes and comments" tab in the Students Profiles module on iSams.
- 10.6. For any significant injuries or illness that occurs during boarding hours that require further treatment at the hospital, boarding house staff will make arrangements to take the pupil to the hospital, and boarding house staff will make arrangements for the pupil to be accompanied to the hospital.
- 10.7. All medication and treatment given to boarding house pupils will be recorded by the boarding house Matron on iSams Health Centre Module, and will be communicated to Health Centre staff via email.

11. HEALTH CENTRE GUIDELINES

- 11.1. The Rugby School Thailand Health Centres provide an effective means for pupils to access comprehensive health care, health education and prevention services. Parents/guardians will find that the RST Health Centres are an accessible and reliable source of care for their children that ensures that their child's health needs are being met and that keeps the child in school.
- 11.2. RST Health Centre policies and procedures for medical health records, confidentiality, informed consent, quality assurance and exposure control must meet the standard of the Rugby School Thailand and the Ministry of Education. This document may be subject to change, addition or amended as required on an on-going basis, it will be reviewed annually, and as required by the Health Centre and by the school management system.
- 11.3. The COVID 19 pandemic has affected our present working environment and the situation is ever evolving. COVID 19 safety protocols are included in the Health Centre Policy.

12. MEDICATION CARE AND ADMINISTRATION

- 12.1. The responsibility for administering prescription and non-prescription medication is normally confined to the Health Centre staff. In certain circumstances, for example on a school trip or in an emergency, teaching staff may be authorised to administer medication to a pupil.

- 12.2. Health Centre staff may administer non-prescription medication, such as pain and fever relief if parents have already provided written consent for this to happen, and only if there is reason to do so. Health Centre staff will contact parent/guardian before administering non-prescription medication to pupils in Pre-Prep and Prep School.
- 12.3. As a general rule, Rugby School Thailand does not allow any student to self-administer medication as there is always Health Centre staff available to oversee the safe administration of medication. The exception to this rule being the carrying of preventative asthma inhalers, or an Epi-pen.
- 12.4. Health Centre staff will record all details of administering medication to pupils in iSams.
- 12.5. A range of non-prescription over the counter medication is kept at the Health Centre. These medications and administration details are as per the "Health Centre protocol for the administration of over-the-counter medicines to the students of Rugby School Thailand" (Appendix B).
- 12.6. Staff medication should be kept locked away from pupils, especially in the classroom, so pupils cannot reach them.

Prescription medication

- 12.7. Prescription medication should be administered at home whenever possible. Prescription medication will be administered at school if it is detrimental to the child's health not to do so.
- 12.8. Parents/guardians should be encouraged to look at dose and frequencies and timings so that, if possible, medication can be taken outside of school hours.
- 12.9. Prescription medication should be provided in the original packaging as prescribed by a pharmacist/doctor, and include prescribers instructions for administration.
- 12.10. The Health Centre should not accept prescription medication that has been removed from the original packaging nor make changes to dosages on parent/guardian instruction.

Pre-Prep

- 12.11. Health Centre staff will adhere to the EYFS statutory framework (Statutory Framework for the EYFS, April 2017), when dealing with and administering both prescription and non-prescription medication to pupils in the EYFS.
- 12.12. All home medication should be sent by parent/guardian directly to Health Centre staff.
- 12.13. All medication must be labelled with the pupils name, class and administration details. If not, the parent/guardian will be contacted for clarification. All medication administration details will be recorded on a "Permission to Administer Medication" form (Appendix C).
- 12.14. For all Pre-Prep School pupils, Health Centre staff will email the class teacher or teaching assistant with details regarding the student and their medication administration times. The child will then be brought to the Health Centre at the required time to receive their medication, by the class teacher or by the teaching assistant.
- 12.15. All medication will be kept in a lockable cabinet or fridge away from pupils, in the Health Centre.

- 12.16. To promote a non-interrupted teaching environment and to ensure that an effective physical assessment can be carried out, pupils should receive their medication and any assessments during the school day, in the Health Centre. (Physical assessments such as temperature, blood pressure, weight, height, and to observe for any medication reaction that might occur during treatment.)
- 12.17. In normal circumstances, Health Centre staff may administer any medication sent by the parent/guardian - prescribed or over the counter medication.
- 12.18. If an adverse reaction occurs, or the pupils condition has become worse, Health Centre staff will provide nursing care according to his/her professional training. The teacher and parent/guardian will be informed accordingly.
- 12.19. The parent/guardian will take the responsibility to collect the medication from the Health Centre at the end of the day.
- 12.20. In the case of long-term medication treatment, Health Centre staff will liaise with parent/guardian to ensure that the treatment is kept up to date.

Prep

- 12.21. Home medication should be sent by pupil/parent/guardian directly to Health Centre staff.
- 12.22. Boarding pupils must hand all medication to the Boarding House Matron, who will administer medication during out of school hours as required. If boarding pupils require medication during school hours, the medication must be handed to Health Centre staff at the beginning of the school day for administration as required.
- 12.23. All medication must be labelled with the pupils name, class and administration details. If not, the parent/guardian will be contacted for clarification. All medication administration details will be recorded on a "Permission to Administer Medication" form (Appendix C).
- 12.24. Prep School pupils will be asked to return to the Health Centre for their medication at the required time.
- 12.25. All medication will be kept in a lockable cabinet or fridge away from pupils, in the Health Centre.
- 12.26. To promote a non-interrupted teaching environment and to ensure that an effective physical assessment can be carried out, pupils should receive their medication and any assessments during the school day, in the Health Centre. (Physical assessments such as temperature, blood pressure, weight, height, and to observe for any medication reaction that might occur during treatment.)
- 12.27. In normal circumstances, Health Centre staff may administer any medication sent by the parent/guardian - prescribed or over the counter medication.
- 12.28. If an adverse reaction occurs, or the pupils condition has become worse, Health Centre staff will provide nursing care according to his/her professional training. The teacher and parent/guardian will be informed accordingly.

12.29. The pupil/parent/guardian will take the responsibility to collect the medication from the Health Centre at the end of the day.

12.30. In the case of long-term medication treatment, Health Centre staff will liaise with parent/guardian to ensure that the treatment is kept up to date.

