



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 student, 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 student.

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 protocol 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

- 7:45 am - 6:00 pm Monday to Friday during term time, covered by a registered nurse during normal School hours and during assigned outside student activities as required.
- After hours (6:00pm to 10:30 pm) covered by on-call nurse who are available for boarders' after hours first aid needs.
- On Saturdays and Sundays (8:00-6:00pm), nurses on ROTA to cover the medical needs for sports,EAL classes, enrichment programme and boarders.
- There is a nurse on ROTA to cover the public holidays, EXEAT and Sundays for our boarders.

Health Centre Staff

- 3.1. There are qualified registered nurses working within the RST Health Centres:
 - Head of Health Centre, Trained Nurse
 - Senior School, Registered Nurse
 - Prep School, Registered Nurse
 - Pre-prep School, Registered Nurse

- Boarding Health Coordinator, Trained Nurse
 - Clinical Nurse Coordinator, Registered Nurse
- 3.2. All Health Centre nurses have statutory and mandatory training undertaken to ensure quality of care to our students. The members of the teaching staff and operational 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 statements and a safety budget, this is usually under the control of the School governing body.

Chief Operating Officer

- 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, 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 Teaching Assistants

- 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 students 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 student success by providing health care through assessment, intervention, and follow-up for all children within the School setting. The School nurses address the physical, mental, emotional, and social health needs of students and support their achievement in the learning process.

Matrons

- 4.6. To liaise with the Health Centre about boarders 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 students as needed. To ensure that appropriate student 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

Rugby School Thailand ensures that medical matters are kept confidential at all times and align with the School's Safeguarding Policy.

5.1 Student Communication: Students are encouraged to keep their parents or guardians informed about any medical issues and treatments they receive at the Health Centre.

5.2 Information Sharing: All student health information is kept confidential by the Health Centre nurses. It will only be shared with relevant staff and parents or guardians whose names are on the admissions' contract or formal School agreement.

5.3 Secure Records: The School reserves the right to securely store all medical information on School grounds.

5.4 Parental Consent: Parents are required to provide consent for any medical information that needs to be shared with relevant School personnel.

6. INSURANCE

Rugby School Thailand provides accident insurance for every student, covering up to **10,000 Baht per accident** that occurs during the academic year.

6.1 How to Use the Insurance: The Health Centre will provide copies of the accident insurance cards when a student needs medical care for an accident that happens during:

- The School day
- School trips
- Fixtures or tournaments

6.2 Personal Health Insurance

- **Day Students:** Parents or guardians can provide information about a student's personal health insurance to the Health Centre.
- **Boarding Students:** All boarding students must have their own personal health insurance. The details must be submitted to admissions before the student starts as a boarder. This information will be kept at the boarding house.

7. HEALTH SERVICES

Health Centre nurses will provide the following service:

7.1. General Health Services

- **Routine Check-ups:** Regular health assessments for all students, including vision screenings, weight/height measurements, and monitoring of overall health.
- **First Aid:** Immediate treatment for minor injuries, cuts, bruises, or any acute illnesses that might arise during the School day or night.
- **Chronic Condition Management:** Support for students with conditions like asthma, diabetes, allergies, or any other long-term medical needs.

7.2. Boarding-specific Health Services

- **Medical Care:** For students residing in the boarding facilities, access to medical assistance, ensuring they're looked after in case of illness or emergencies during the night.
- **Mental Health Support:** Counselors or psychological services to help boarders deal with stress, homesickness, or any mental health concerns.
- **Emergency Medical Response:** On-call emergency services for severe cases that may need urgent attention or transfer to a nearby hospital.

7.3. Health Education and Promotion

- **Workshops and Programmes:** Offering workshops on hygiene, nutrition, and healthy living to promote overall wellness.
- **Sexual Health Education:** Age-appropriate programmes that focus on sexual health, including STI prevention, healthy relationships, and responsible decision-making.

7.4. Medication Management

- **Medication Distribution:** Safe storage and distribution of any prescription medication for students with medical needs, especially important for boarders.
- **Health Records:** Maintaining up-to-date health records for all students, including vaccinations, allergies, and medications.

7.5. Health-Related Protocols

- **Infectious Disease Control:** Procedures to handle outbreaks of contagious illnesses, ensuring that the School and boarding environment remains safe and healthy.
- **Nutrition and Dietary Support:** Guidance and services related to students' diets, especially for those with food allergies, intolerances, or special dietary needs.

7.6. Parental Communication

- **Regular Updates:** Keeping parents informed about their child's health, any visits to the health centre, and any concerns that might arise.
- **Emergency Contact:** Ensuring that parents can be reached in case of emergency or for significant health-related matters.

7.7. Health-related Documentation

- **Consent Forms and Medical History:** Obtaining parental consent for medical treatment, as well as comprehensive medical histories for all students to ensure proper care.

7.8. Preventative Healthcare

- **Vaccinations:** Ensuring all students are up to date with necessary vaccinations.

- **Health Screenings:** Routine screenings for common health issues like vision problems.

8. HEALTH PROMOTION

The Health Centre nurses are responsible for promoting a healthy School environment through a variety of initiatives.

8.1. Vaccination Monitoring: Nurses track student vaccinations in line with the national schedule and provide guidance to parents and guardians.

8.2. Health Screenings: They conduct health checks, such as head lice checks when a case is reported in a class and morning temperature screenings when required. In cases of Hand, Foot and Mouth Disease these nurses monitor the students in that year group.

8.3. Hygiene and Sanitation: Nurses monitor environmental and sanitation conditions to ensure a clean and healthy community.

8.4. Training and Education: They coordinate **First Aid** and **CPR training** for staff and teachers, and provide health education to both students and staff to promote good health habits.

8.5. General Health Check and Personal Care: The Health Centre conducts annual health checks for all students. If a nurse has a concern about a student's health, they'll coordinate with the relevant Head of School and the student's parents. The nurses also assist students with their personal hygiene as needed.

8.6. Partnership and Compliance: The Health Centre collaborates with a partner hospital to provide health education to students based on their specific needs.

9. HEALTH REHABILITATION

The Health Centre provides comprehensive support for injured students and staff to ensure a smooth recovery and prevent further complications.

9.1. Equipment Provision: The Health Centre offers medical equipment, such as crutches and wheelchairs, to aid recovery and prevent complications.

