KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

Reference number		**Policy name**	Medical room Handbook

Person(s) responsible	School Nurse	**Date of next review**	July 2024

Vision, mission and values	**Mission** To produce well-rounded, academically successful, happy young men and women. **Vision** To engage, inspire and extend our students, our staff and the wider community. **Values** To create a community where everyone mirrors our values of good manners, kindness and wisdom.
Purpose	This handbook sets out, in further detail, the school's medical and first aid procedures and care. It contains detailed guidance referred to in the school's First Aid Policy.

Approved by	SLT	**Date**	11/07/2023

[Last edited Nurse 29/8/23]

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

Medical room Handbook

1 Introduction

This handbook sets out, in further detail, the school's medical and first aid procedures and care. It contains detailed guidance referred to in the school's First Aid Policy. **The phone number to call ambulance and rescue for Bumrungrad hospital is 1378. The phone number for a medical emergency is 1669. The nearest large hospital to school is Samitivej Thonburi and their ambulance number is 02-438-9000**

2 Administering medication

2.1 Medication can be administered by the school nurse only with consent from the student's parent/guardian. Students must not carry medication, apart from any emergency medication (inhaler/adrenaline auto-injector) on their person. Parents who wish for their children to take medication in school should make arrangements for them to be administered through the school nurse. All medication will be stored in a locked cupboard in the medical room. The keys to the cupboard are held securely by the school nurse.

2.2 Employees bringing medication into the school for their own use should ensure that drugs are clearly labelled and do not fall into the hands of the students. No one should administer medicine to a student unless authorised to do so. Please follow the Policy on Administration of Medicines in School guidelines as set out in Appendix 7: Self-Medication (Item 14).

2.3 Students with asthma must have immediate access to their reliever inhalers. Please refer to the Asthma Policy in the school handbook. Stock medication and all medication administered will be checked to ensure all medicines are within the expiry date. Parents will be informed when medication is administered to a student either by note or by telephone as appropriate.

2.4 Parents are asked to collect all expired medication, auto-injectors and inhalers.

3 Use of Automated External Defibrillators (AEDs)

Please refer to Appendix 9.

4 Students' hospitalisation procedure

Please refer to Appendix 1 (Students' Hospitalisation Procedure at King's Bangkok) in the First Aid Policy.

[Last edited Nurse 29/8/23]

5 Fire procedures for the medical room

If an emergency evacuation takes place, any students in the medical room who are capable of going to their normal assembly point should go there.

If a student cannot be safely moved, the school nurse should send a message (via reception staff) to the control point. A decision will be made by the health and safety officer as to the safe transfer of the student.

All students with impaired mobility due to injury will have had a Personal Emergency Evacuation Plan completed by the school nurse.

6 General procedures

6.1 Students with medical conditions

Support is given to students with ongoing conditions such as diabetes, epilepsy, asthma, reduced mobility or any other medical conditions and also to students with ongoing mental or emotional issues such as eating disorders, depression or any new issues that may arise. All new students are seen by the school nurse and their needs assessed on an Individual Treatment Plan (ITP). They are made aware of how to obtain help if they are feeling unwell.

The names of students with medical conditions are highlighted on SchoolBase with a medical alert. Spare emergency medication is kept in the medical room and is collected by the teacher in charge of a school trip or sports fixture. Parents are notified of expiry dates on such medication. The school's policy with respect to asthmatics, diabetics, epileptics and those with food allergies is available in the School Handbook.

The school nurse is available to advise teachers on the use of adrenaline auto-injectors and inhalers and answer any concerns they may have.

Further details on asthma, diabetes and epilepsy can be found in Appendices 4, 5 and 6 respectively.

6.2 Allergies and anaphylaxis

Anaphylaxis is a severe and rapidly progressive allergic reaction at the extreme end of the allergic spectrum and is potentially life-threatening. The whole body is affected by the allergen, often within minutes of exposure, but sometimes hours later.

6.2.1 How can the risk of anaphylaxis be minimised?

The causes of allergic reaction can include foods such as nuts, sesame, seafood, eggs, wheat (gluten), dairy, insect stings and drugs but, on rare occasions, there may be no obvious cause. An allergy must not be confused with an intolerance.

Some schools choose to enforce "nut bans". The Anaphylaxis Campaign highlights several problems with this approach. For example, if a nut ban was to be implemented:

- it would not be possible to provide an absolute guarantee that the school would be completely nut-free without going through every student's bag and pockets every day;
- there would be a risk that allergic children may be led into a false sense of security; and
- parents may ask for similar bans in relation to other foods.

The Anaphylaxis Campaign argues a strong case that food-allergic children will gain a better awareness of their allergies and learn avoidance strategies if they operate in an environment where allergens may turn up unexpectedly. If they are educated to be vigilant, their growing awareness may pay dividends one day if, for example, a friend offers them a biscuit at a party. If they are used to a nut-free environment, they may take the biscuit without thinking.

To minimise the risk of anaphylaxis occurring, we have taken precautions and are working towards being as nut-safe and allergy-aware as possible. The success of this policy requires the cooperation of all parents, students and school staff.

6.2.2 Responsibilities

6.2.2.1 Parents of students with an allergy

We ask the parents of students with an allergy to:

- notify the school of the student's allergies, which should be done before the start of the school term;

- provide the medical room with a treatment plan and any prescribed antihistamines, inhalers or adrenaline auto-injectors, clearly labelled with the student's name;
- replace such medication after use or upon expiry;
- educate the student in self-management of his/her allergy, including:
    - which foods are safe and unsafe,
    - the symptoms of his/her allergic reaction,
    - how and when to tell adults about a reaction,
    - how to read food labels or to ask an adult to read the label and
    - how to self-administer an adrenaline auto-injector;
- provide emergency contact information and inform the school of any changes; and
- ensure the student carries their emergency medication, eg, adrenaline auto-injector or inhaler, with them at all times during the school day and for all off-site sports fixtures and trips.

6.2.2.2 The students with a food allergy

We ask each student with a food allergy to be proactive in the care and management of their food allergies and reactions and, in particular, to:

- NOT exchange food with others;
- eat only food that is labelled with ingredients and to read the label before eating;
- be aware of other people eating around them and always wash their hands before eating in case of contamination;
- know where their spare medication is kept in the medical room and that they are responsible for carrying their own emergency medication (eg, inhaler, adrenaline auto-injector) with them at all times;
- tell their friends of their allergies so they know if an emergency should arise;
- wear an SOS Talisman at all times, if they own one;
- notify an adult immediately if they eat something they believe may contain the food they are allergic to; and
- notify an adult immediately if they believe they are having a reaction, even if the cause is unknown.

Cakes and biscuits brought into school may have been contaminated in their preparation and therefore, our advice is that students with nut/peanut or food allergies should avoid consuming cakes and biscuits brought in for class consumption or cake sales.

6.2.2.3 Parents of children without an allergy

We have a number of children at school who have food allergies but would remind all parents of the danger that even small amounts of an allergen pose to these children.

Most severe allergic reactions are the result of ingestion but other reactions can be triggered by touching surfaces, such as computer keyboards, books or a piano, if these surfaces have previously been used by someone who has eaten nut products.

Nuts and seeds are part of a healthy diet for those without an allergy but we would appreciate that such students eat them at home rather than bring them into school since there are students who do have severe nut/seed allergies.

Therefore, we ask all parents NOT to provide students with school snacks which include nuts/sesame seeds.

6.2.2.4 The school nurse

6.2.2.4.1 Students with an allergy

The school nurse will contact parents/guardians of students termly to ascertain any allergies they may have. The parents will complete this form. New parents will be a copy of the Allergy Policy, the Allergies and Anaphylaxis Management Protocol and the contact details for the head of catering so that parents/guardians can discuss dietary requirements for their children.

The school nurse will invite students and parents/guardians to visit the medical room to discuss the students' allergy and medication, and to confirm that the student is competent in the use of his/her auto-injector and its storage and understands:

- the symptoms of an allergic reaction;
- how to manage the allergy in the school environment;
- how and when to call for help;
- where to access their spare emergency medication;
- the importance of carrying his/her emergency medication on their person at all times on and off-site, which is especially important during outdoor activities if a student has been prescribed auto-injectors for wasp or bee stings;
- that before games, he/she should leave emergency medication with the first aid person on duty or, in the case of away games, with the sports teacher in charge; and
- that after-sports refreshment teas may contain allergens.

All new students will be seen by the school nurse for a school medical and who will reiterate the management process for those who have allergies. The school nurse will:

- inform parents/guardians if any student has had an allergic reaction, however mild;
- make all relevant staff including sports staff aware of all students with allergies; and
- meet with existing students with allergies at the start of every school year to reinforce the appropriate management of their allergies.

6.2.2.4.2 Recordkeeping

The school nurse will:

- update students' allergy information on SchoolBase with a red icon beside their names to alert staff that the student has an allergy;
- record the expiry dates of all emergency medication and request replacement new medication as appropriate; and
- maintain up to date student medical records on SchoolBase.

Records are kept in accordance with the School's Data Protection Policy and Records Retention Policy.