Senior

12.31. Home medication should be sent by pupil/parent/guardian directly to Health Centre staff.

12.32. Boarding pupils must hand all medication to the Boarding House Matron, who will administer medication during out of school hours as required. If boarding pupils require medication during school hours, the medication must be handed to Health Centre staff at the beginning of the school day for administration as required.

12.33. All medication must be labelled with the pupils name, class and administration details. If not, the parent/guardian will be contacted for clarification. All medication administration details will be recorded on a "Permission to Administer Medication" form (Appendix A).

12.34. Senior school pupils will be asked to return to the Health Centre for their medication at the required time.

12.35. All medication will be kept in a lockable cabinet or fridge away from pupils, in the Health Centre.

12.36. To promote a non-interrupted teaching environment and to ensure that an effective physical assessment can be carried out, pupils should receive their medication and any assessments during the school day, in the Health Centre. (Physical assessments such as temperature, blood pressure, weight, height, and to observe for any medication reaction that might occur during treatment.)

12.37. In normal circumstances, Health Centre staff may administer any medication sent by the parent/guardian - prescribed or over the counter medication.

12.38. Health Centre staff may administer non-prescription medication, such as pain and fever relief to Senior pupils, if parents have already provided signed consent for this to happen on the RST Medical Form, and only if there is reason to do so.

12.39. If an adverse reaction occurs, or the pupils condition has become worse, Health Centre staff will provide nursing care according to his/her professional training. The tutor, the House Dean and parent/guardian will be informed accordingly.

12.40. The pupil/parent/guardian will take the responsibility to collect their home medication from the Health Centre at the end of the day.

12.41. In the case of long-term medication treatment, Health Centre staff will liaise with parent/guardian to ensure that the treatment is kept up to date.

13. MEDICATION AND PRE-EXISTING CONDITIONS

- 13.1. All information regarding a pupil's prescribed medication and pre-existing health conditions of the pupil must be formally provided to Health Centre staff for appropriate and continuing action.
- 13.2. Parent/guardian may be contacted for additional information as required, if the parent or guardian fails to do so, the school cannot be held responsible.
- 13.3. Information regarding any significant pre-existing health issues that a pupil may have will be passed on to relevant staff via email, and any further education regarding the health issue will be provided to staff as required.
- 13.4. When registering a child at Rugby School Thailand, parents will be asked to complete a detailed Medical Form, this includes a consent form for administering medication, first aid treatments and extended care.

14. PUPILS WITH SIGNIFICANT EXISTING HEALTH ISSUES

- 14.1. Health Centre staff will update teaching staff about pupils with significant health issues at the beginning of each term.
- 14.2. Pupils with significant existing health issues, ie diabetes, epilepsy, severe asthma, life-threatening allergies, will have an individualised "Action Plan". Copies of which are sent to all relevant teaching staff, displayed in the staff common room, and also kept in the Health Centre.
- 14.3. Health Centre staff will inform catering staff of any pupil with a food allergy.

15. SENDING A PUPIL TO THE HEALTH CENTRE

- 15.1. A student may be sent to the Health Centre when a teacher or staff member suspects any kind of injury or illness that requires Health Centre treatment.
- 15.2. A student may visit the Health Centre on a "drop in" basis if they have good reason to believe that they are either unwell or injured and require Health Centre treatment.
- 15.3. For non-urgent Health Centre treatment, students will be encouraged to visit the Health Centre outside class time, in order to minimise class disruption.
- 15.4. Students in Pre-Nursery and Nursery in the Pre-Prep School must be accompanied by an adult when visiting the Health Centre.
- 15.5. Students in the Senior School require an email from their House Dean, their Tutor, or the teacher from the class that they are currently attending, that states that they have been given permission to attend the Health Centre.

16. MEDICAL EMERGENCIES

- 16.1. In the event of illness or accident involving a pupil, member of staff, or visitor, the appropriate steps to be taken will depend on the level of severity of the person's condition, the availability of help, and the skills of those on hand.
- 16.2. In the event of a serious accident or sudden onset of illness causing significant concern:
- If during working hours, contact the Health Centre for advice, further evaluation and treatment;
 - If outside working hours, phone Bangkok Pattaya Hospital Ambulance on 1719;
 - Accidents and emergencies are dealt with immediately and parents/guardians are informed as soon as practically possible;
 - The Head of school or Deputy Head Pastoral, in his/her absence, should be informed of any serious accident or sudden onset of illness, if the injury involves a pupil or member of academic staff, or the Chief Operating Officer in the case of support staff or visitors;
 - In the case of an accident, the casualty should not be moved unless they are in significant danger. Health Centre staff should do initial assessment and evaluation before any further treatment;
 - The casualty should be kept warm, comfortable and reassured;
 - Pupils should always be accompanied to hospital and any member of staff may be called upon to do this as a matter of emergency;
 - In the case of a road traffic accident, the police should be called;
 - The pupils parent/guardian will be informed of serious illness or injury by the Head of the school or by Health Centre Staff.
- 16.3. FOR EMERGENCY MEDICAL ATTENTION, STAFF SHOULD PHONE THE BANGKOK PATTAYA HOSPITAL AMBULANCE ON 1719.**

17. MINOR ILLNESSES OR ACCIDENTS INVOLVING PUPILS

- 17.1. If the incident occurs during the day, the pupil may present to the Health Centre.
- Pupils who are in the EYFS in Pre-Prep should be accompanied by a Teacher or a Teaching Assistant when visiting the Health Centre;
 - Pre-Prep pupils require permission from a teacher, before going to the Health Centre;
 - Prep pupils should inform their teacher, or a member of the duty staff that they are going to the Health Centre;
 - Senior School pupils must seek permission from their Tutor, House Dean or Deputy House Dean before attending the Health Centre. If they give the pupil permission to attend the Health Centre, the Tutor, House Dean or Deputy House Dean must then notify the Health Centre staff of this permission via email;
 - In the boarding house, pupils must present to the Matron who will assess the pupil and arrange for the pupil to be seen by the nurse, or to be transferred to see a doctor if required;
 - Health Centre staff will provide medical treatment as required.