9.2. Tailored Medical Plans: Nurses develop customized medical plans based on student needs and progress. These plans include specific goals, therapeutic interventions, and regular assessments to monitor recovery.

10. BOARDING HOUSE ARRANGEMENTS

During boarding hours, all injuries and illnesses should be reported to the boarding staff. The Matron will provide first aid or basic medical care. Students with a suspected communicable disease, such as a fever, vomiting, or diarrhea, will be isolated in the boarding house's single room.

10.1 Medication Management

- **General Medication:** All prescription and over-the-counter medications must be given to the Matron, who will administer them outside of school hours. For medication needed during school hours, it must be handed to the Health Centre nurses at the start of the school day.

- **Self-Medication:** Senior boarding students may be allowed to self-medicate if they are considered developmentally and behaviourally able. This requires a signed "Self-Medication Agreement" by the parent/guardian, student, nurse, and house parent.
- **Documentation:** The Matron must record all medication and treatments given to students in the iSams and notify the Health Centre nurses via email.

10.2. Reporting and Hospital Visits

- **Nurse's Assessment:** The Health Centre nurse will assess the student's condition to determine if they need to be taken to the hospital for further treatment.
- **Parental Notification:** The Matron will inform the student's parent or guardian by phone or email and include relevant staff in the communication.
- **Hospital Transfer:** If the nurse decides a hospital visit is necessary, the boarding house staff will arrange for the student to be transported to the hospital and will ensure a staff member accompanies them.
- **Documentation:** A copy of the email communication will be saved to iSams for record-keeping.

11. HEALTH CENTRE GUIDELINES

The Health Centres at Rugby School Thailand (RST) offer students a reliable way to get comprehensive healthcare, as well as health education and prevention services. The goal is to ensure students' health needs are met, keeping them in school and learning.

11.1 Policy and Compliance: The Health Centre's policies and procedures regarding medical records, confidentiality, consent, and quality control must align with the standards of Rugby School Thailand and the Ministry of Education. The Health Centre and School management review these guidelines annually and update them as needed.

11.2. Communicable Diseases: The School handles communicable diseases that might affect students' academic performance in accordance with the Ministry of Public Health of Thailand. The protocols for these diseases are regularly reviewed to reflect the country's latest policies and safety guidelines.

12. MEDICATION CARE AND ADMINISTRATION

The Health Centre nurses are primarily responsible for administering medication to students. However, in specific situations like school trips or emergencies, authorized teaching staff may be permitted to do so. All medications are stored in a locked cabinet, accessible only to nurses.

12.1. Prescription and Non-Prescription Medication

- **Non-Prescription:** Nurses can give non-prescription medicine, such as pain relievers, with prior written parental consent. For senior students, this consent can be on the RST Medical Form. In all cases, the nurse will contact the parent or guardian before administering the medication.
- **Prescription:** Prescription medication should be given at home whenever possible. If it is necessary during school hours, it must be in its original, pharmacy-labeled packaging with clear instructions from the prescriber. The Health Centre will not accept medication that has

been removed from its original packaging. Parents should provide a medical certificate and a signed "Medication Consent Form" for all medications.

- **Self-Administration:** Students are generally not allowed to self-administer medication. The exceptions are for immediate-need medications like asthma inhalers or EpiPens. A "Self-Medication Agreement" form must be signed by the student, parent/guardian, nurse, and house parent.

12.2. Student-Specific Procedures

- **Pre-Prep (EYFS):** All medication must be sent directly to the Health Centre, clearly labeled with the student's name, class, and administration details. Nurses will email the class teacher or assistant, who will bring the student to the Health Centre at the scheduled time. At the end of the day, parents are responsible for collecting the medication.
- **Prep and Senior School:** Students or parents should bring medication directly to the Health Centre. Boarding students must give their medication to the Matron for out-of-school-hours administration and to Health Centre nurses for school-hour administration. All medications must be labeled. Students are responsible for coming to the Health Centre at the scheduled time to receive their medication and any required health assessments. Students or parents must collect the medication at the end of the day.

12.3. Documentation and Protocols: When a student needs to take medication at School, parents must hand it over directly to the Health Centre. A signed Medical Consent Form is required for all medications.

Parental Responsibilities: Parents are responsible for providing all necessary details about the medication, including its:

- Name
- Frequency
- Route (e.g., oral, topical)
- Dosage

The medication must be properly labeled with the student's name and class.

Nurses' Role and Documentation

The Health Centre nurse will record all medication administrations in **iSams**. This record includes the student's name, date, medication given, dosage, time of administration, and the nurse's initials.

Responding to Adverse Reactions

If a student has a negative reaction or their condition worsens, the nurse will provide professional care and immediately inform the student's teacher and parents or guardians. For students on long-term treatment, nurses will maintain regular communication with parents to ensure the treatment plan remains current.

13. MEDICATION AND PRE-EXISTING CONDITIONS

To ensure the health and safety of the student, all information about a student's prescribed medication and pre-existing health conditions must be formally provided to the Health Centre nurses. This ensures they can provide appropriate and ongoing care.

13.1. Parental Responsibilities and Communication: Parents or guardians contacted for additional information. It is crucial to provide all relevant details, as the school cannot be held responsible if this information is not shared. The Health Centre will share significant pre-existing health information with relevant staff via iSAMs, during INSET and provide any necessary training to them.

13.2. Required Forms: When you register your child at Rugby School Thailand, you will complete a detailed Medical Form. This form includes a consent section for administering medication, first aid, and extended care, which is vital for the Health Centre to act promptly and effectively.

14. STUDENTS WITH SIGNIFICANT EXISTING HEALTH ISSUES

At the beginning of each term, Health Centre nurses will provide a list of students with significant health issues to the teaching staff.

14.1. Individualized Action Plans: For students with serious pre-existing conditions like diabetes, epilepsy, severe asthma, or life-threatening allergies, the Health Centre will create an individual "Action Plan." Copies of these plans will be distributed to all relevant teachers, displayed in the staff common room, and kept on file at the Health Centre.

14.2. Food Allergies and Food Preference: To ensure student safety, nurses will inform the catering staff of any student with a food allergy. They will also provide the catering team with a copy of the student's allergy and food preference information.

15. SENDING A STUDENT TO THE HEALTH CENTRE

A student can be sent to the Health Centre if a staff member suspects they are ill or injured. Students can also go on their own if they feel unwell and need to see a nurse.