6.2.2.4.3 Staff

The school nurse will:

- inform all relevant teachers by email of those students who have allergies;
- provide information to staff on allergy symptoms and emergency treatment to ensure that staff are aware of the risks, prevention and responses to anaphylaxis;
- maintain a register of students with allergies including their photographs in:
    - teacher common rooms,
    - all medical rooms,
    - the main kitchen,
    - the dining hall and
    - on SchoolBase;
- ensure Emergency Allergy Response posters are posted in all staff common rooms/classrooms, and communal areas (please refer to the Emergency Allergy Response and Allergen Warning posters in Appendix 8.1);
- alert relevant staff of students with allergies using the red icon on SchoolBase, and keep them updated on any changes in student's medical conditions;

- seek the support of timetabled staff to keep an eye on a student if they have any concerns in connection with a student who has an allergy;
- inform the catering manager of all students with allergies and keep him/her updated of any changes;
- prior to school trips, demonstrate to staff how to administer the auto-injector where relevant; and
- advise staff that if they have any concerns about a student displaying even a minor reaction, to send them, accompanied by an adult or another responsible student, to the medical room or to summon the school nurse.

First aid training is offered on-site to all staff. This includes recognition of the symptoms of anaphylaxis and how to deal with an emergency.

The nurse on duty is available to show staff how to use adrenaline auto-injectors.

6.2.2.5 The school

The school's responsibilities are:

- to educate staff on the risks, prevention and responses to anaphylaxis;
- to provide staff with appropriate training;
    - First aid training is offered on-site to all staff. This includes the recognition of the symptoms of anaphylaxis and how to deal with an emergency.
    - The nurse on duty is available to show staff how to use adrenaline auto-injectors.
- to have parents informed by the medical room of the expiry date of their children's adrenaline auto-injectors; and
- to implement procedures to mitigate the risks presented by anaphylaxis:
    - science laboratories to use nuts in their experiments;
    - **photos and names of students with severe allergies to be posted in teacher common rooms and all medical rooms, and those students' names to be flagged on the school database; and**
    - staff to be advised that if they have any concerns about a student displaying even a minor reaction, to send them, accompanied by an adult or another responsible student, to the medical room or to summon the school nurse.

Please refer to the Emergency Allergy Response and Allergen Warning posters in Appendix 8.1.

6.2.2.6 Catering staff

All catering staff:

- hold information on staff and students with food allergies;
- are trained to be clear on what to do when asked about allergens;
- maintain records of allergens included in all food made on-site;
- do NOT knowingly add nuts as an ingredient to their cooking (however, the school cannot guarantee that some of the constituent ingredients used are wholly nut-free because of the possibility of cross-contamination in factories etc.);
- do NOT serve bought-in products with nuts as a listed ingredient (however, the school cannot guarantee that some of the constituent ingredients used are wholly nut-free because of the possibility of cross-contamination in the production process);
- provide allergen labelling for school menus on the website or at the entrance to the dining room on items that use dairy, fish or gluten and that "may contain nuts";
- display signs at all food outlets asking individuals with allergies to ask for advice if unsure about the contents of the food; and
- discuss menu choices with parents who have concerns.

We do accept that products will be prepared, served and brought on-site that have advisory labelling stating 'May contain nuts' or 'May contain traces of nuts' or similar.

King's does not aim to be a nut-free school. We do, however, aim to be nut-safe and allergen-aware. In order to do this, we encourage parents' support in the education of their child, helping him/ her to make appropriate food choices at all times, regardless of the activity.

6.2.3 School trips and sports fixtures

- Student allergies are highlighted on SchoolBase. Relevant staff , who comprise all teachers who are likely to teach the student or have the day to day responsibility for looking after the student, are informed of the student's condition by a medical alert icon appearing on the student's note on SchoolBase and by the student's photo being displayed in the staff room so that staff are informed of students' medical conditions.
- Prior to the start of a PE lesson, students are advised to inform the sports staff of the location of their adrenaline auto-injector/inhaler.
- All students' emergency medication will be collected from the medical room by the teacher in charge prior to all school trips.

6.2.4 Nut allergies and school cake sales/birthday cakes

- Students with nut/peanut allergies who buy cakes at the sales cannot be guaranteed that these cakes are completely nut-free. The same applies to food brought into school for personal or class consumption (eg, birthday cakes).
- We would ask parents who bake cakes for charity sales or class distribution not to use nuts or nut derivatives in their preparation. Students with food allergies need to know the ingredients in everything they eat; even the tiniest amount of nuts could cause a severe reaction.
- Cakes purchased from shops to donate to the charity sales must NOT include nuts as a listed ingredient. However, we do accept that products will be brought on-site that have advisory labelling stating 'May contain nuts' or 'May contain traces of nuts' or similar.
- Notwithstanding this, even though nuts may not be listed as ingredients, cross-contamination may have taken place during preparation.
- Our advice is therefore that students with nut/peanut or food allergies should avoid buying cakes at the sales or partaking in the consumption of cakes brought in for birthdays.
- The organisers of the cake sales will also be required to display a sign to remind students with allergies to check ingredients.

Please refer to the Allergies and Anaphylaxis Management policy in Appendix 8.

7 Illness during exams

A student who falls ill during exams must be referred to the school nurse. Details of any medication that they are taking will be recorded along with medical roomal observations of blood pressure, temperature and pulse. The school nurse will send a written report to the teacher in charge of exams explaining the nature of the illness that caused the student to leave the exam room. A copy of the letter will be sent to the head of exams, the SLT and any relevant staff and another copy will be kept in the student's file in the medical room.

8 Open wounds on sports pitches

Students who sustain open wounds/nose bleeds on sports pitches must be immediately treated using dressings from the pitchside first aid box. The wound should always be dressed before leaving the pitch.

All staff must take precautions to avoid infection when dealing with open wounds and must follow basic hygiene procedures:

- Washing hands is of the utmost importance before and after treating wounds.
- Disposable gloves are available in all first aid boxes. Care must be used when removing and disposing of gloves and washing hands after removing gloves.
- Blood-contaminated dressings should only be disposed of in the yellow

Red bags in the medical room waste bins located in all medical rooms.

9 Rubella/Chickenpox

Rubella/chickenpox can affect a pregnancy. The school nurse will inform female colleagues if there is any known rubella/chickenpox outbreak in the school population. Parents of students whose immunity is compromised due to illness or medication will also be informed.

10 Control of cross-infection and communicable diseases

An important part of first aid is preventing "cross-infection," either transmitting germs or contracting an infection. General measures to reduce infections in school and to reduce cross-infection include the promotion of good standards of personal hygiene. These include:

- reminding students about the importance of washing hands on a regular basis, especially if touching the mouth or nose or surfaces that may be contaminated;
- posting posters in relevant places to remind everyone of the importance of washing hands;
- encouraging the use of tissues when coughing or sneezing and the disposal of soiled tissues in closed-lid bins provided around the school;
- asking the cleaning staff to routinely check all cloakrooms to ensure that an adequate supply of hand washing and drying equipment is available and working;
- opening windows in between classes to ventilate the room;
- monitoring the absentee line with early follow-up calls to those presenting with flu-like symptoms;
- students and staff are advised to stay at home if they are presenting with any flu-like symptoms and a 48-hour exclusion is advised for students and staff presenting with diarrhoea and/or vomiting.

11 Biohazard spill policy

This is the cleaning and hygiene procedure for spillages of body fluid. The aim of this policy is to decrease the exposure risk to blood-borne and body fluid pathogens.

Adherence to this policy is the responsibility of all staff who may come into contact with spillages of blood or other body fluids. All staff need to be aware of their personal responsibilities in preventing the spread of infection.

Disinfection aims to reduce the number of microorganisms to a safe level. Whilst a variety of chemical disinfectants are available, high concentration chlorine-releasing compounds provide an effective method of treating body fluid spills with activity against a range of bacteria and viruses.

11.1 Legal position

The school has a duty to protect its staff from hazards encountered during their work, and this includes microbiological hazards (COSHH 2002). For the purposes of this policy, biohazards are defined as:

- blood;
- respiratory and oral secretions;
- vomit;
- faeces;
- urine;
- wound drainage; or
- gastric aspiration;

11.2 PPE

All staff dealing with a biohazard spill are to ensure that they:

- wear a plastic disposable apron;
- wear disposable gloves;
- protect eyes and mouth with goggles and a mask (or a full-face visor) if splash or spray is anticipated;
- wear protective footwear when dealing with extensive floor spillages; and
- use the biohazard spill kits provided by the school (not "just a cloth or mop").

11.3 Procedure

All staff dealing with a biohazard spill are to:

- make precautions so as not to come into contact with blood or body fluids, wet or dry, either on themselves, their clothing or protective equipment; in particular, avoid blood or body fluids reaching the eyes or the areas inside the mouth and nose;
- wear appropriate PPE;
- use the biohazard spill kits provided by the school;

- place all soiled paper towels and gloves in a sealed (yellow) disposable bag to be disposed of in an approved manner;
- immediately after every clean-up of blood or body fluid, wash hands including arms to the elbow with warm water and soap; this is to be performed even if gloves have been worn;
- wash all areas that have come into contact with blood; and
- report all biohazard spills to the school nurse and school health and safety coordinator.