18. MINOR ACCIDENTS INVOLVING STAFF OR VISITORS

- 18.1. The person concerned should be accompanied to the nearest Health Centre within the school, and first aid may be given in accordance with the School's First Aid Policy.
- 18.2. Treatment given should be documented and shared with the Health and Safety Officer.

19. TREATMENT

- 19.1. Consent for emergency treatment, and general treatment and first aid will be provided for pupils, by parent/guardian upon the signing of the RST Medical Form, during the pupils admission to Rugby School Thailand.
- 19.2. Appropriate treatment will be given to pupils depending on their illness/injury, in a timely manner, by trained Health Centre staff.
- 19.3. Any treatment or medication given to the child will be recorded on iSams, and details will also be recorded on a Health Centre Visit form (Appendix D) to be sent home with the pupil.
- 19.4. If deemed to be required, Health Centre staff will contact parent/guardian, by phone or email, to inform of illness/injury and treatment given.
- 19.5. For Pre-Prep pupils, an email will be sent to the pupil's classroom teacher and head of the school, explaining the illness/injury and treatment given, this information can then be passed on to the parent/guardian.
- 19.6. For Prep pupils, an email will be sent to the form class teacher and pastoral head explaining the illness/injury and treatment given, this information can be then passed on to the parent/guardian as required.
- 19.7. For Senior pupils, an email will be sent to the pupil's House Dean and Tutor Teacher explaining the illness/injury and treatment given, this information can then be passed on to the parent/guardian as required.
- 19.8. If a pupil is not well enough to re-join his/her class after a period of time resting in the Health Centre (ie. one hour), the parent/guardian will be contacted and asked to collect their child home.
- 19.9. If a pupil has a fever of more than 38.0 degrees Celsius, they must stay in the Health Centre and the parent/guardian will be contacted to collect their child home.

20. FIRST AID POLICY

- 20.1. The school's First Aid Policy outlines the responsibility of the school to provide adequate and appropriate first aid to the pupils, staff, parents/guardians and visitors; and the procedures in place to meet that responsibility, both on and off site.
- 20.2. All first aid and minor illness treatment is given at the school by competent, designated staff as set out in this policy, and in the school's separate First Aid Policy.

- 20.3. First aid kits are provided in every building of the school, as well as on school busses. In addition, first aid kits are provided to sports staff for use during games practises and matches. Health Centre staff are responsible for replenishing first aid kits when required. Boarding house matrons and departments are responsible for replenishing their first aid supplies as required.
- 20.4. All staff at Rugby School Thailand receive annual first aid training from a qualified first aid instructor.

Introduction

- 20.5. This policy outlines the responsibility of the School to provide adequate and appropriate first aid to pupils, staff, parents and visitors, and the procedures in place to meet that responsibility. The policy is reviewed annually by the COO.

Aims

- 20.6. To identify the first aid needs of the School in line with Thailand's Public Health Regulations.
- 20.7. To ensure that first aid provision is available at all times while people are on School premises and also off the premises whilst on school trips.

Objectives

- 20.8. To provide effective, safe first aid cover for pupils, staff and visitors at all times when pupils there are pupils and staff on the School premises.
- 20.9. To provide relevant training and ensure monitoring of training needs.
- 20.10. To provide sufficient and appropriate resources and facilities.
- 20.11. To ensure that all staff and pupils and parents/guardians are aware of the systems in place.
- 20.12. To report relevant accidents, illnesses and near-miss incidents to the Schools Health and Safety officer, who will report to Thailand's Public Health Department when required.
- 20.13. Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial Bangkok Pattaya Hospital on 1719, in the event of a medical emergency before implementing the terms of this policy, and make clear arrangements for liaison with ambulance staff.

21. RESPONSIBILITIES

Personnel

- 21.1. The Schools governing body is responsible for the health and safety of their employees and anyone else on the school premises. This includes the Head of School, Chief Operating Officer, Senior Management Team, Deputy Heads, Teaching Staff, Operations and Administration staff, pupils and visitors (including contractors).
- 21.2. The Governing Body must ensure that a risk assessment of the School is undertaken and that the appointments, training and resources for first aid arrangements are in place and appropriate.

- 21.3. The governing body should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within their scope of their employment duties.
- 21.4. The Head of School and the Chief Operating Officer have dual responsibility for ensuring that the policy is implemented and for developing detailed procedures.
- 21.5. The School will ensure that the policy and information on the School's arrangements for first aid are made available to parents/guardians.
- 21.6. Teachers and all other staff members are expected to do all they can to secure the welfare of the pupils, colleagues and visitors.

Health Centre Staff

- 21.7. Will provide appropriate numbers of portable first aid kits to Heads of Departments and to school buses as per school risk assessment requirements.
- 21.8. Will provide appropriate numbers of portable first aid kits for school trips and fixtures.
- 21.9. Will ensure that portable first aid kits within the School are checked regularly, adequately stocked and always to hand. Health Centre staff must be informed if any items are running low.
- 21.10. Will ensure that first aid needs within the School are met and assessed, including the monthly checking of the Schools AED machines .
- 21.11. Will take charge if someone is injured or becomes unwell.
- 21.12. Will always attend a casualty when requested to do so, and treat the casualty to the best of their ability in the safest way possible.
- 21.13. Will ensure that an ambulance or other professional medical help is summoned when appropriate.

First Aiders

- 21.14. All staff at Rugby School Thailand receive annual first aid training from a qualified instructor.
- 21.15. Will provide first aid care if someone is injured or becomes unwell.
- 21.16. Will attend a casualty when requested to do so, and treat the casualty to the best of their ability in the safest way possible.
- 21.17. Will summon other professional help, such as Health Centre staff, or an ambulance when appropriate.

22. AMBULANCES

- 22.1. If an ambulance is called, then the Health Centre staff or the first aider should make arrangements for the ambulance to have access to the accident site. For the avoidance of doubt, the address and/or GPS coordinates should be provided and arrangements should be made for the ambulance to be met.

22.2. Staff should always call an ambulance when there is a medical emergency and/or serious injury.

22.3. Examples of medical emergencies include:

- A significant head injury;
- Fitting, unconsciousness, or concussion;
- Difficulty breathing and/or chest pains;
- A severe allergic reaction;
- A severe loss of blood;
- Severe scalds or burns;
- The possibility of a serious fracture.