Guidelines for Visiting

- **Non-urgent care:** Students should visit the Health Centre during non-class hours to avoid disrupting lessons.
- **Pre-Nursery and Nursery:** Students from these classes must always be accompanied by an adult.
- **Senior School:** Senior students need permission to visit the Health Centre. This must be a formal email from their House Parent, Tutor, or current teacher. This ensures that their absence from class is accounted for.

16. MEDICAL EMERGENCIES

In a medical emergency, the response depends on the severity of the situation, the help available, and the skills of the person on hand.

16.1. Serious Accidents or Sudden Illness

- **During Working Hours:** Contact the Health Centre immediately for assessment and treatment. If a hospital transfer is needed, the nurse will arrange transportation via Service Support.

- Outside Working Hours: Call the Bangkok Pattaya Hospital Ambulance directly at 1719 or 038-259-911.

16.2. General Procedures

- **Immediate Action:** Accidents and emergencies are handled immediately, and parents or guardians are informed as soon as possible.
- **Notification:** The Head of School or Deputy Head Pastoral should be notified of any serious illness or injury involving a student or academic staff member. The Chief Operating Officer should be informed if it involves a support staff member or visitor.
- **Moving the Student:** Do not move the person unless they are in significant danger. A Health Centre nurse should do an initial assessment before any further treatment.
- **Accompaniment:** A student must always be accompanied to the hospital by a Health Centre nurse, boarding staff, or another staff member if it's an emergency.
- **Traffic Accidents:** Call the police in the case of a road traffic accident.
- **Parental Notification:** The Head of School or Health Centre nurses will inform parents or guardians of any serious illness or injury.

17. MINOR ILLNESSES OR ACCIDENTS INVOLVING STUDENTS

If the incident occurs during the day, the students may present to the Health Centre.

- Students 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 students require permission from a teacher, before going to the Health Centre;
- Prep students should inform their teacher, or a member of the duty staff that they are going to the Health Centre
- Senior School students must seek permission from their Tutor, House Parents or Assistant House Parents before attending the Health Centre. If they give the student permission to attend the Health Centre, the Tutor, House Parents or Assistant House Parents must then notify the Health Centre nurses of this permission via email;
- In the boarding house, students must present to the Matron who will assess the student and arrange for the student to be seen by the nurse, or to be transferred to see a doctor if required;
- Health Centre nurses will provide medical treatment as required.

18. MINOR ACCIDENTS INVOLVING STAFF OR VISITORS

If a staff member or visitor has a minor accident, they should be taken to the nearest Health Centre on campus. First aid will be administered according to the school's protocol.

All treatment provided must be documented, and the details shared with the Health and Safety Officer.

19. TREATMENT

Upon admission to Rugby School Thailand (RST), parents provide consent for emergency and general treatment through the RST Medical Form.

19.1. Treatment and Communication: Health Centre nurses will provide timely and appropriate treatment for students' illnesses or injuries. All treatment and medication given will be recorded on iSAMs. Parents will be notified by email or phone and informed if their child needs to go home.

19.2. Specific Communication Channels

- **Pre-Prep:** An email about the illness, injury, and treatment will be sent to the classroom teacher and Head of School, who will then inform the parents.
- **Prep:** An email will be sent to the form class teacher and pastoral head, who will pass the information to the parents.
- **Senior:** An email will be sent to the student's House Parents and Tutor Teacher, who will then inform the parents.

19.3. Sending a Student Home: A student will be sent home if they are not well enough to go back to class after resting at the Health Centre, or if their temperature is **38.0°C** or higher.

Communicable Diseases

To prevent the spread of illness, students must be picked up and taken home if they show symptoms of a communicable disease. These include:

- **Fever:** A temperature of 38.0°C or higher.
- **Vomiting or Diarrhea:** If a student vomits or has diarrhea, they should not be in school. They must be symptom-free for **24 hours** without the use of medication before returning.
- **Other Symptoms:** Students with symptoms like persistent coughing, a severe sore throat, or a rash that could indicate a contagious illness will also be sent home.

Parents or guardians will be contacted to arrange for their child to be collected from the Health Centre. This policy ensures the health and safety of all students and staff.

20. FIRST AID PROTOCOL

The school's First Aid Protocol is a comprehensive guide to ensuring the health and safety of everyone on campus. It establishes the school's commitment to providing prompt and effective first aid to students, staff, parents, and visitors, whether they are on campus or off-site for a school-related activity.

20.1. Aims and Objectives: This protocol's primary goal is to align the school's first aid provisions with the Public Health Regulations of Thailand. The key objectives are:

- To ensure effective and safe first aid coverage is always available to all members of the school community.
- To provide continuous and relevant training to staff.
- To maintain sufficient resources and facilities to handle a variety of medical situations.
- To make sure that all staff, students, and parents are fully aware of the established first aid procedures.
- To report all accidents, illnesses, and near-misses to the school's Health and Safety Officer, who will then notify the Thai Public Health Department when required.

20.2. Procedures and Resources: First aid and minor illness treatment are administered by competent, designated staff who are prepared to handle a wide range of situations. To support this, fully stocked first aid kits are strategically placed throughout the campus, including in every school building and on all school buses.

Sports staff are also equipped with their own kits for practices and matches. Health Centre nurses are responsible for regularly replenishing the kits in common areas, while boarding house matrons and department heads manage their own supplies. To maintain a high level of readiness, all staff members at Rugby School Thailand receive annual first aid training from a qualified instructor.

20.3. Emergency Procedures: In a medical emergency, the immediate priority is to contact emergency services. Staff members are instructed to immediately call the Bangkok Pattaya Hospital Ambulance at 1719 or 038-259-911 before initiating any other steps outlined in this protocol. This ensures that a professional medical response is on its way without delay. Additionally, staff must prepare to meet and communicate clearly with the ambulance crew upon their arrival.

21. RESPONSIBILITIES

The school's first aid protocol assigns clear responsibilities to various personnel to ensure the safety and well-being of the entire school community.

21.1. Personnel Responsibilities The **School's Governing Body** is ultimately responsible for the health and safety of everyone on school grounds, including staff, students, and visitors. They must ensure that the school's risk assessment, first aid training, and resources are adequate. The Governing Body also ensures that the school's insurance covers any claims that might arise from staff acting within their duties. The **Principal** and the **Chief Operating Officer** share the responsibility for implementing the first aid protocol and developing detailed procedures. The school is also responsible for making this information available to parents and guardians. All staff members, including teachers, are expected to do everything they can to ensure the welfare of students, colleagues, and visitors.