Cleaning staff have been instructed on the importance of regular, thorough, cleaning, paying special attention to door handles, phones and communal areas. Computer keyboards are cleaned on a regular basis. Cloakrooms will be checked on a regular basis to ensure that they are stocked with adequate liquid soap and that all hand drying equipment is working.

12 Sharps and needles

Sharps containers are available in all medical rooms to dispose of sharps/needles. They are stored off the floor and out of the reach of students.

12.1 Emergency treatment of needlestick injury

If you pierce or puncture your skin with a used needle:

- encourage the wound to bleed, ideally by holding it under running water;
- wash the wound using running water and plenty of soap;
- don't scrub the wound while washing it;
- don't suck the wound; and
- dry the wound and cover it with a waterproof plaster or dressing.

You should also seek urgent medical advice: go to the nearest accident and emergency (A&E) department.

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

Appendix 1: Guidelines for the transfer of care of students injured during school activities

If an injury occurs during play, the member of staff in charge of the activity must take responsibility for ensuring that the following procedures are followed:

In the case of an injury, whereby the student is unable to mobilise, call the first aider to the pitch to administer care.

If the injured student is mobile, ensure that he/she is escorted to the medical room by a responsible person appointed by the member of staff in charge of the activity.

If a student sustains an injury that results in them leaving the activity location, they must remain in the care of the nurse/first aider or member of staff at all times until they are delivered into the care of a parent/guardian.

If a student who has been injured has not been able to return to the activity before it is over, the member of staff in charge must confirm with the first aider that the student has been attended to and suitable arrangements have been made for the student to be collected, if necessary, by a parent/guardian.

If an injury occurs during an away fixture, the member of staff in charge is also responsible for:

- ensuring that the parent/guardian is informed of the nature of the injury. This will require the staff member to have a list of contact details for the parents of all children on the fixture;
- ensuring that suitable arrangements have been made for the transfer of the student's care to the parent/guardian;
- submitting an accident report form at the earliest opportunity to the head of estates; and
- in the event that the student has been hospitalised, making a follow-up call to check the student's progress later on in the evening (ensure that they get contact details for a person in the hospital).

Completed accident report forms must be submitted to the health and safety officer and the medical room on the next school day so that follow-up calls can be made by the nurse to the Headmaster, form tutor and PE teacher.

Should a student require hospitalisation, please follow the guidelines outlined in the Students' Hospitalisation Procedure (Appendix 1 of the school's First Aid Policy).

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

Appendix 2: head injury

All head injuries are potentially dangerous and require proper assessment and management.

1. If a student sustains a head injury, he/she must not be left alone. Never permit them to sit away from the class and always entrust them into the care of the teacher-in-charge/AT/parent/medics.
2. If the student has lost consciousness or has retrograde amnesia (cannot remember events leading up to the injury), they should be taken to hospital.
3. All students suffering a head injury should be given a head injury factsheet.
4. A player who has suffered a concussion or loss of consciousness should not train or play any contact sport for at least 23 days and then only when they have been cleared by a neurological examination by a doctor.
5. Visiting students who sustain a head injury not requiring hospitalisation must be entrusted into the care of the visiting team's teacher-in-charge, or parent, if present. A copy of the accident report form and treatment received must also be given to them.
6. If an injury occurs during an away fixture, the member of staff in charge is also responsible for ensuring that the parent/guardian is informed of the nature of the injury and that suitable arrangements have been made for the transfer of student care to the parent/guardian. The teacher-in-charge must submit an accident report form at the earliest opportunity and inform the medical room so that they can make follow-up calls the next day and inform all relevant staff.
7. If the student has been hospitalised, it would be appreciated if the teacher-in-charge made a follow-up call to check the student's progress later on during the evening.

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

Appendix 2.1: head injury fact sheet

Potentially serious complications can develop up to 24 hours after an apparently minor head injury. Seek medical advice if any of the following occur:

- headache which persists;
- drowsiness leading to unconsciousness;
- irritability;
- confusion and loss of concentration;
- vomiting;
- convulsions;
- blurred vision; or
- weakness of limbs or irregular movement.

Concussion

Concussion occurs when the brain is injured following a blow to the head or face. Concussion may occur without an apparent period of unconsciousness. The signs and symptoms of concussion include:

- loss of consciousness;
- loss of memory;
- confusion and disorientation;
- giddiness or unsteadiness;
- vomiting;
- headache;
- dizziness;
- being dazed or stunned;
- blank stare;
- having poor coordination or balance;
- inappropriate playing behaviour; or
- slurred speech.

Being unaware of what happened for even a few moments at the time of injury is the most consistent sign that a player is concussed. No player should be left alone following concussion.

The player must be taken immediately to the hospital if there is any reason for concern or if the player has been unconscious.

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

Appendix 2.2: guidelines on the management of concussion

1 Introduction

1.1 Head injuries often occur during contact sports although they can also occur in falls, bicycle/car accidents and accidents at home.

1.2 Playing contact sports such as rugby or football carries a risk of injury. While serious injuries are rare, sports staff need to be prepared to deal with the full range of incidents that might occur on the training ground or pitch and need to be able to assess suspected concussion.

2 Concussion

Definition: Concussion is a brain injury caused by a blow to the head or body which leads to shaking of the brain.

Concussion results in a disturbance in brain function that can affect a child or young person's thinking, memory, mood, behaviour and level of consciousness. It can produce a wide range of physical symptoms and signs such as headache, dizziness and unsteadiness.

Causes of Concussion

Any blow to the head, face or neck or a blow to the body which causes a sudden jarring of the head may cause a concussion.

2.1 Identification of concussion is not always easy, and players may not immediately show the signs or symptoms which may be quite subtle. Any player who receives a blow to the head should be assessed for concussion.

2.2 A player may have been concussed, even though he/she has not experienced a loss of consciousness.

2.3 Failure to assess, evaluate and manage concussion may result in prolonged symptoms and could result in a more serious underlying brain injury being missed.

2.4 If a player with concussion is permitted to continue to play or returns to the game too early, prolonged post-concussion syndrome may result. If the player has lost consciousness, or has retrograde amnesia (cannot remember events leading up to the injury), they should be taken to hospital.

2.5 Even if an individual appears alert and orientated after a head injury, his/her judgement may be impaired so they must not be allowed back to play.

2.6 Medically qualified personnel should evaluate all concussions but if this is not initially possible, the coach or official should be competent to make a basic assessment of the player.

2.7 The identification of a concussed player on the pitch may be difficult and the condition should be suspected if any of the following features are noted as described in the Pocket CONCUSSION RECOGNITION TOOL™ (below).

2.8 Concussion on the pitch

If a student exhibits no signs or symptoms following a head injury, but passes the pitch side assessment using the Pocket CONCUSSION RECOGNITION TOOL™ (below), he/she may return to play. The student, however, should be closely monitored in case signs or symptoms develop later in the game or training session.

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults

RECOGNIZE & REMOVE

Concussion should be suspected if one or more of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness
Lying motionless on ground/Slow to get up
Unsteady on feet / Balance problems or falling over/Incoordination
Grabbing/Clutching of head
Dazed, blank or vacant look
Confused/Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Loss of consciousness
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- "Don't feel right"
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"
- Neck Pain
- Sensitivity to noise
- Difficulty concentrating

3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

"What venue are we at today?"
"Which half is it now?"
"Who scored last in this game?"
"What team did you play last week/game?"
"Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling/burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to so do.
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

[Last edited Nurse 29/8/23]

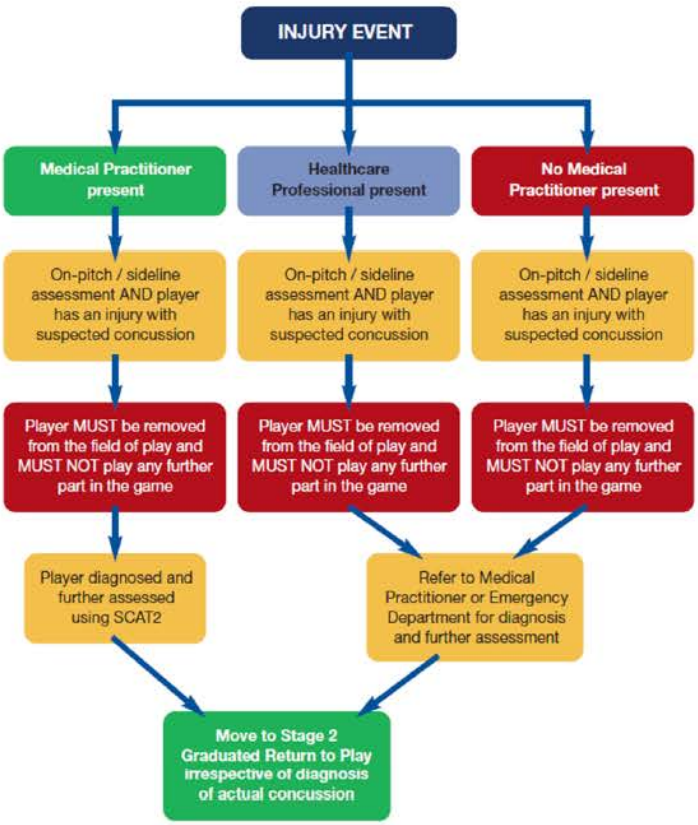
If a student presents with the symptoms listed in the 'RED FLAGS' above, call 1554.