22.4. Arrangements should also be made to ensure that any pupil is accompanied in the ambulance as per the Health Centre Policy, by a Health Centre staff member, or another member of School staff if it is not possible to contact the parents/guardians in time, and they should remain with the pupil until parents/guardians arrive.

23. ACCOMMODATION

23.1. The School must ensure that suitable accommodation is provided in sufficient numbers for medical treatment and care of children during school hours and at any other time when pupils or staff members are on School premises.

24. MEDICAL CONDITIONS

24.1. Pupils with particular pre-existing medical conditions such as; life threatening allergies, asthma, epilepsy or diabetes will be identified and personal arrangements will be made to support the needs of those pupils while maintaining confidentiality as far as is reasonable.

25. HYGIENE/INFECTION CONTROL

25.1. Basic hygiene must be followed by staff members.

25.2. Single use disposable gloves must be worn when treatment involves blood or other bodily fluids.

25.3. Care should be taken when disposing of medical waste such as dressings or equipment, and “sharps”. Medical waste will be disposed of in the Health Centre and by using the clinical waste facilities operated by the School.

26. PROCEDURE IN THE EVENT OF CONTACT WITH BLOOD OR OTHER BODILY FLUIDS

26.1. The first aider should take precautions to avoid the risk of infection in the event of contact with blood or other bodily fluids including:

- Covering any cuts and grazes on their own skin with a waterproof dressing;

- Wearing suitable disposable gloves when dealing with blood or other bodily fluids;
 - Using suitable eye protection where splashing may occur;
 - Using devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
 - Washing hands after every procedure.
- 26.2. If the first aider or Health Centre staff suspects that they or any other person may have been contaminated with blood or other bodily fluids which are not their own, they should take appropriate action to clean the affected area and report the incident to Health Centre staff, and take medical advice if appropriate.
- 26.3. The first aider and/or Health Centre staff will arrange for the proper containment, clear up and cleaning of the contaminated site.

27. REPORTING ACCIDENTS

- 27.1. All accidents and injuries should be reported by the casualty or their representative/supervisor to the Health Centre prior to leaving the School or within 24 hours of being taken to hospital.
- 27.2. In accordance with the Rugby School Thailand Health and Safety Policy, all accidents, incidents and near misses, must be reported by completing an “Accident, Injury, Near-Miss Report” and returning it to the Health and Safety Officer. If the incident does involve an injury, a copy of this report must also be sent to the Health Centre.
- 27.3. The School must ensure that a record is kept of any reportable injury, disease, or near-miss incidents, and must be reported by the Health and Safety Officer to the Public Health Department if required.

28. RECORD KEEPING

- 28.1. The School must ensure that readily accessible injury/illness records, written or electronic, are kept for a minimum of 5 years.
- 28.2. All injuries and illnesses that occur to students during School hours, must be recorded on iSams Medical Centre module. This should include:
- The date, time and place of incident;
 - Details of the injury/illness and what first aid was given;
 - What happened to the person immediately afterwards;
 - Name of the first aider or person dealing with the incident;
 - The names of any witnesses.
- 28.3. Details of all significant injuries and illnesses that occur to staff and visitors during School hours, and/or on School grounds will be recorded in the Health Centres records, and reported that day to the Schools Senior Management Team.
- 28.4. All significant injuries that occur at the School or during School hours to pupils, staff and visitors will be reported weekly to the Health and Safety Officer.

28.5. The School must ensure that procedures for informing the parents of pupils involved in significant incidents are in place.

29. MONITORING

- 29.1. Accident and illness records can be used to help the Heads of School, Chief Operations Officers, Health and Safety Officer, and Health Centre Staff identify trends and areas for improvement.
- 29.2. Records could help to identify training or other needs and may be useful for insurance or investigative purposes.
- 29.3. The School should establish an annual review and analysis of accident records.

30. HOSPITAL TREATMENT

- 30.1. Every effort will be made to obtain consent from the parent/guardian prior to hospital treatment (ie. for an emergency surgery or treatment). If this is not possible, a senior member of staff will provide consent.
- 30.2. For day pupils, parents/guardians will be contacted to collect the student from the school and take them to hospital for further treatment.
- 30.3. For boarding pupils, the boarding house Matron will be contacted to accompany the pupil to hospital for further treatment.
- 30.4. For all pupils, if the parent/guardian or the boarding house Matron is unavailable to accompany the pupil to hospital, or in the case of an emergency, Health Centre staff will accompany the pupil to hospital for further treatment. If the pupil is required to stay at the hospital for any length of time, arrangements will be made for the parents/guardians or the boarding house Matron to go to the hospital to be with the pupil.
- 30.5. In an emergency, or if Health Centre staff are unavailable, any member of staff may be called upon to accompany the pupil needing treatment, to the accident and emergency department of the nearest hospital, which is Bangkok Pattaya Hospital, approximately 20 minutes from the school.

31. RECORD KEEPING AND REPORTING

- 31.1. An electronic record is kept on iSams Health Centre Module, of all incidents or accidents involving injury that require first aid, or any significant illness, or whenever medication or other treatment has been provided by the Health Centre, or by the Matron in the Boarding House.
- 31.2. For any accident that results in an injury, or for a near miss incident, an "RST Accident, Incident, Near-miss Report" must be completed. A copy of this form can also be found on the "RST - Whole School Documents" Google Drive. Completed forms must be returned to the Health and Safety Officer. For any incident that involves an injury, a copy of the completed form must also be kept in the Health Centre.

32. CONTACTING PARENTS/GUARDIANS

- 32.1. If a pupil presents to the Health Centre with any illness/injury that requires further treatment or investigation, Health Centre staff will email or phone the parent/guardian with an appropriate report and copy in appropriate staff. A copy of the email should always be saved to the “notes and comments” tab in the Student Profiles module on iSams.
- 32.2. If a pupil presents to a boarding house Matron with any illness/injury that requires further treatment or investigation, the boarding house matron will always email or phone the parent/guardian with an appropriate report and copy in appropriate staff. A copy of the email should always be saved to the “notes and comments” tab in the Students Profiles module on iSams.