21.2 Health Centre Staff Responsibilities

The Health Centre staff are central to the school's first aid efforts. They are responsible for:

- **Providing first aid kits:** They supply and ensure an adequate number of portable first aid kits for all departments, school buses, school trips, and fixtures.
- **Maintaining kits:** They regularly check and restock all portable first aid kits.
- **Assessing needs:** They meet and assess the school's first aid needs, including weekly checks of the **AED machines** (Automated External Defibrillators).
- **Responding to incidents:** They take charge when someone is injured or unwell, providing care to the best of their ability and in the safest way possible.
- **Summoning help:** They will call an ambulance or other professional medical help when needed.

21.3. First Aider Responsibilities

All staff at Rugby School Thailand receive annual first aid training from a qualified instructor. As a result, they are expected to:

- **Provide care:** They provide first aid care if someone is injured or becomes unwell.

- **Respond to requests:** They attend to a casualty when asked to and treat them to the best of their ability.
- **Summon help:** They will summon other professional help, such as Health Centre nurses or an ambulance, when appropriate.

22. AMBULANCES and SCHOOL TRANSPORTATION

22.1. Initial Response: If you're the first person on the scene (teacher, staff, or coach), first ensure the area is safe. Immediately notify the Health Centre (HC) Nurse or, if it's after hours, the boarding nurse or head of health centre.

22.2. Nurse's Assessment & Action The nurse will evaluate the situation. Based on the severity, they'll either provide treatment at the Health Centre or determine if a hospital transfer is needed.

22.3. Transportation

When to Call an Ambulance: The nurse will call an ambulance for serious, life-threatening conditions such as severe injuries (head trauma, bad fractures, uncontrolled bleeding), breathing issues, chest pain, loss of consciousness, anaphylaxis, or seizures lasting more than five minutes.

- The nurse or boarding staff will call the ambulance provider and inform security to let the ambulance onto the school grounds.
- A nurse or boarding staff will accompany the student to the hospital.
- The nurse or boarding staff will immediately notify the parents.

When to Use School Transportation: For less severe, non-life-threatening situations that still need a hospital visit (like sprains, minor fractures, high fevers, or persistent illness), the nurse or boarding staff may arrange for a School van.

- The nurse or boarding staff will arrange transportation and inform the parents.
- For day students, the nurse will accompany the student to the hospital, where parents will meet them.
- For boarding students, the matron will accompany the student to the hospital.

23. ACCOMMODATION

The School provides a sufficient number of suitable rooms for medical treatment and care. This accommodation is available for students during School hours and at any other time students or staff members are on school premises.

24. MEDICAL CONDITIONS

The school has a clear protocol for managing students with pre-existing medical conditions like **life-threatening allergies, asthma, epilepsy, or diabetes**. The goal is to ensure each student's safety and support their needs while protecting their privacy.

24.1. Personalized Care Plans: For each student with a significant medical condition, a **personalized action plan** will be created. This plan will outline the specific steps to be taken in an emergency, including symptoms to watch for, medication administration, and emergency contact information.

These plans are shared with all relevant staff, such as teachers, coaches, and boarding house personnel, to ensure they can provide immediate and appropriate care.

24.2. Confidentiality and Communication While the school prioritizes student safety by informing relevant staff, it also maintains strict confidentiality. Information is only shared on a "need-to-know" basis to ensure that the student's privacy is respected. Parents or guardians will be actively involved in creating and updating the care plan to ensure it accurately reflects the student's medical needs.

25. HYGIENE/INFECTION CONTROL

To prevent the spread of infection and illness, both students and staff must follow basic hygiene practices.

25.1. Medical Waste and Supplies When providing treatment that involves bodily fluids, staff must use single-use disposable gloves. Proper care is essential for disposing of medical waste, which includes dressings, equipment, and sharps. Each Health Centre is responsible for sorting and disposing of infectious waste using the school's designated clinical waste facilities.

25.2. Cleaning and Disinfection: The school ensures that classrooms, common areas, and toilets are cleaned and disinfected regularly. Additionally, a deep cleaning is performed in any area where there has been a case of a communicable disease.

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

To prevent the risk of infection when dealing with blood or other bodily fluids, first aiders must follow specific safety precautions.

26.1. Personal Precautions When giving first aid, you should:

- Cover any cuts or scrapes on your own skin with a waterproof dressing.
- Wear disposable gloves.
- Use eye protection if there is a risk of splashing.
- Use a face shield if performing mouth-to-mouth resuscitation.
- Wash your hands thoroughly after every procedure.

26.2. Responding to Contamination: If you or anyone else suspects they have been contaminated with another person's bodily fluids, you must:

- Immediately **clean the affected area**.
- **Report the incident** to the Health Centre nurses.
- Seek **medical advice** if necessary.

The first aider or Health Centre nurse will also ensure the contaminated area is properly cleaned and contained.

27. INFECTION CONTROL

To prevent the spread of infection, anyone providing first aid or health care must follow strict hygiene protocols.

- **Personal Safety:** Cover any cuts or scrapes with a waterproof dressing before beginning. When there is a risk of contact with blood or other bodily fluids, use **disposable gloves** from a first aid kit.
- **Waste Disposal:** Dispose of any items stained with blood in the designated **red clinical waste bags**. All clinical waste must be disposed of using the school's specific clinical waste facilities. General day-to-day waste should be put in regular trash bins.
- **Hand Hygiene:** Wash your hands or use alcohol-based hand gel regularly, and always after every procedure and between patients.

Responding to Contamination: If you come into contact with someone else's blood or bodily fluids, act immediately:

- **Skin:** Wash any affected skin with soap and running water.
- **Eyes:** Rinse splashes out of your eyes with tap water or an eye wash bottle.
- **Nose/Mouth:** Rinse your mouth and nose with tap water, being careful not to swallow it.

After cleaning the area, record the details of the contamination and report the incident to the Health Centre nurses. Seek medical advice if necessary.

28. REPORTING ACCIDENTS

All accidents and injuries must be reported to the **Health Centre** before the person leaves school grounds, or within 24 hours if they are taken to the hospital.