It is important to realise that the signs and symptoms of concussion may only last a matter of seconds or minutes and can easily be missed. If the student has any signs or symptoms, fails the assessment or if you are in any way concerned:

- REMOVE them from play immediately;
- DO NOT allow them to return to play;
- DO NOT allow them to shower or to be left alone;

Parents should be notified in all cases of head injury as they need to monitor their child following such an incident and, if concerned, advised to see a doctor immediately. Head injury instructions should be provided and ideally all children with concussion should be seen by a healthcare professional, preferably a doctor, on that day.

2.9 Procedure in the event of an injury on the pitch



[Last edited Nurse 29/8/23]

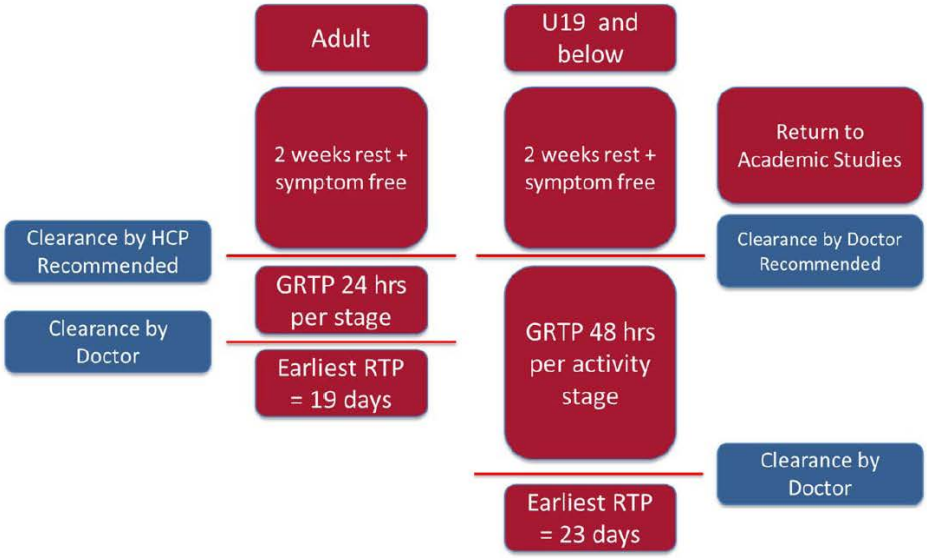
2.10 Head injury at an away fixture

If a student sustains a head injury during an away fixture and is showing even one symptom of concussion but is stable, they must be accompanied back to school by a member of staff. At school, the student must be transferred to the care of the school nurse or parents as relevant. The parent or guardian collecting the student should be given a completed accident report form because the student, if concussed, may not have total recall of the incident. Parents are advised that the student must be assessed by a doctor or taken to A&E and the school nurse informed of the outcome of the visit.

2.11 In the case of a visiting student

Transfer the student into care to the visiting coach or staff member if their parent is not present. Inform the parents or ask the visiting coach or staff member to inform the parents. A completed accident report form and head injury instructions to be given to the coach or staff member to pass on to parents because the student, if concussed, may not have total recall of the incident. Parents are advised that the student must be assessed by a doctor or taken to A&E if they have any concerns.

3 Graduated return to play (GRTP) will begin when the student is symptom-free at rest, off all medications that modify symptoms, have returned to normal studies and cleared to do so by a doctor. Minimum return to play times are given, and for players who do not recover fully within these timeframes, they will need to be longer. A student with concussion must have physical and cognitive rest until their symptoms resolve.



Responsibility of the safe reintegration of a student back into academic and physical activities is the shared responsibility of:

- the student;
- their parents;
- the academic staff;
- their physiotherapist/doctor; and
- their sports teacher/ head of PE

3.1 Students

Students will be given a talk on concussion, highlighting:

- the seriousness of concussion, both short-term and long-term and the long-term importance of managing the recovery;
- that if a head injury occurs on the pitch, they must report it to the coach or referee immediately and it must be assessed before returning to play;
- the symptoms of concussion and the importance of reporting such symptoms to the school nurse , if at school, or to parents when at home;
- the need to report to staff if they are unable to cope with their academic workload because of symptoms; and
- the importance of following the GRTP protocol and informing sports staff/parents/the school nurse if they have any symptoms.

3.2 Parents

It is the parent's responsibility to:

- ensure that the student stops playing right away if they suspect concussion;
- inform the referee and coach that they suspect their son/daughter has concussion;
- prevent the student from returning to play that day;
- ensure that the student is not left alone;
- ensure that the student is seen by a doctor as soon as possible on the day of the accident;
- inform the school if a student has been diagnosed with concussion outside of school;
- ensure that the student does not go back to contact sports if they have any concussion symptoms; and
- obtain medical clearance for the student and forward it to the school nurse in writing before GRTP and after 23 days, before full return to play.

Concussion symptoms are made worse by both physical and mental exertion. The most important treatment for concussion is rest. It is important:

- that parents work with the school to ensure the student does not exercise or undertake any activities that may delay their recovery. These include reading, working on the computer or playing video games. Reading, concentrating or using the computer may worsen symptoms, resulting in the student having to stay at home to rest.
- to be aware that if a student goes back to activities before he/she is completely better, they are more likely to get worse and to have symptoms later.

After the two-week rest period, provided that the student is free of symptoms, they should work with the school in a stepwise graduated return to play (GRTP).

3.3 Staff

All timetabled and relevant staff should be aware that in order for full recovery, it is necessary to rest the brain following concussion and it may be necessary to reduce the student's:

- workload;
- reading requirement; or
- use of computers.

They should also be aware that during the two-week rest period following a concussion, students will have been advised that if mental activities (eg, reading, concentrating or using the computer) worsen their symptoms, they may have to stay home from school and initially avoid:

- reading;
- watching TV;
- video games/mobile phone; or
- driving (if applicable)

before gradually reintroducing such activities.

Staff will be informed by the school nurse of any students who have concussion. They will be advised to observe the students for:

- drops in academic performance, difficulties with school work or problem-solving;
- poor attention and concentration in class;
- unusual drowsiness or sleeping during class;

- seemingly inappropriate emotions;
- unusual irritability; or
- increased anxiety or nervousness

and to report any concerns to the school nurse.

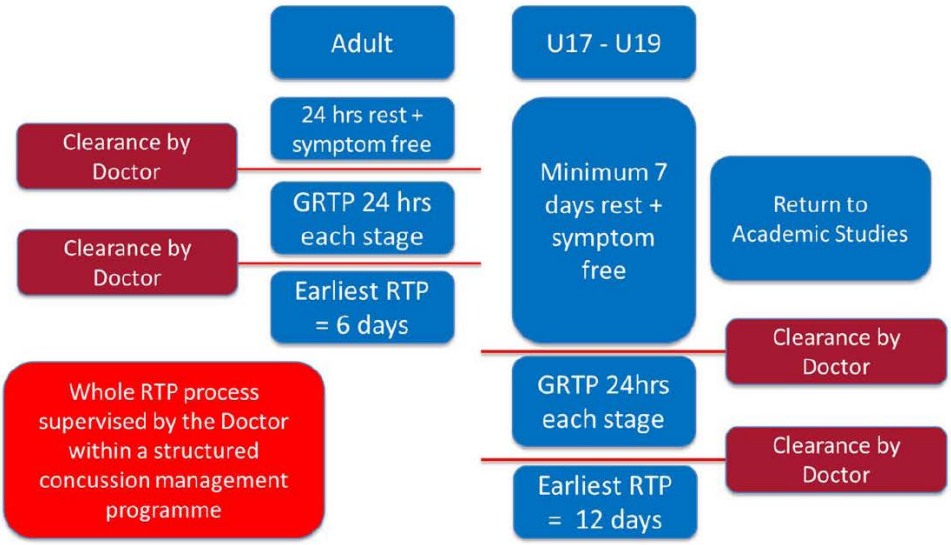
3.4 School nurse

3.4.1 On the first day of his/her return to school after concussion, a student will be invited to see the school nurse to be assessed using the SCAT3. If there are any symptoms of concussion the student will be advised to rest at home until the symptoms have subsided. If the symptoms continue, the parents will be advised to consult their doctor again.

3.4.2 Parents will be asked to provide a clearance letter from a doctor to confirm that the student is medically cleared and fit to start GRTP.

3.4.3 The school nurse will advise the students' physiotherapist to assess the student, following which the physiotherapist will inform the head of PE, coach and school nurse of the outcome.

3.4.4 The physiotherapist will forward the rehabilitation assessment to the head of PE, student's sports coach/teacher and if he/she is fit, they will begin the return to play (RTP) pathway as below.