33. HEAD OR OTHER INJURIES

- 33.1. In the case of any minor head or any other minor injuries, teachers and parent/guardian will be informed by phone or email within the same day the incident occurs, a head injury note (Appendix E) will also be sent home with the pupil.
- 33.2. In the case of major head or other major injuries, Health Centre staff will provide nursing care according to the condition and will notify the teacher and the parent/guardian immediately, and if required, refer the pupil to the hospital to be checked or for further treatment.
- 33.3. After any head injury, the pupil will be monitored by Health Centre staff for abnormal signs that may indicate a more serious head injury. If the pupil’s condition changes or worsens, further action will be taken, and the pupil will be referred to the hospital to be checked or for further treatment.
- 33.4. The RFU brought in strict guidelines to be followed after having a head injury, which is adhered to by Rugby School Thailand. All pupils are assessed on Day 0 & Day 1. If they have signs or symptoms of concussion, they will be referred to the hospital to be assessed by a doctor. If they are deemed to have a concussion they will remain off games and will require a graduated return to games. The earliest the pupil returns to games is 23 days after injury.

34. INFECTION CONTROL

- 34.1. In order to avoid the risk of infection, those providing health care, or first aid, should cover any cuts or grazes, and use disposable gloves from the first aid kit when there is a risk of contact with blood or other bodily fluids.
- 34.2. Dispose of blood stained items in red clinical waste bags.
- 34.3. Clinical waste should be disposed of using the clinical waste facilities operated by the school.
- 34.4. Staff should wash their hands or use alcohol gel regularly and at least after every procedure and between patients.

- 34.5. In the event of contact with blood or other bodily fluids other than their own, staff should, without delay wash splashes off their skin with soap and running water, wash splashes out of their eyes with tap water or an eye wash bottle, wash splashes out of their nose or mouth with tap water, taking care not to swallow the water. They should then record details of the contamination and report the incident to Health Centre staff and take medical advice if appropriate.
- 34.6. All normal day to day waste should be disposed of in normal refuse.

35. OFF GAMES

- 35.1. If a pupil in Prep or Senior School is unwell or has an injury that requires them to be off games (including swimming), the pupil must present to the Health Centre to discuss their condition with Health Centre staff, or their parent may contact Health Centre staff to discuss the student's condition and their off games status.
- 35.2. If Off Games is deemed necessary, the pupils name will be added to that day's Off Games list on iSams Off Games module.
- 35.3. The Off Games List will be emailed out to teaching staff daily.
- 35.4. If the pupil requires to be Off Games for a period of time longer than 3 days, a medical certificate may be requested by Health Centre staff.
- 35.5. During games or sessions, or more physical activity sessions, Prep pupils who are Off Games must present back to the Health Centre where they will be advised as to where the Off Games room is for that session.
- 35.6. During games sessions, or more physical activity sessions, Senior pupils who are Off Games must go to the session with the rest of their class, where they will be permitted to watch, or to take a less active role in the activity.
- 35.7. For pupils who are Off Games for a longer period of time, Health Centre staff will monitor the pupils illness or injury, and will reassess the pupils condition regarding returning to On Games.

36. INTIMATE CARE POLICY

- 36.1. Rugby School Thailand is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. The School recognises that there is a need to treat all children with respect when intimate care is given, and the child's welfare and dignity is of paramount importance. The Safeguarding Policy should be adhered to at all times.
- 36.2. Intimate care is defined as any care which may involve washing, touching or carrying out an invasive procedure (such as cleaning up a pupil who has soiled themselves) to intimate personal areas. Where appropriate a second adult should be present or aware. It is essential to record/document occasions where intimate care has been provided.

37. MANAGEMENT OF COMMUNICABLE DISEASES

- 37.1. A pupil with a minor cough or cold may attend school. If a high temperature or drowsiness accompanies the cold symptoms, the pupil should stay at home and return to school 24 hours after they are feeling better. If the pupil has a more severe and on-going cough, the pupil should see a doctor.
- 37.2. If a pupil has a high temperature of greater than 37.5 degrees centigrade, or is feeling unwell with signs of an acute illness, they should not attend school. They can return to school once they are feeling better and their temperature has remained below 37.5 degrees centigrade for more than 24 hours without the need for antipyretic medication.
- 37.3. Rashes can be the first sign of many infectious illnesses such as Chicken Pox and Measles. Pupils with these conditions should not attend school.
- 37.4. Pupils with vomiting and diarrhea should not attend school. They can return to school 48 hours after their symptoms have settled. Most cases get better without treatment, but if symptoms persist, students should see a doctor.
- 37.5. A pupil with a sore throat alone does not need to be kept home from school. If the pupil is feeling ill with it however, the pupil should remain at home.
- 37.6. If a pupil has been admitted to hospital, upon their return to school, the parent/guardian must provide a medical certificate stating that they are well enough to return to school.
- 37.7. If a pupil has been sick and absent from school for 3 days or more, the parent/guardian should provide a medical certificate for the school, stating that they are well enough to return to school.
- 37.8. If it is found that a communicable disease is within the school, this must be reported immediately to the Health Centre, either by parent/guardian, or by other staff.
- 37.9. The Health Centre will maintain vigilance for increasing absenteeism due to respiratory , gastrointestinal or other communicable illnesses.
- 37.10. Any increase in absenteeism rates or suspected outbreaks of communicable disease, must be reported by Health Centre staff to the Public Health Department immediately.
- 37.11. Health Centre staff will collaborate with the Public Health Department as required to help with outbreak investigations, and to provide education about prevention and control of communicable diseases within the school.
- 37.12. To minimise the risk of transmission of infection to other pupils and staff, minimum exclusion periods must be observed depending upon the illness ([Appendix F](#)).

38. GUIDELINES IN CASE OF GLOBAL PANDEMIC

- 38.1. Schools perform an essential role in providing an accurate education to staff and pupils about disease prevention within their homes and communities. RST provides key services to the pupil and staff such as school meal programs, psychosocial support, wellbeing programs, and

accommodation to the staff and their families. This guideline stipulates protocols in cases of global pandemic in school based on the world health organization center of disease control and prevention.