28.1. Reporting Procedure: In line with the school's Health and Safety Policy, all accidents, incidents, and near-misses must be documented by filling out an "**Accident, Injury, Near-Miss Report.**" This report should be submitted to the **Health and Safety Officer**. If an injury occurred, a copy of the report must also be sent to the Health Centre.

28.2. Official Records: The school is required to maintain a record of all reportable injuries, diseases, and near-miss incidents. The Health and Safety Officer will report these incidents to the Public Health Department if required by law.

29. RECORD KEEPING

The school is responsible for maintaining readily accessible records of all injuries and illnesses, whether in a written or electronic format, for a minimum of **five years**.

29.1. Documentation: All injuries and illnesses that occur to students during school hours must be recorded on the **iSams Medical Centre module**. The record must include:

- The **date, time, and location** of the incident.
- Details of the **injury or illness** and the **first aid** provided.
- What happened to the person **immediately afterward**.
- The name of the **first aider** or staff member who handled the incident.
- The names of any **witnesses**.

29.2. Reporting Incidents

- **Significant injuries and illnesses** involving staff or visitors must be recorded in the Health Centre's records and reported to the **Senior Management Team** on the same day.

- All significant injuries to students, staff, or visitors must be reported to the **Health and Safety Officer** on a weekly basis.
- The school must have clear procedures for informing parents of students involved in any significant incidents.

30. MONITORING

The school uses accident and illness records as a tool to continuously monitor and improve health and safety.

30.1. Analysis and Improvement: Heads of School, the Chief Operations Officer, the Health and Safety Officer, and Health Centre Nurses can use these records to identify trends in injuries and illnesses. This analysis helps them to pinpoint areas that need improvement, such as specific locations that are prone to accidents or common types of injuries.

30.2. Identifying Needs: The data can also help to identify other needs, such as a requirement for additional staff training or new equipment. These records are also valuable for insurance claims and any official investigations.

30.3. Annual Review: The school will conduct an annual review of all accident records to ensure that safety procedures are up-to-date and effective. This process is key to maintaining a safe environment for everyone on campus.

31. HOSPITAL TREATMENT

The school's protocol for hospital treatment prioritizes parental consent and ensures that a student is always accompanied by a responsible adult.

31.1. Consent and Communication: Every effort will be made to get consent from a student's parent or guardian before any hospital treatment, such as emergency surgery. If this isn't possible, a senior member of staff or, in the case of a boarder, boarding house staff, will provide consent.

31.2. Transport and Accompaniment

- **Day Students:** Parents or guardians will be contacted to pick up their child and take them to the hospital for further treatment.
- **Boarding Students:** The boarding house Matron will be contacted to accompany the student to the hospital.

If a parent, guardian, or Matron isn't available, or in an emergency, a Health Centre nurse will accompany the student. If the student has to stay in the hospital, arrangements will be made for the parents, guardians, or boarding house staff to go to the hospital to be with them. In an emergency, or if no nurses are available, any staff member may be asked to take a student to the nearest hospital's emergency department, which is Bangkok Pattaya Hospital.

32. RECORD KEEPING AND REPORTING

The school maintains an electronic record of all incidents, accidents, and treatments. This ensures that every event is properly documented and can be referenced later.

32.1. Electronic Records (iSAMs): An electronic record of all incidents and accidents is kept on the iSAMs Medical Module. This includes any injury that requires first aid, any significant illness, or any time medication or other treatment is given by the Health Centre or the Boarding House Matron.

32.2. Accident and Incident Reports: For any accident that results in an injury, or for a near-miss incident, an "RST Accident, Incident, Near-miss Report" must be completed. This form is available on the "RST - Whole School Documents" Google Drive. Once completed, the form must be submitted to the Health and Safety Officer. If an injury was involved, a copy of the form must also be kept at the Health Centre.

32.3. Documentation for Transport: Any incident that requires an ambulance or school transportation must be documented in iSams. The record should include the time and nature of the incident, the actions taken, the name of the accompanying staff member, and details about when the parents were notified.

33. CONTACTING PARENTS/GUARDIANS

If a student's illness or injury requires further treatment or investigation, both **Health Centre nurses** and **boarding house matrons** will contact the parents or guardians. They will provide an appropriate report via email or phone and copy in relevant staff members.

Documentation: A copy of all email correspondence regarding a student's health must always be saved to the Medical module on **iSams**. This ensures that there is a clear record of communication and actions taken.

34. HEAD INJURY

The school has a specific protocol for managing head injuries to ensure student safety.

34.1. Minor Head Injuries: For any minor head or other minor injuries, parents, guardians, and teachers will be informed by phone or email on the same day. A **head injury note** will also be sent home with the student.

34.2. Major Head Injuries: In the case of a major head injury, Health Centre nurses will provide immediate care and inform the teacher and parent or guardian right away. The nurse will determine if the student needs to be sent to a hospital for further evaluation or treatment.

34.3. Concussion Protocol

Head injuries can occur during various school activities such as sports, physical education (PE), playground collisions, or within the boarding house. A concussion is a temporary disruption of brain function, often resulting from a direct blow to the head or indirectly through body impact. Symptoms may appear up to 24-48 hours after the incident, so continuous monitoring is essential.

Signs and Symptoms of Concussion

- **Visible signs:** Dazed expression, lying motionless, unsteadiness, loss of consciousness, clutching the head, seizures.
- **Reported symptoms:** Headache, dizziness, confusion, nausea, vomiting, fatigue, sensitivity to light/noise, "pressure in the head," difficulty concentrating.

- **Red Flag Symptoms:** If any of the following occur, transfer the student to the hospital immediately: Severe neck pain, Worsening headache, Weakness, tingling, or burning in the limbs, Seizures or loss of consciousness, Repeated vomiting, confusion, or unusual behavioural changes

Immediate Management

1. **Remove from Activity:** The student should immediately stop participating in any activity, even if they feel better. Administer first aid and check for any neck injuries.
2. **Monitoring:** The student should rest in a quiet area under observation at the Health Centre. Nurses will complete a concussion checklist (Appendix D) for proper assessment.

Communication

- **In-school injuries:** Parents, guardians, teachers, and house parents should be notified immediately by email with instructions on how to monitor the student at home. Signs and symptoms of concussion (Appendix E) will be provided for reference in monitoring.
- **Injuries outside of school:** Any injury should be assessed by staff. If symptoms worsen, the student should be taken to a hospital, and parents, nurses, or house parents should be informed.