3.5 Sports coach

3.5.1 Following clearance from the physiotherapist, the student will progress onto the rehabilitation.

3.5.2 The head of PE/sports coach as appropriate will complete each rehabilitation stage, ensuring at least 24 hours between each activity and sign off each activity. As below

Stage	Rehabilitation Stage	Exercise Allowed	Objective
1	Rest	Complete physical and cognitive rest without symptoms	Recovery
2	Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training.	Increase heart rate and assess recovery
3	Sport-specific exercise	Running drills. No head impact activities.	Add movement and assess recovery
4	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training.	Add exercise + coordination, and cognitive load. Assess recovery
5	Full Contact Practice	Normal training activities	Restore confidence and assess functional skills by coaching staff. Assess recovery
6	Return to Play	Player rehabilitated	Safe return to play once fully recovered.

3.5.3 If there are any concerns, parents must be informed.

3.6 End of rehabilitation stage

3.6.1 After 23 days and having cleared all stages without any symptoms, the student will need a doctor's clearance to return to full play.

3.6.2 After returning to play, PE staff, coaches and parents must remain vigilant for the return of symptoms even if the GRTP has been successfully completed; if symptoms reoccur, the player must consult a medical practitioner.

3.6.3 If a player's concussion resulted from poor tackle technique, the coach must also ensure that this is corrected before the student's return to play.

3.6.4 If there are concerns about the player's behaviour and approach to the game while playing or training that appears to put them at increased risk of concussion then this should be addressed before return to play.

3.6.5 Students who struggle to return to their studies or who persistently fail to progress through the GRTP because symptoms return should be referred to their doctor.

3.6.6 Students who sustain two or more concussions in a 12-month period should be referred to their doctor for a specialist opinion in case they have an underlying predisposition.

4 Neck and spinal injuries

4.1 If a serious neck injury or spinal injury is suspected, the player should NOT be moved except by trained personnel, usually the ambulance service paramedics, using the appropriate equipment. The exception to this rule is if the player has an obstructed airway or is not breathing, in which case the player may have to be moved carefully in order to perform basic life support (BSL) to save his/her life.

4.2 Whilst waiting for assistance, the player's head should be held in the position in which the player is found, and not adjusted. Do not twist the head. Do not sit or stand the player up. Remember that the player will need to be protected from the elements (cold, rain etc.).

Appendix 2.3: Graduated return to play (GRTP) following concussion

GRTP is a six-stage progressive exercise programme to safely reintroduce students back into sport following a concussion.

It is recognised that young players will often want to return to play as soon as possible following a concussion. Players, coaches, parents and teachers must ensure that:

- all symptoms have subsided before commencing GRTP;
- the GRTP protocol is followed; and
- the advice of medical practitioners is strictly adhered to.

A student may progress through each stage as long as no symptoms or signs of concussion return. Progression through each stage should take two days. However, before a student can commence the stage two exercise elements of the GRTP, he/she must be free of symptoms for a period of 48 hours.

The GRTP will be supervised by the school nurse/parents and the head of PE.

The school nurse will assess a student who has been diagnosed with concussion by a medical practitioner on the first day back to school using the SCAT3 assessment tool. The GRTP assessment will

be carried out by the student's physiotherapist after two weeks of rest and following an all-clear by the student's GP. A copy of this must be on file with the school nurse.

Following the student's physiotherapists assessment, gradual reintegration back to full contact sport will be supervised by student's sports coach, and parents, if appropriate, and will begin after 14 days of absence from sport and after symptoms have ceased.

The earliest that a student can return to full-contact sports is 23 days from the date of injury or when the concussion was diagnosed. Each stage of the GRTP will be signed off by the student's sports coach or supervised by a parent.

Details of each stage of GRTP are shown in the table below.

After returning to play, all those involved with the player, especially coaches and parents, must remain vigilant for the return of symptoms even if the GRTP has been successfully completed. If symptoms occur while progressing through the GRTP protocol, the student will be advised to rest for 48 hours. His/her parents will be informed and advised to take him/her and to see his/her GP, before returning to the previous stage and attempting to progress again.

These are minimum return to play times and will need to be extended for players who do not recover fully within these time frames.

HEAD guidance cards to be issued to all participating students at the beginning of the rugby and football seasons.

All students with head injuries will be issued the RFU Head Injury Guidance Fact Sheet and Parents' Concussion Guidelines found as part of Rugby England Headcase Resources at:
https://www.englandrugby.com/participation/playing/headcase/resources

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

Rehabili-tation stage	Exercise allowed		Objec-tive	Require-ment	Comments
Stage 1	Off school while symptomatic. Minimum rest period 14 days after symptom-free without masking medication (e.g. paracetamol)	Complete body rest brain rest Avoid the following initially and then gradually re-introd uce; reading, tv, computer games	Rest the brain and recovery to progress on to stage 2	Hospital letter or email confirmation from parent to school nurse that concussion has been diagnosed	The school nurse will review all students with concussion on the first day the students return to school following a diagnosis of concussion. She will assess their suitability to return to study using the Scat 3 symptom check list. She will update SchoolBase, informing staff and advise them on concussion symptoms to watch out for and to inform her if student is showing any of the following: ● a drop in academic performance-difficulti es with school work or problem solving ● poor attention and concentration in class ● unusual drowsiness or sleeping during the day ● inappropriate emotions ● unusual irritability ● feeling more nervous or anxious than usual

[Last edited Nurse 29/8/23]

End of stage 1				Written hospital permission to progress to stage 2	School nurse will Inform the Physiotherapist that the student is ready to progress on to GRTP and that hospital clearance has been received. Physiotherapist will contact parents to book the students assessment date. Following the successful assessment the physiotherapist will inform the sports coach that the student is ready to progress on to the rehabilitation programme
Stage 2 At earliest – Day 15	Light aerobic exercise	Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity. No resistance training.	Increase heart rate	48 hours symptom free before progress to next stage	Activity signed off by sports coach or student supervised by parents
Stage 3 At earliest - Day 16	Sport-specific exercise	Running drills. No head impact activities.	Add movement	48 hours symptom free before progress to next stage	Activity signed off by sports coach

Stage 4 At earliest – Day 17 - 19	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training	Exercise, co-ordination and cognitive load	48 hours symptom free before progress to next stage	Activity signed off by sports coach
Stage 5 At earliest – Day 20	Full contact practice	Normal training activities	Restore confidence and assess functional skills by coaching staff	48 hours symptom free before progress to next stage	Activity signed off by sports coach
Stage 6 At earliest – Day23	Return to play	Player rehabilitated	Recover		hospital clearance letter received

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

Appendix 3: medical room confidentiality

Framework/legislation

The medical rooms provide a safe environment where the school nurses can have private consultations with students and staff.

Both doctors and nurses have an obligation to maintain professional confidentiality to all patients from birth to death and beyond and this can only be broken in certain clearly defined circumstances, as set out below.

Nurses also have a legal (common law and statutory) duty of confidentiality to students. The duty of confidentiality to the student is greater than that owed to the school.

Wherever possible, express informed consent to disclose confidential medical information should be obtained from the student (if the nurse considers them sufficiently competent to do so) or from their parent. Competence to give consent should be assessed with reference to the student's ability to understand the issues, not on age alone.

If the student or their parent is unable or unwilling to provide consent, then the nurse's duty of confidentiality may only be overridden if:

- the information is passed between members of the healthcare team caring for that patient (eg, between the nurse, an approved doctor or counsellor);
- a medical emergency means that consent cannot be obtained (eg, due to unconsciousness);
- there is a statutory requirement permitting disclosure (eg., if it is believed that the student has raised a safeguarding issue or if the nurse is acting in accordance with their statutory obligations for notification of a communicable disease);
- there is a court order requiring disclosure;
- disclosure without consent is justified in the student's medical interests (eg., if they cannot give valid consent themselves and refuse to permit the involvement of a third party). In these circumstances, the student should be informed before disclosure;
- disclosure without consent is justified in the public interest (for example if failure to disclose may expose a student or others to the risk of death or serious harm); or
- the information is required or requested for medical teaching, research or audit.

Medical room

All records of consultations in the medical room, both written and electronic, must be kept securely and accessed by the school nurses only. However, secretarial staff may have access to some medical information in order to prepare relevant documents and lists for the nursing staff. All staff who have access to medical information will have a confidentiality clause written into their employment contract.

If a student or member of staff is sent home by the nursing staff, for safety reasons, they must inform the form teacher and any other relevant staff, but without divulging any confidential medical details.

If requested, names and times of people having consultations with the nurse may be given to senior management, but without any confidential medical information, including the reason for the consultation.

Sharing information within the school

Information is shared with other members of staff on a need-to-know basis only after careful consideration of what needs to be shared.

Consent to essential medical information being shared with school staff is obtained to ensure students' safety at school.

Consent forms detailing any medical issues must be obtained for students going out on school trips and are given directly to the teachers involved.

It is recognised that although it is desirable for teaching/pastoral staff to be aware of any social issues, nurses are still bound by their code of confidentiality and must be mindful of this when sharing information. The nurse is informed of students with pastoral needs. If the nurse feels that the student has raised an issue where they would benefit from support from the deputy head (pastoral) or tutor, they will strongly encourage the student to give consent for the nurse to discuss it with the relevant staff and also for the student themselves to seek support from other staff, where appropriate. Indeed, it may be necessary to base a decision on whether a student can participate in a visit/overseas trip, on confidential medical information.