Physical Distancing

- 38.2. Encourage pupils to maintain a 2-meter distance.
- 38.3. Ensure the same group of pupil stay together each day with the same staff/teacher no switching classes as much as possible and limit interaction with other classes, staff, and teachers schedule breaks and meals at different times.
- 38.4. Avoid sharing books, supplies, games, or other learning aides; if sharing is necessary due to limited supply, clean and disinfect between different pupils.
- 38.5. Restrict extra-curricular activities, residential trips, and meetings.
- 38.6. Restrict entry of caregivers and non-essential visitors.
- 38.7. Limit contact with caregivers during drop-off/pick-up.
- 38.8. Indicate a location by the entrance and exit.

Hand Hygiene

- 38.9. Make hand hygiene mandatory upon entry and exit of the school.
- 38.10. Make sure extensive access to hand hygiene facilities by placing hand hygiene stations, handwashing stations or alcohol-based hand rub dispensers at entrances, exits and within classrooms.

Respiratory Hygiene

- 38.11. Wear a mask. Cloth or a disposable mask
- 38.12. Cover coughs and sneezes using an elbow or a tissue. Dispose of the tissue and clean hands immediately.
- 38.13. Stay home when sick, or after close contact with someone who is sick.

Cleaning and Disinfection

- 38.14. Clean and disinfect frequently touched surfaces more frequently if possible.
- 38.15. Increase ventilation and air flow.
- 38.16. If someone becomes sick at school, close off spaces used by the sick person until after they can be cleaned and disinfected. Cleaning staff should wait 24 hours before cleaning and disinfecting.

38.17. Isolate staff or pupil unwell. Utilizing supervised isolation areas in the school; access to this room should be strictly limited and monitored. Inform the parents and contact the local health provider. Active contact tracing is advised. Strictly follow the Global Protocol within the school.

39. FOOD ALLERGIES

39.1. Children with food allergies face health challenges that can affect their ability to learn. These guidelines are in partnerships between parents/guardians, Health Centre staff, teaching staff and catering staff, to help children overcome the challenges that come from having a food allergy. Rugby School Thailand has comprehensive plans for protecting children with food allergies, and effective responses to food allergy emergencies.

- Health Centre staff will alert catering staff, and other appropriate staff of all pupils within the school who have an identified food allergy in order for them to be appropriately catered for. Each of these pupil's name, photograph and allergies will be displayed in the kitchen and snack areas for reference;
- Relevant information regarding a pupil's food allergies can be found on iSams, and also recorded in the pupil's individual file in the Health Centre;
- Individual care plans will be put in place for each pupil with a severe food allergy that may cause anaphylaxis and require the administration of an adrenaline pen. All adrenaline pens are kept with a copy of the pupil's care plan, at the Health Centre and are accessible at all times;
- Health Centre staff will ensure that any staff responsible for accompanying an adrenaline pen user off site for the purpose of a school trip/fixture, are aware of the pupil's allergy and care plan. A list of pupils with adrenaline pens is given to the teacher when the trip first aid kit is collected;
- Teaching staff accompanying pupils who require the carrying of an adrenaline pen, will be trained by Health Centre staff, in the administration of an adrenaline pen prior to school trips/fixtures, or upon request;
- Health Centre staff will liaise with parents, teachers and catering staff with regard to any changes in a pupils dietary requirements and the food allergy list/medical records will be updated;
- If a pupil has a history of severe allergic reaction that requires adrenaline administration, the parent/guardian must provide a medical certificate and an Epi Pen if prescribed.



SENIOR BOARDER SELF-MEDICATION AGREEMENT

Students who are developmentally and/or behaviourally able, will be allowed to self-administer medication, subject to the following:

- 1) This Self-Medication Agreement form must be submitted for all self-medication.
 - Self-administration of prescription medication and non-prescription medication requires this form and permission from a school House Master/ Mistress.
- 2) All medication must be kept in its appropriately labelled, original container as follows:
 - Prescription labels must specify the name of the student, name of the medication, dosage, route, and frequency or time of administration and any other special instructions.
- 3) Sharing and/or borrowing of medication with another student is strictly prohibited.
- 4) Permission to self-medicate may be revoked if the student violates school policy. Additionally, the student may be subject to discipline, up to and including expulsion, as appropriate if the self-medication policy is violated.

Student's Name: _____ Student's Class: _____

Name of the Medicine/s: _____

Instruction/s: _____

I have read and agree to the above criteria and give permission for my child to carry and self-administer the medication listed above.

Name and Signature of Parent

Date

I agree to comply with the above criteria and will notify the house dean and matron if any unusual health symptoms.

Name and Signature of Student

Date

This student may retain and self-administer this medication as prescribed. This student may self-administer this medication as prescribed, but the medication will be kept in the boarding house.

Matron

House Master/ Mistress

Date: _____

Date: _____



Health Centre protocol for the administration of over the counter medicines to the students of Rugby School Thailand

- A range of over the counter medication is kept in the Nurse room. The medications in the Health Centre for administration are as per the following table.

No	Medication	Indication and Dose	Warning Signs
Tablet: The active ingredient is combined with another substance and pressed into a round or oval solid shape. There are different types of tablets. Soluble or dispersible tablets can safely be dissolved in water.			
1	Paracetamol 500 mg/ Paracetamol 325 mg (Tablets & Syrup)	Headache, Period pain, Pyrexia, Toothache, Migraine, Muscular pain, Back pain, Neuralgia, can be given 4 times a day, 4-6 hourly.	
2	Ibuprofen 400 mg	Pain relief, toothache, anti-inflammatory, analgesic Adult 200-400 mg 4-6 hourly, Child 4-10 mg/kg/day 6-8 hourly.	Bleeding disorder
3	Cetirizine 10 mg	Allergic condition, antihistamine, adult 10 mg daily dose or 5 mg bid	May cause drowsiness
4	Chlorphenarimine	Allergic condition; adult 4 mg every 4-6 hr, child 1-2 years 1 mg bid, 2-5 years 1 mg every 4-6 hr, 6-12 years 2 mg every 4-6 hr (Max 6 mg daily (1-5yr), 12 mg daily (6-12 years).	
5	Air-X (Simethicone) 80 mg/tablet	Flatulence (Air-X 80 mg /1 tablet, chew) Adult 100-250 mg 3-4 times/day when needed, child (infant) 20-40 mg.	
6	Atarax (Hydroxyzine 10 mg /tablet)	Pruritus in acute and chronic urticaria and dermatitis, Adult initially, 25 mg at night increased if required up to 25 mg 3-4 times day. Children 6 months to 6 years initially 5-15 mg/day, increase to 50 mg/day in divided doses; >6 years initially, 15-25 mg /day increase up to 50-100 mg/day in divided doses.	
7	Buscopan (Hyoscine-N-butylbromide)	GIT and gut spasm, biliary & urinary tract dyskinesia & spasm. Adult & children. 6 years, 1-2 tablets 3-5 times per day.	
8	Cepacol lozenges (2,4-Dichlorobenzyl alcohol 1.2 mg, Amylmetacresol 0.6 mg)	Sore, irritated throat & mouth infection. (For the relief of mouth and throat infections). Adults and children over 6 years, take one lozenge, slowly dissolve in the mouth every 2-3 hours.	