Medical Evaluation

- A doctor should evaluate the student to determine if a concussion is present. The doctor will assess the severity of the injury and provide a treatment plan. The nurse must follow up with parents or guardians to gather and document the doctor's recommendations and care plan.

Return to School

- The student should only return to School when their symptoms have cleared, as confirmed by a doctor.
- Parents must provide a medical certificate upon the student's return.
- The nurse will assess whether the student should be excused from physical activities or sports based on the doctor's recommendations. The nurse must send an email to all relevant staff regarding the student's return to School.

Graduated Return to Play (GRTP) (Table 3)

- The student may progress through the recovery stages only if symptom-free.
- If symptoms recur, the student must return to the previous stage and rest.
- Medical clearance is required before resuming any physical activities. Regular follow-ups with the doctor are critical for a safe recovery.
- PE teachers must discuss the GRTP with the students, ensuring they fully understand its purpose.

The concussion management protocol should be tailored according to the severity of the injury and the specific needs of the student. It is critical for healthcare providers, including doctors, nurses, teachers, parents and guardians, to collaborate closely to ensure comprehensive care and appropriate follow-up. The prescribed rest period and recovery plan should align with the severity of the concussion and individual patient factors. Strict adherence to medical recommendations is essential to promote optimal recovery.

In most cases, an initial period of cognitive and physical rest is recommended immediately following a concussion. During this time, the student must avoid activities that could worsen symptoms, including screen time, reading, and strenuous physical exertion. This period generally lasts a few days to a week, though the exact duration depends on the injury's severity.

Following the rest phase, a **Graduated Return to Activity (GRA)** plan should be implemented. This process involves a stepwise increase in activity level, progressing from light physical and cognitive

activities to more demanding tasks, while monitoring for any recurrence of symptoms. Each stage of the GRA must be completed symptom-free before advancing to the next. Any return of symptoms requires a regression to the previous step and additional rest.

Each concussion is unique, and the recovery timeline may vary significantly between individuals. Ensuring the student is fully recovered before resuming full academic or physical activity is crucial to prevent further injury and ensure long-term neurological health. Medical clearance from a healthcare professional is mandatory before re-engagement in sports or high-intensity activities.

If a student in Prep or Senior School is unwell or injured and needs to be excused from games or swimming, they must inform the Health Centre. This can be done by the student presenting to the Health Centre or by a parent or guardian contacting the nurses via email or phone to discuss their condition.

35.1. Off Game Procedure and Monitoring

- **Documentation:** If being off games is deemed necessary, the student's name will be added to the daily "Off Games" list on the **iSams Off Games module**.
- **Medical Certificate:** For any period longer than three days, the Health Centre nurses request a medical certificate.
- **Supervision:**
 - **Prep students** who are off games must go to the Health Centre during their games or physical activity session. They will be directed to the designated "Off Games" room for that session.
 - **Senior students** who are off games must still attend the session with their class. They will be permitted to watch or take on a less physically active role.
- **Return to Play:** For students with a long-term injury or illness, Health Centre nurses will monitor their condition and reassess them to determine when they are fit to return to games.

35.2. PEEP Protocol: Nursing Responsibilities

1. **Initiate the PEEP Process**
 - Tutors and teachers must notify the Health Centre about students using assistive devices.
 - Begin the PEEP process when a student requires support due to an injury, disability, or temporary mobility aid.
 - Parents must provide the necessary information to the Health Centre to complete the PEEP form.
 - Promptly inform the Head of Pastoral via email.
2. **Gather Information**
 - Discuss with the student and parents to understand evacuation needs and required assistance.
3. **Consider Medical Needs**
 - Collect medical details, including mobility, respiratory, or sensory challenges that may affect evacuation.
4. **PEEP Completion**

- The Head of Pastoral finalizes the PEEP form with confirmation and details from the nurses. Specify the start and end dates of the PEEP based on parental or doctor input. PEEP form on this link [PEEP-Health Centre.docx](#)
- Teachers receive updates from the Head of Pastoral. Inform teachers via email if a student uses a temporary mobility aid (e.g., crutches, wheelchair).

36. INTIMATE CARE PROTOCOL

Rugby School Thailand's Intimate Care Protocol is a commitment to providing professional and respectful care for all students. The school recognizes that a child's welfare and dignity are of the utmost importance when intimate care is provided, and all staff must adhere to the Safeguarding Policy at all times.

Intimate care is defined as any activity that involves washing, touching, or performing an invasive procedure on a child's private areas, such as cleaning up a student who has soiled themselves. When this type of care is necessary, a second adult should be present or made aware of the situation. It is also essential to document every instance where intimate care has been provided.

37. MANAGEMENT OF COMMUNICABLE DISEASES

This protocol outlines the procedures for managing communicable diseases to protect the health of students and staff.

37.1. When to Stay Home

- **Minor Illness:** Students with a minor cough or cold can attend school. If symptoms worsen to include a high temperature or drowsiness, the student must stay home and can return 24 hours after feeling better. If the cough is severe and persistent, a doctor should be seen.
- **Fever:** A student with a temperature above **38°C** or signs of acute illness should not attend school. They can return after their temperature has been below **37.5°C for 24 hours** without using fever-reducing medication.
- **Vomiting and Diarrhea:** Students with these symptoms must stay home and can only return 24 hours after symptoms have resolved. If symptoms persist, a doctor should be consulted.
- **Rashes:** A student with a rash, which could be an early sign of an infectious disease like chicken pox or measles, must not attend school.

37.2. Return-to-School Policy

- **Hospitalization or Extended Absence:** If a student has been hospitalized or absent for **three or more days** due to illness, a medical certificate is required before they can return to school. The certificate must state they are well enough to resume classes.

37.3. Reporting and Prevention

- **Reporting Illness:** If a communicable disease is suspected in the school, it must be reported to the **Health Centre** immediately by a parent, guardian, or staff member.
- **Monitoring:** The Health Centre will monitor for increased absenteeism due to respiratory, gastrointestinal, or other communicable illnesses.