The principle of patient/nurse confidentiality will not apply where the student has raised a safeguarding concern. In those circumstances, the nurse will inform the student that they cannot promise confidentiality and will pass the information on to the designated member of staff in accordance with the safeguarding policy.

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

Appendix 3.1: Guidelines on confidentiality

Nurses have a duty of confidentiality to students.

Children aged sixteen and over are usually presumed to be Gillick competent. Gillick competence means that for a particular decision, a young person:

- understands the problem and the implication;
- understands the risks and benefits of treatment;
- understands the consequences if not treated;
- understands the alternative options;
- understands the implications for the family;
- is able to retain/remember the information;
- is able to weigh up the pros and cons; and
- is able to make and communicate a reasoned decision about what their wishes are.

If a student who is Gillick competent asks the school nurse not to share information, their wishes can be honoured unless she/he feels there are safety issues that require her/him to share the information. The school nurse will always endeavour to encourage a student to share information with a parent or guardian unless, again, there is a safety issue.

The student has legal rights to confidentiality, which depend on their level of development, intelligence and ability to understand. The nurse will always seek the child's consent to disclose confidential health information to parents and, in appropriate circumstances, the Headmaster. If consent is withheld, there is a prima facie legal duty of confidentiality that forbids disclosure.

Within a school, this can cause a conflict of interest and call for certain amounts of understanding on both sides. Although employed by the school, the nurse's obligation is ultimately to the patient. It is necessary to establish what is reasonable information to divulge to a third party on a need-to-know basis.

It is reasonable to expect that parents/guardians may be informed of cases of illness and accident, but there are some sensitive health matters about which the student may not wish their parents or the school to know. Legally, the nurse has to respect this while at the same time trying to persuade the student that it will be better for them to discuss the matter with their parents/guardians. These situations often arise about contraception issues, other sexual health matters and alcohol and drug misuse.

Rarely, if the nurse considers that it is in the student's best interests to disclose information to the school or parents, then they must inform the student before doing so, and be fully prepared to justify their actions at a later date if necessary. For example, if child abuse is suspected, the nurse has a duty to share concerns with the relevant authorities as per the Area Child Protection Committees' (ACPC) procedures [https://www.proceduresonline.com/sbni/].

Every school should have a policy, of which parents and teaching staff are aware, that covers the nurse's professional and ethical obligations, including confidentiality. It is important to remember that the duty of confidentiality to the patient is greater than that owed to the school which employs the nurse. The only times when this confidentiality may be breached are if:

- the child consents to disclosure in writing;
- a court of law requires disclosure; or
- disclosure is justified in the public interest or the child's best interests, as is the case of child protection issues.

Appendix 3.2: Guidelines on confidentiality

Nurses and midwives have a duty to protect confidential information. The code is explicit in summarising what is expected. It states that:

- you must respect people's right to confidentiality;
- you must ensure people are informed how and why information is shared by those who will be providing their care; and
- you must disclose information if you believe someone may be at risk of harm in line with the law of the country in which you are practising.

To trust another person with private and personal information is a significant matter. The person who is in the care of the nurse has a right to believe that the information given to them in confidence is only used for the purpose for which it was given and will not be disclosed to others without permission.

Records of information belong to the organisation and not the professional staff who make the records. No individual in that organisation has the legal right to access the information in those records, which remain confidential.

The terms and conditions of employment for all employees not directly involved with people in the care of nurses but have access to or handle confidential records should contain clauses that emphasise the principles of confidentiality. These terms and conditions should clearly show that disciplinary action could result if these principles are not met.

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

Appendix 4: Asthma Policy

1 Background

The school recognises that asthma is a widespread and serious but controllable condition, affecting many students at the school. Full participation in all school activities and sports is the goal for all but the most severely affected students.

Students with asthma must never be left unattended if they complain of breathing difficulties or present with any other symptoms associated with asthma. Immediate access to reliever inhalers is vital in such circumstances.

Call the school nurse immediately on extension 2002 (B2)/5003 (B5) or call an ambulance if you are concerned about a student's condition.

2 Symptoms

Asthma is a condition that affects the small tubes in the airways (bronchioles) that carry air in and out of the lungs. When a student or young person with asthma comes into contact with an asthma trigger, the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. Often, sticky mucus or phlegm is produced. All these reactions cause the airways to become narrower and irritated, leading to the symptoms of asthma.

A student who is having an asthmatic attack may present with:

- a cough;
- a wheeze;
- a tight chest (sometimes expressed as a tummy ache in younger students);
- shortness of breath;
- Light-headedness
- panic
- inability to speak a full sentence; or
- unusual quietness.

3 Asthma triggers

A trigger is anything that irritates the airway and causes asthma symptoms. Everybody's asthma is different and everyone will have different triggers. It is important that students with asthma get to know their own triggers and take precautions to stay away from them. Common triggers include viral

infections (colds and flu), house dust mites, pollen, cigarette smoke, furry or feathery animals, exercise, air pollution, high humidity, certain volatile chemicals and stress.

4 Asthma reviews

Asthma is a long-term condition that needs to be treated on an individual basis. It is important that students with asthma have regular review appointments with their doctor or asthma nurse to monitor their symptoms.

5 Asthma medicines

5.1 Preventers

Preventers protect the lining of the airways. Taking preventer medicines means that a student with asthma is less likely to react badly when they come into contact with an asthma trigger. However, not all students with asthma will need a preventer. Preventers are usually prescribed for students who use their reliever inhaler three or more times a week. Preventer inhalers are usually brown, orange, red or white and are usually steroid-based. The protective effect of preventer medicines builds up over time, so preventers need to be taken every day (usually morning and evening), even if the student is feeling well.

5.2 Spacers

A spacer is a plastic or metal container with a mouthpiece at one end and an opening for an aerosol inhaler at the other. Spacers are used to help deliver medicine to the lungs. Spacers may often be needed and used at school, especially by students under the age of 12.

5.3 Steroid tablets

A short course of steroid tablets (usually 3-5 days) is sometimes needed to treat a student's asthma after an attack. They are very effective at bringing severe asthma symptoms under control quickly. Steroid tablets are usually taken in the morning, before school. They give a much higher dose of steroid than a steroid preventer inhaler.

6 Exercise and activity

Full participation in PE and sports should be the goal for all but the most severely affected students with asthma. However, many students with asthma will experience symptoms during exercise. Recognition and emergency treatment of asthma is included in the first aid course offered onsite to all staff.

Teachers taking PE and sports classes have an important role in supporting and encouraging students with asthma. They should:

- ensure they know which students have asthma;
- ensure students have their reliever inhaler with them during activity or exercise and are allowed to take it when needed, but within safe guidelines (overuse of a reliever inhaler can make the asthma attack worse);
- remind students with asthma whose symptoms are triggered by exercise to use their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson;
- allow a student who has asthma symptoms while exercising or who says that they need their asthma medication to take their reliever inhaler and rest until they feel better. Allow them to return to activity once they feel better (most students with asthma should wait at least five minutes);
- call the school nurse if concerned - never allow students with asthma who has symptoms of breathing difficulty however minor to sit out on their own or walk unaccompanied to the medical room; and
- inform the school nurse if they notice that a student is using his/her reliever inhaler more often than usual.

Students with asthma should not be forced to take part in activity if they feel unwell. Nor should they be excluded from activities that they wish to take part in if their asthma is well controlled.

Students will be advised that his/her inhaler must be labelled and the sports teacher must be informed of the location i.e. the side of the pitch for all games, PE, swimming, gym and for all sporting activities. If a student needs to use his/her inhaler during a lesson they should be encouraged to do so.

7. First Aid Treatment

- Ensure that the reliever inhaler is taken immediately. This is usually blue in colour and contains Ventolin which opens up the narrowed air passages. Make sure the student takes two puffs of reliever inhaler immediately, and up to a maximum of 10 puffs, at one per minute.
- Stay calm and reassure the student. Attacks can be frightening, so stay calm. It is very comforting to have a hand to hold but do not put your arm around the student's shoulders as this is restrictive. This of course must be age and gender appropriate.
- Help the student to breathe. Encourage the student to breathe slowly and deeply. Most students find it easier to sit upright or lean forward slightly. Lying flat on the back is not recommended. Ensure tight clothing is loosened and offer the student a drink of water.

7.1 After the attack

Minor attacks should not interrupt a student's involvement in school. As soon as they feel better they can return to normal school activities. The student's parents must be informed about the attack.

7.2 Emergency situation

Call the ambulance urgently if:

- the reliever has no effect after five to ten minutes;
- the student's lips are blue;
- the student is either distressed or unable to talk;
- the student is getting exhausted; or
- you have any doubts at all about the student's condition.

Continue to give reliever medication every few minutes until the ambulance arrives.

8. **Support**

All new students will be seen by the school nurse for a school medical. The school nurse will:

- advise the student that he/she must carry his/her inhaler on his/her person at all times during the school day, for all off-site activities and on all school trips;
- ensure that the student with asthma knows how to use his/her asthma inhaler (and spacer) effectively;
- provide on-going support to the student, advise them where to access their spare inhaler and reiterate the importance of letting a member of staff know immediately if they have any difficulty in breathing or any asthma symptoms;
- record a peak expiratory flow rate test (PEFR) at the routine school medical, as a baseline;
- inform parents/guardians if a student is using more reliever inhaler than they usually would and if their son/daughter has had an asthmatic attack, however mild; and
- record expiry dates of inhalers and request a new inhaler as appropriate.