9	Dramamine (50mg per tablet)	Prophylaxis for motion sickness, nausea and vertigo. Adults, 50-100mg, 3-4 times daily. For prevention of motion sickness. 1st dose to be given at least 30 minutes before travelling. 6-12 years take 25-50 mg 6-8 hourly, > 12 years, same as adult dose.	
Liquid: The active part of the medicine is combined with a liquid to make it easier to take or better absorbed. A liquid may also be called a 'mixture', 'solution' or 'syrup'. Many common liquids are now available without any added colouring or sugar.			
10	Maalox (Aluminum hydroxide 220 mg, Magnesium hydroxide 120 mg per 5 ml)	Gastrointestinal hyperacidity. Adult 5-20 ml, Child 6-12 years 5-10 ml, Child 3-6 years 2.5-5 ml.	
11	Berclomine syrup (Dicyclomine HCL 5 mg, Simethicone 50 mg per 5 ml)	Antispasmodic, age < 4 years 2.5 ml before meal, age 4-12 years take 5 ml qid ac, Adult 10 ml tds / qid.	
12	Bisolvon	For mucolytic cough with phlegm take 1 tablet tds (Adult 8-16 mg tds, Children 2-5 years 8 mg daily in 2-3 divided doses, 6-11 years 4-8 mg tds, >12 years same as adult dose.	
13	Nurofen syrup (Ibuprofen 100mg/5ml oral suspension)	Fever and Pain relief. Age 1-4 years take 1 tsp tds, Age 4-7 years take 1.5 tsp tds, 7-10 years take 2 tsp tds, Age 10-12, 3 tsp tds.	
14	Dimetapp elixir (Brompheniramine 2.0 mg and Phenylephrine Hydrochloride 5.0mg and Alcohol 2.4% per 5 ml)	Nasal decongestant ,for allergic rhinitis, asthma and hay fever. Adult and Children 12 years and over 10ml tds, 6-12 years take 7.5 ml tds, if younger than 6 years, consult a doctor.	
15	Flemex (Each 5 ml contains Carbocisteine 250 mg)	Mucolytic, loosens mucus and eases cough, for respiratory disorders associated with excessive and tenacious mucus, Dosage; children 2-5 years 1.25-2.5ml tds. Children 5-12 years 5ml, tds, adult 15ml tds.	
16	Flemex kids (Each 5 ml contains Carbocysteine 100 mg)	Mucolytic to ease cough. Dosage: Infant and children under 2 years 2.5ml, 1-2 times daily. Children 2-5 years 5ml, 1-2 times daily.	
17	Motilium (Each 1ml contains domperidone 1.0mg)	Stomach discomfort, nausea, vomit. Dosage adult and age >12 or body weight more than 35 kg take 10 mg or 1 tablet. <12 year or <35 kg 250mcg/kg	
18	Zyrtec syrup (Cetirizine dihydrochloride)	Seasonal allergic rhinitis with or without allergic conjunctivitis, pruritus and other symptoms of urticarial of allergic origin including insect bite. 2 years of age 2.5 mg (2.5ml) twice daily. 6-12 years of age take 5 mg	

		(5 ml) twice daily. Children over 12 years of age 10 mg (10 ml) or 1 tablet once daily.	
19	ORS Oreda powder 3.3 gm	Rehydration. Mix with water 150 ml.	
Inhalers: The active part of the medicine is released under pressure directly into the lungs. Young children may need to use a 'spacer' device to take the medicine properly. Inhalers can be difficult to use at first so your pharmacist will show you how to use them.			
20	Ventolin evohaler	For emergency use for students who have asthma and have already been using a Ventolin inhaler.	
Topical medicines: These are creams, lotions or ointments applied directly onto the skin. They come in tubs, bottles or tubes depending on the type of medicine. The active part of the medicine is mixed with another substance, making it easy to apply to the skin.			
21	Triamcinolone Acetonide 0.02%/ 0.1%	For Atopic dermatitis, contact dermatitis. Apply thinly to affected area 2x a day.	
22	Fenistil Gel	For insect bites, sunburns and superficial burns. Apply to the affected area 2-4x a day.	
23	Bepanthen	Antiseptic cooling Cream for superficial wounds. Apply to the affected area.	
24	Bactex Mupirocin Ointment	For Impetigo, dermatitis, ulcers, burns, cuts, abrasions, lacerations and surgical incisions. Apply to the affected area 3x a day	
25	Bacidal Mupirocin	Antibacterial for skin infection. Apply to the affected area 3 x a day for 10 days.	
26	Lonnagel (Triamcinolone acetonide)	Mouth ulcer. Apply 2-3 times a day.	Do not use cold sores from Herpes labialis/herpangina.
27	Trinolone Oral Paste	Oral ulceration. Apply to the affected area at bedtime 2-3x a day preferably after meals.	
28	Perskindol	Minor aches and pains in muscles and joints associated with arthritis, stiff neck, backache, sports injuries, tennis elbow, sprains and bruises. Spray to the affected area	
29	Reparil Gel	Minor aches and pains in muscles and joints associated with arthritis, stiff neck, backache, sports injuries, tennis elbow, sprains and bruises. Spray to the affected area	
Drops: These are often used where the active part of the medicine works best if it reaches the affected area directly. They tend to be used for eye, ear or nose.			
30	Natear	Eye Irritation. 1-2 drops on affected eye 2-3 times a day.	
31	Hista-Oph	Antihistamine for ocular allergies, allergic conjunctivitis. 1-2 drops on affected eye 4-6 times a day.	