- **Collaboration with Public Health:** The Health Centre nurses will report any suspected outbreaks to the **Public Health Department** immediately and will collaborate with them on investigations and prevention efforts.
- **Exclusion Periods:** To minimize transmission, students must adhere to specific minimum exclusion periods based on their illness. (See Appendix G)

38. GUIDELINES IN CASE OF GLOBAL PANDEMIC

In the event of a global pandemic, Rugby School Thailand (RST) will implement protocols based on guidelines from the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC). The school will focus on educating staff and students about disease prevention and will provide essential services like school meals, psychosocial support, and accommodation.

Key Protocols

- **Physical Distancing:**
 - Encourage a 2-metre distance between students.
 - Keep the same groups of students and teachers together to limit inter-class contact.
 - Schedule breaks and meals at different times to avoid large gatherings.
 - Avoid sharing books and supplies; if sharing is necessary, disinfect items between use.
 - Restrict non-essential visitors, extracurricular activities, and residential trips.
 - Limit physical contact during student drop-off and pick-up.
 - Designate specific entrance and exit points.
- **Hand and Respiratory Hygiene:**
 - Make hand hygiene mandatory upon entering and exiting the school.
 - Provide numerous handwashing stations and hand sanitizer dispensers.
 - Require staff and students to wear masks (cloth or disposable).
 - Encourage covering coughs and sneezes with an elbow or tissue, followed by immediate hand cleaning.
- **Cleaning and Disinfection:**
 - Clean and disinfect frequently touched surfaces more often.
 - Increase ventilation and airflow in all school buildings.
 - If a person becomes sick at school, close off the area they used for 24 hours before cleaning and disinfecting it.
- **Managing Illness:**
 - Anyone who is sick or has had close contact with a sick person must stay home.
 - If a student or staff member becomes unwell at school, they will be taken to a supervised isolation area. Access to this area will be strictly limited.
 - Parents will be informed, and the local health provider will be contacted for guidance on active contact tracing. The school will strictly follow the global pandemic protocols.

39. FOOD ALLERGIES

This protocol outlines Rugby School Thailand's comprehensive plan for managing student food allergies through a partnership between parents, nurses, teachers, and catering staff. The goal is to protect students and ensure an effective response to emergencies. Health Centre nurses will inform catering staff and other relevant staff about all students with a food allergy. For easy reference, each student's name, photograph, and allergies will be displayed in the kitchen and snack areas.

- **Record Keeping:** Information about a student's food allergies is stored on **iSams** and in their individual file at the Health Centre.
- **Individualized Care Plans:** For students with severe allergies that could lead to anaphylaxis, an individual care plan will be created. This plan will include details for administering an adrenaline pen, which is kept with the care plan at the Health Centre.
- **Off-Site Safety:** Before any school trip or fixture, nurses will ensure that staff accompanying a student with an adrenaline pen are aware of the student's allergy and care plan. A list of these students is included in the trip's first aid kit.
- **Staff Training:** Health Centre nurses will train teaching staff who accompany students with adrenaline pens on how to administer the device. This training is provided before trips or upon request.
- **Updates and Certificates:** Nurses will communicate with parents, teachers, and catering staff about any changes to a student's dietary needs. If a student has a history of severe allergic reactions requiring adrenaline, parents must provide a medical certificate and a prescribed EpiPen or Adrenaline.

Appendix A

STUDENT AGREEMENT FOR SELF-CARRY/SELF-ADMINISTRATION OF MEDICATION

In accordance with school protocol, students may be granted authorization to self-administer medication for asthma or anaphylaxis under the following conditions:

- A current medical authorization from a licensed healthcare provider (HCP) is in place.
- The student has demonstrated competency in administering the medication to both their HCP and the school's registered nurse.
- The HCP has developed a written treatment plan for the student, including guidelines for medication usage.

- This authorization permits the student to carry and use the medication during school hours, while traveling to and from school, and during school-sponsored activities.

Instructions:

The school nurse will meet with the student to review and ensure comprehension of the following conditions. Both parties must initial each point to confirm agreement and understanding.

Condition	Student Initial	Nurse Initial
The student consents to self-administer the medication.	_____	_____
The student demonstrates maturity and responsibility in managing self-administration.	_____	_____
The student can identify the signs and symptoms of asthma or anaphylaxis.	_____	_____
The student can accurately demonstrate how to use the medication when needed.	_____	_____
The student has shown correct technique for administering the medication.	_____	_____
The student can identify potential side effects of the medication.	_____	_____
The student understands what to report and to whom, should issues arise.	_____	_____

Student Acknowledgment of Responsibilities

By signing this agreement, I understand and accept the following responsibilities regarding self-administration of my medication for asthma or anaphylaxis:

- I will carry my inhaler and/or epinephrine with me at all times.
- I will notify a responsible adult each time I use my inhaler and immediately when I use epinephrine.
- I will not share my medication with any other student under any circumstance.
- I will ensure my medication is never left unattended or accessible to others.
- I will only use the medication to treat my own medical symptoms as directed by my healthcare provider.
- I understand that this privilege is contingent on following the outlined responsibilities and may be revoked if I fail to comply.

Student's Name and Signature: _____ Date: _____
 Parent's Name and Signature: _____ Date: _____
 School Nurse and Signature: _____ Date: _____
 Tutor Name and Signature: _____ Date: _____

*Completed document filed with student health record

Appendix B

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-butylbromi de)	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)

Medication Consent Form

Name: _____ Year and Class: _____

No	Name of medication	Instruction	Date	Date	Date	Date	Date

- I give consent to the School Nurse to administer the above medicine to my child.
- I confirm that the information I have provided is accurate and agree to inform the School Nurse immediately if there is any change to my child's medication.

Parent/ Carer Name: _____

Phone Number: _____

Signature: _____

Date: _____

Appendix D

**CONCUSSION
SIGNS AND SYMPTOMS
Checklist**



Student's Name: _____ Student's Grade: _____ Date/Time of Injury: _____

Where and How Injury Occurred: *(Be sure to include cause and force of the hit or blow to the head.)* _____

Description of Injury: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.)* _____

DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, 15 minutes later, and at the end of 30 minutes.

Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a healthcare professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a healthcare professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the healthcare professional to review.

To download this checklist in Spanish, please visit cdc.gov/HEADSUP. Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite cdc.gov/HEADSUP.