Parents/guardians are asked to ensure that the medical room is provided with an in date spare inhaler clearly labelled with the student's name and form. Students are advised that the inhalers should be carried on their person at all times.

Students are advised that before games they should leave inhalers with the first aid person on duty or, in the case of away games, with the sports teacher in charge.

9. Record keeping

At the beginning of each school year parents of students with asthma will be sent an asthma form to complete and this gives details of the student's treatment and asthma triggers if known. This is of particular importance in Bangkok, given the frequent occurrence of poor outside air quality at certain times of the year. Parents will also be asked to keep the school nurse updated of any change in a student's condition or medication.

An alert beside a student's name on SchoolBase will alert staff that the student is asthmatic. All relevant teachers will be advised of those students who suffer from asthma and information will be provided to them on asthma signs, symptoms and emergency treatment.

10. School staff

All school staff have a responsibility to:

- know which students they come into contact with have asthma and inform substitute staff member;
- know what to do in the event of an asthma attack;
- allow students with asthma immediate access to their reliever inhaler;
- ensure students have their asthma medicines with them when they go on a school trip;
- collect the student's spare inhaler from the medical room in addition to the student's own for school trips;
- inform parents if a student has had an asthmatic attack on a school trip;
- be aware that a student may be tired because of night-time symptoms; and
- keep an eye out for students with asthma who may be experiencing bullying.

11. Parents/Guardians

Parents/guardians have a responsibility to:

- tell the school nurse if their student has asthma;
- ensure the medical room has a complete and up to date school asthma card for their student;
- inform the medical room of any medicines their student requires during the school day;
- ensure the student has access to all medication that he/she may require while taking part in all off site activities;
- inform the school nurse of any changes to their student's asthma, for example, if their symptoms are getting worse or they are sleeping badly due to their asthma;

- ensure their son's/daughter's reliever/inhaler (and spacer where relevant) is in date and labelled with their name and form and that they know that they should carry it on their person at all times;
- provide the school with a spare reliever inhaler/spacer labelled with student's name and form; and
- help with asthma control by ensuring that their student has regular asthma reviews with their doctor or asthma nurse. Inform the school nurse of any changes in treatment.

12. **Use of emergency salbutamol inhaler**

From 1st October 2014, The Human Medicines (Amendment) (No2) Regulations 2014 have allowed schools to buy Salbutamol inhalers without a prescription for use in emergencies. The emergency Salbutamol inhalers should only be used by children:

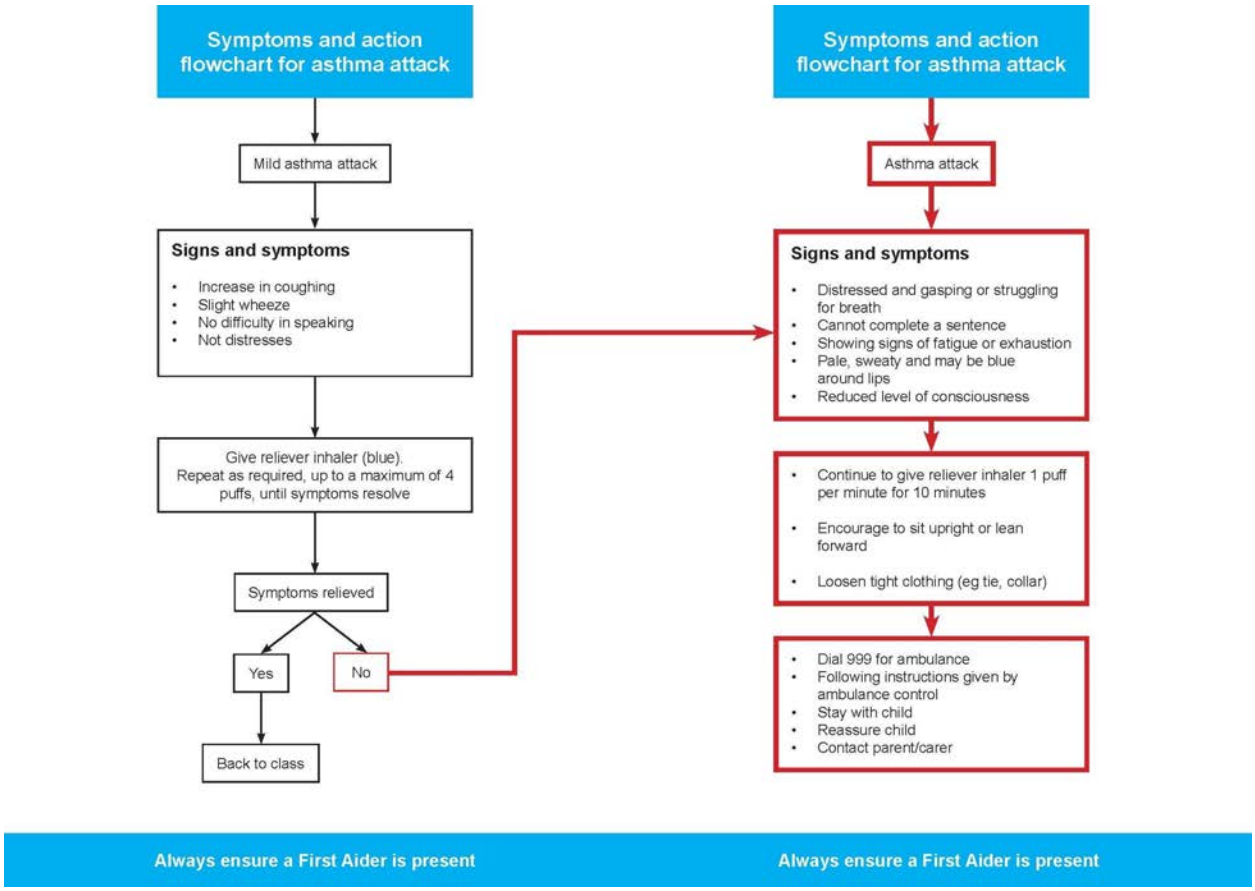
- who have been diagnosed with asthma and prescribed an inhaler;
- who have been prescribed an inhaler as reliever medication; and
- whose parents have given consent to the school nurse or teacher in charge to administer the medication.

The inhaler can be used if the student's prescribed inhaler is not available for whatever reason.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to Salbutamol (such as Terbutaline). The Salbutamol inhaler should still be used by these students if their own inhaler is not accessible - it will still help to relieve their asthma and could save their life.

The emergency inhalers and a list of students permitted to use the inhaler are located in the medical rooms.

School staff are encouraged to attend first aid courses arranged on site. The course will cover the recognition and emergency treatment for asthmatics, epileptics, diabetes, anaphylaxis and other medical conditions.



Appendix 5

medical room Handbook – Diabetes Policy
King's College International School Bangkok

1. Background

Diabetes is a common life-long condition where the amount of glucose in the blood is too high because the body cannot use it properly. This is because the pancreas does not produce enough, or sometimes produces no insulin, or the insulin that is produced does not work properly (known as insulin resistance). Insulin is the hormone produced by the pancreas that helps glucose, from digestion of carbohydrates, move into the body's cells where it is used for energy.

2. Diabetes

There are two main types of diabetes:

1. Type 1 diabetes develops if the body is unable to produce any insulin. It is by far the most common type of diabetes found in students. It is treated with insulin (either by injection or pump), and a healthy diet.

2. Type 2 diabetes develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly. This type of diabetes sometimes occurs in individuals especially if they are overweight. Type 2 diabetes is treated with a healthy, balanced diet and oral medication.

3. Both Type 1 and Type 2 diabetes are serious conditions which can lead to complications in later life, such as damage to the eyes, kidneys, nerves, heart and major arteries. To reduce the chances of developing these complications all people with diabetes, including students, need to keep their blood glucose levels as close as possible to the target levels = 4.0-7.0 mmols/l.

Students with diabetes should be fully involved with all school activities.

3. Managing Type 1 diabetes

1.1 Actions required

- testing blood glucose levels
- taking insulin
- eating a healthy, balanced diet
- being physically active

1.2 Testing blood glucose levels

Most students with diabetes will need to test their blood glucose levels on a regular basis, so will need their testing kits to hand. Blood glucose testing is needed to check that blood glucose levels are as near as possible to where they should be. Normal blood sugar levels are 4.0 -7.0 mmols/l

Testing blood glucose levels involves pricking the finger, using a special device, to obtain a small drop of blood. This is then placed on a reagent strip, which is read by a small, electronic blood glucose meter. A test generally takes less than a minute to carry out.

Blood glucose should ideally be:

- pre-meal between 4 and 7 mmols/l
- post meal 10mmol/l

Staff should be aware that blood glucose testing is likely to be required:

- before meals,
- before, during and after physical activity,
- if the student is unwell, or
- any time the student feels that their blood glucose level is:
    - falling below 4.0mmols/l (hypoglycaemia), or
    - too high over 10mmols/l (hyperglycaemia)

It is important for the student to eat at regular intervals in order to maintain a stable glucose level. Missed or delayed meals or snacks could lead to hypoglycaemia. If this occurs it is very important to treat it immediately as if it is left untreated the blood glucose levels will continue to fall and the student will become unconscious.