(Ref. MIMS and medication leaflets)



Permission to Administer Medication

Pupil's Name _____ Year _____

I give permission for my child to be given the following medication at school.


No.	Name and Dose of Medicine	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time

Remark:

Parent/Guardian's Signature _____ or discussed with parent/guardian by phone

Relationship to the child _____

School Nurse _____

 <p>Health Centre Visit</p>	Pupil's name _____ Year _____ Date of Visit _____ Time _____		
<p>Reason for Visit</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Headache <input type="checkbox"/> Feel unwell <input type="checkbox"/> Body ache <input type="checkbox"/> Fever <input type="checkbox"/> Nosebleed <input type="checkbox"/> Skin rash _____ <input type="checkbox"/> Wound _____ <input type="checkbox"/> Pain _____ <input type="checkbox"/> Accident/Injury _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Stomachache <input type="checkbox"/> Nausea <input type="checkbox"/> Vomit <input type="checkbox"/> Diarrhea <input type="checkbox"/> For his/her Medication </td> </tr> </table>	<input type="checkbox"/> Headache <input type="checkbox"/> Feel unwell <input type="checkbox"/> Body ache <input type="checkbox"/> Fever <input type="checkbox"/> Nosebleed <input type="checkbox"/> Skin rash _____ <input type="checkbox"/> Wound _____ <input type="checkbox"/> Pain _____ <input type="checkbox"/> Accident/Injury _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Stomachache <input type="checkbox"/> Nausea <input type="checkbox"/> Vomit <input type="checkbox"/> Diarrhea <input type="checkbox"/> For his/her Medication	<p>Vital Signs</p> <input type="checkbox"/> Body Temp. _____ 'C <input type="checkbox"/> Pulse Rate _____ / min <input type="checkbox"/> Respiratory Rate _____ /min <input type="checkbox"/> Blood Pressure _____ mmHg <input type="checkbox"/> SpO ₂ _____ % <input type="checkbox"/> _____
<input type="checkbox"/> Headache <input type="checkbox"/> Feel unwell <input type="checkbox"/> Body ache <input type="checkbox"/> Fever <input type="checkbox"/> Nosebleed <input type="checkbox"/> Skin rash _____ <input type="checkbox"/> Wound _____ <input type="checkbox"/> Pain _____ <input type="checkbox"/> Accident/Injury _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Stomachache <input type="checkbox"/> Nausea <input type="checkbox"/> Vomit <input type="checkbox"/> Diarrhea <input type="checkbox"/> For his/her Medication		
<p>Action taken/Treatment</p> <input type="checkbox"/> Cold compression/ Warm compression <input type="checkbox"/> Dressing wound <input type="checkbox"/> Observation/ Rest in Medical Centre until time _____ <input type="checkbox"/> Medication _____ <input type="checkbox"/> Other _____ <div style="text-align: right; margin-top: 20px;"> _____ School Nurse </div>			



Head Injury-Parent Notification

Dear Parent:

Pupil's name.....Year..... received an injury to the head.

Date of Accident	Time of Accident	Place of Accident
.....

Nature of Injury: _____

Action Taken:

- Monitor Neuro-signs _____
- Apply a cold pack to area of impact
- Dressing wound
- Other: Keep rest for observe _____

Your child was seen by a school nurse and had no problems at that time; however, you should watch for any of the following symptoms:

- Severe headache.
- Excessive drowsiness (awaken child at least twice during the night) of difficulty in arousing the child.
- Nausea and/or Vomiting.
- Double or blurred vision or pupil of different sizes.
- Loss of muscle coordination such as falling, staggering, or walking strangely.
- Any unusual behavior such as being confused, irregular breathing, or being dizzy.
- Convulsion (Seizure)
- Bleeding or discharge from the ear, nose or mouth.

If you notice any of the above symptoms, **Please see a doctor immediately**

Nurse



Minimum Exclusion Periods for Communicable Diseases - Rugby School Thailand

No	Disease/Illness	Minimal exclusion Period
1	Chickenpox	5 days after onset of the rash, or until lesions have crusted, or until lesions are fading, or until no new lesions occur.
2	Conjunctivitis (Pink eye)	A child should stay away if the eye is discharging, or until 24 hours after commencement of treatment, or once the eye appears normal again.
3	COVID- 19	Exclude from work for 14 days after last exposure. Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever not reporting to school when ill. Negative test before resuming to school. Separate RST Covid 19 policy is being observed.
4	Diarrhoeal illness	Exclude until there has not been vomiting or a loose bowel motion for 24 hours
5	Flu (Influenza)	Exclude until no fever, cough and colds.
6	German Measles (Rubella) or Measles	7 days from onset of rash, or until the child feels well.
7	Hand Foot Mouth Disease (Coxsackievirus) (Herpangina)	Exclusion period 5-7 days, return to school when free from fever and ulcers.
8	Head lice	After having treatment and no active head lice.
9	Impetigo	A child may return to school once commenced on antibiotic treatment, and the affected area is crusted over.
10	Measles	Exclude for at least 4 days after onset of rash. Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case.
11	Mumps	7 days from onset of swollen glands and the child feels well.
12	Respiratory Syncytial Virus (RSV)	Children contagious for 3 to 8 days. A child can return to daycare when he/she is fever free for 24 hours without fever reducers (such as Tylenol) and no longer wheezing.
13	Ringworm (Tinea)	Exclude until 24 hours of treatment; exclude from contact sports/swimming until treatment has been initiated or until the lesions can be completely covered.

14	Scabies	Child can return to school the day after being treated.
15	Scarlet fever	When child feels well, and 48 hours after the start of antibiotics
16	Threadworm	Child may return the day after treatment.
17	Warts and Verruca	Child does not need to stay away from school and can go swimming if verruca is covered with a waterproof plaster.
18	Whooping cough	5 days from commencing antibiotics or 21 days without treatment.