	0 MINUTES	15 MINUTES	30 MINUTES	<input type="checkbox"/> MINUTES JUST PRIOR TO LEAVING
OBSERVED SIGNS				
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events <i>prior</i> to the hit, bump, or fall				
Can't recall events <i>after</i> the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
PHYSICAL SYMPTOMS				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
COGNITIVE SYMPTOMS				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down than usual				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				

→ More

Danger signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if she or he has one or more of these danger signs:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Additional information about this checklist:

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended for use only by appropriate school professionals, healthcare professionals, and the student's parent(s) or guardian(s).

Resolution of injury:

- Student returned to class
- Student sent home
- Student referred to healthcare professional with experience in evaluating for concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: _____

TITLE: _____

COMMENTS:

Revised August 2019

To learn more,
go to cdc.gov/HEADSUP



CONCUSSION

Signs & Symptoms

Students who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body should be referred to a healthcare provider experienced in evaluating for concussion.



SIGNS OBSERVED BY SCHOOL PROFESSIONALS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to hit, bump, or fall
- Can't recall events *after* hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

12/02/2014/11/17

SYMPTOMS REPORTED BY THE STUDENT

THINKING/REMEMBERING

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

PHYSICAL

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

EMOTIONAL

- Irritable
- Sad
- More emotional than usual
- Nervous

SLEEP*

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

**Only ask about sleep symptoms if the injury occurred on a prior day.*

THE FACTS

- All concussions are serious.
- Most concussions occur without loss of consciousness.
- Recognition and proper response to concussions when they first occur can help aid recovery and prevent further injury, or even death.



For more information, visit www.cdc.gov/HEADSUP

ACCIDENT / INJURY / NEAR-MISS REPORT

This form must be used in accordance with the RST Health and Safety Policy 2015

Rev:01 Ed: 13/11/2020

Part 1	<i>(Injured person to Complete if Possible)</i>	Office Use – Incident No:
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Personal Details of Injured Person (Strictly Confidential)

Surname:		Given Names:	
School Year		Faculty	

Status of Injured Person

TS	Academic/Teaching Staff	NT	Admin Staff	CL	Cleaning Staff
ST	RST Student	GR	Grounds Staff	OT	Contractor / Other

Home Address:			
District:	Postcode:	Telephone:	

** If Injured Person is not staff or RST student - please provide the contact details

Incident (Events that led to Injury)	Nature of the Incident	✓
Date of Incident	1 Slip / Trip / Fall	
Time of Incident	2 Chemicals/Hazardous <u>Substance</u>	
Incident Reported To <i>**Incident must be reported to the Health Centre and Safety Officer. Near-miss must be reported to the Safety Officer.</i>	3 Working at Heights	
Date and Time Reported	4 Burn or Scald	
Description of Events:	5 Manual Handling	
	6 Near Miss	
	7 Sport – Specify Sport	
Precise Location of Events: ie Hard Courts / Oval	8 Other	

Injury Details:		
Exact Body Location of Injury:	Left/Right	
Nature of Injury/Illness (eg cut, acute stress response, dermatitis)		
Name of Witness/ee	Phone	
1.		
2.		
Treatment ✓		
First Aid *	Dr / Hospital *	Ambulance *

* Give Details. Ie. Name of First Aider / Name of Dr / Name of Hospital

--

Outcome			
Did Injured party remain on School Grounds	Yes / No / NA	Time of Departure	AM/PM

Did Injured party Complete this Form? ✓			
Yes:	Signature	Date:	

No:	Name of person completing this form:	Date:
Relationship to Injured:		
IF RST Student – was Parent/Guardian Contacted? If Yes, please complete.		
Name of Parent/Guardian Contacted:	Date and Time	

ACCIDENT? - Send to Health Centre & Health & Safety Officer

NEAR MISS? - Send to Health & Safety Officer only

Appendix G

Minimum Exclusion Periods for Communicable Diseases - Rugby School Thailand

No	Disease/Illness	Recommended 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. Medical certificate needed
2	Conjunctivitis (Pink eye)	A student should stay home if the eye is discharging, or until 24 hours after commencement of treatment, or once the eye appears normal again.
3	Common Cold	Exclusion is not necessary, a person with cold should stay home until symptoms subside or depending on doctor's advice.
4	COVID- 19	Exclusion from School: Students with a fever or other symptoms of a COVID-19 must be excluded from school until symptoms have resolved. Return to School: Once a student's symptoms have ceased, they may return to school. They are required to wear a mask to protect others. Testing is not required before coming to school
5	Diarrhoeal illness	Exclude until there has not been vomiting or a loose bowel movement for 24 hours
6	Flu (Influenza)	Exclude until no fever, cough and colds. Medical Certificate needed
7	Food poisoning	Exclude until no vomiting or no diarrhea for 24 hours
8	German Measles (Rubella) or Measles	7 days from onset of rash, or until the student feels well.

9	Hand Foot Mouth Disease (Coxsackievirus) (Herpangina)	Exclusion period 5-7 days, return to school when free from fever and ulcers. Medical Certificate needed
10	Head lice	Send home for treatment. After having treatment and no active head lice and nits, can return to school.
11	Hepatitis A	Excluded from school until a medical certificate of recovery is received. Additionally, the student must remain absent for a minimum of seven days after the onset of jaundice.
12	Hepatitis B and C	Exclusion is not necessary
13	Impetigo	A student may return to school once commenced on antibiotic treatment, and the affected area is crusted over.
14	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. Medical Certificate needed.
15	Meningococcal Infection	Exclude until appropriate antibiotic treatment is completed and until well. Medical Certificate needed.
16	Mumps	5 days after onset of swelling and the student feels well.
17	Norovirus	Exclude until no vomiting or diarrhea for 24 hours
18	Respiratory Syncytial Virus (RSV)	People are contagious for 3 to 8 days. A student can return to school when fever free for 24 hours without fever reducers (such as Tylenol) and no longer wheezing.
19	Rotavirus infection	Exclude until no vomiting and no diarrhea for 24 hours.
20	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.
21	Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of rash. Medical Certificate needed.
22	Scabies	A student can return to school the day after being treated.
23	Scarlet fever	When student feels well, and 48 hours after the start of antibiotics
24	Threadworm	Students may return the day after treatment.
25	Warts and Verruca	A student does not need to stay away from school and can go swimming if the verruca is covered with a waterproof plaster.

26	Whooping cough	5 days from commencing antibiotics or 21 days without treatment.
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