A student should not be left alone during a hypoglycaemic attack nor should they be sent out of the classroom alone to seek treatment. Most students will be aware that they are becoming hypoglycaemic and will be able to take appropriate action.

3.3 **Taking insulin**

Students with Type 1 diabetes are treated with insulin which needs to be injected, or given via a pump. Students who inject their insulin may take two or more injections per day (multiple daily injections).

3.3.1 Two injections a day

Students who take two injections a day usually take them at breakfast and the evening meal, and so will not usually need to inject during the school day.

3.3.2 Multiple daily injections (MDI)

An increasing number of children now take more than two injections a day, and most will be started on multiple daily injections from diagnosis. This is because medical research has shown that MDI can control blood glucose levels better than twice daily injections.

Taking more injections can also give greater flexibility in when and how much to eat. Students have a daily dose of long acting insulin at home usually at bedtime; and then insulin with breakfast, lunch and the evening meal and before substantial snacks.

Students are taught to count their carbohydrate intake and adjust their insulin accordingly by the diabetic nurse. This will mean that they have to have an injection at school at lunchtime.

Newly diagnosed diabetics may wish to administer their injection in the medical room. Older students may feel more comfortable injecting at the dining table. The school nurse will discuss options with the student. The student will be advised on safe disposal of sharps and should use their own sharps bin or use the sharps disposal bin in the medical room.

3.4 **Student Support**

All relevant school staff, including the examinations office, will be informed of students with diabetes.

Students with Type 1 diabetes will always have an alert on SchoolBase.

Staff will be advised to call the school nurse with any concerns about a student with diabetes and advised that students with diabetes should never be sent to the medical room unaccompanied if they are feeling unwell.

Recognition and treatment of hypoglycaemia, hyperglycaemia and diabetes will be included in the first aid course offered on-site to all staff.

Students with Type 1 diabetes need to eat at regular intervals .The student will be issued with a card allowing him/her access to the dining hall. Staff should be aware that he/she may need to snack during class or exam times. A photo ID will be sent to the catering staff in case the student needs to jump the queue or have food at a different time.

Tiredness and weight loss may indicate poor diabetic control and staff should inform parents or the school nurse if they observe any of these symptoms or have any concerns. The school nurse will arrange a meeting with the parents/relevant staff /diabetic nurse and the student's diabetic care will be discussed.

An individual health care plan will be completed by the child's diabetes nurse/school nurse and parents. A treatment card will be kept in the medical room giving information on treatment and emergency contacts. The school nurse will review this plan with the diabetes nurse and parents as appropriate during the school term and provide the diabetes nurse with feedback from school staff as appropriate and if she has any concerns.

If students require insulin during the school day, they will be advised to come to the medical room. If they prefer to inject discreetly in another location they must dispose of the needle into their own sharps bin.

Students will also be instructed on the importance of early intervention in preventing a hypoglycaemic attack and how to obtain medical help in the school.

Parents will be asked to provide the medical room with:

- an insulin pen
- a blood glucose monitoring kit
- ketone test strips
- a glucagon injection
- a snack - energy drink, coke (not diet), dextrose tabs, jelly beans
- GlucoGel

All medication is to be delivered to the medical room in the original pack and clearly labelled with the student's name and form. The school nurse will inform parents of the expiry dates and request replacements when needed. Parents will also be asked to provide consent from the student's asthma consultant for the school nurse to administer medication in an emergency.

4. **Hypoglycaemia**

Hypoglycaemia (hypo) is the most common short-term complication in diabetes and occurs when the blood glucose level falls too low usually under 4mmol/l. This is especially likely to happen before meals and and can be as a result of:

- too much insulin being taken
- unplanned or strenuous exercise
- a delayed or missed meal or snack
- not enough carbohydrate food
- drinking alcohol, especially without food

4.1. Symptoms of Hypoglycaemia

- shakiness
- lack of concentration/vagueness
- sweating
- headaches
- hunger
- blurred vision
- mood changes –aggression
- tiredness
- feeling tearful, stroppy or moody.
- going pale
- anxiety or irritability

- rapid heart beat
- drowsiness

4.2. Treatment for Hypoglycaemia

It is very important that a hypo is treated quickly, so students should have easy access to their hypo treatments and should be allowed to eat/drink whenever necessary to prevent/treat a hypo. If a student is unable to treat him or herself, call the school nurse or, if the student is off-site, the teacher in charge should:

a. Check the student's blood glucose level (when possible).

b. Immediately give the student something sugary to eat or drink, e.g.
- 100 ml of an energy drink, or
- a small carton of fruit juice (non-diet drink), or
- 3 glucose tablets

c. After 10 minutes check blood glucose level again. If the blood glucose level is still low below 4 mmol/l, repeat the sugary food/drink until the blood glucose level has returned to normal (between 4 and 7 mmols/l).

d. When the blood glucose level has returned to normal, the student will need a follow-on starchy carbohydrate snack to sustain the blood glucose level e.g.

- one cereal bar or small roll/sandwich or
- 1-2 digestive biscuits or
- the next meal if it's due.

e. If a student is too lethargic to take anything by mouth, then use the GlucoGel. Rub a pea sized amount between the gum and cheek.

A student should not be left alone during a hypo – nor be sent off to get food to treat it. Recovery treatment must be brought to the student. If a hypo is left untreated, the blood glucose level will continue to fall and the student could become unconscious or have a seizure. (This may resemble an epileptic fit, but it does not mean the student has developed epilepsy).

4.3. What do I do if a student becomes unconscious?

In the unlikely event of a student losing consciousness, do not give anything by mouth. Place them in the recovery position (lying on their side with the head tilted backwards) and continue to observe Airway Breathing and Colour. Call an ambulance informing them the student has diabetes.

5. Hyperglycaemia

Hyperglycemia is when blood glucose levels are too high (generally greater than 10mmol/l). This might happen because:

- an insulin dose has been missed
- too little insulin has been taken
- more sugary or starchy foods than usual have been eaten
- a hypo has been over-treated
- of stress
- the student is unwell with an infection

5.1. Symptoms of Hyperglycemia

Symptoms include:

- increased thirst
- increased passing of urine
- headaches
- lethargy
- abdominal pain

If school staff notices these signs, they should inform the school nurse who will inform parents as adjustments to their insulin may be needed.

5.2. Treatment for Hyperglycaemia

- taking extra insulin
- drinking plenty of sugar-free fluids
- Rest

5.2.1. Ketoacidosis

If the early signs and symptoms of hyperglycemia are left untreated, the level of ketones in the body will continue to rise and "ketoacidosis" will develop. The symptoms are:

- Vomiting
- Deep and rapid breathing (over breathing)

- Breath smelling of nail polish remover

This can be life threatening and needs urgent medical intervention. Dial for the ambulance service and contact parents.

6. Physical activity/sports

6.1. Being physically active is an important part of managing diabetes, provided that necessary preparations have been made beforehand.

Preparation is needed because activities such as swimming, football, running and athletics use up glucose.

- If a student does not eat enough before starting an activity, their blood glucose level may fall too low and they will experience a hypo (blood sugar level below 4mmols/l). All school staff should be aware of the signs of a hypo and what to do if a student has one.
- If a student's blood glucose level is high (blood glucose 14mmols/l or above) prior to becoming active, physical activity may make it rise even higher.
- If a student's blood glucose level is 15mmols/l or above he/she should not take part in physical activity.

6.2. Before, during, and after activities, the student will need to check their blood glucose level carefully and must make sure they maintain a good fluid intake.

6.3. Students may need to take additional sugary food before and after vigorous activity and may need to be reminded by their sports teacher prior to commencement of games to check their blood glucose level. It is also good practise to check with the student discreetly after activity to ensure that he/she is well enough to travel home on their own. However, a student with diabetes need not be singled out for special attention during physical activity – this could make them feel different and may lead to embarrassment.

6.4. An emergency diabetic box containing dextrose tablets, sugary drink and GlucoGel is available in the medical rooms.

7. School trips

7.1. Students with diabetes must not be excluded from day or residential visits on the grounds of their condition. The school nurse will liaise with parents and the teacher in charge of the school trip and ensure that the student is confident in managing their own injections and monitoring their own glucose

levels. If the student is not confident a trained member of staff will need to accompany the student to assist with medication.

7.2. The teacher in charge of the school trip will collect the student's spare medication from the medical room. The nurse will give an update on the student's condition.

7.3. While away, if any medical equipment has been lost or forgotten staff should contact the paediatric department or Accident & Emergency department at the nearest hospital, who will be able to help.

7.4. If a student is travelling across time zones, his or her parents will be advised to seek advice from hospital or diabetes specialist on any changes to their insulin regime that should be considered. The student should take:

- their insulin and injection kit for a lunchtime injection or in case of any delays over their usual injection time;
- their blood testing kit;
- hypo remedies;
- extra food/snacks in case of delays (the student will have to eat some starchy food following the injection and so should also have extra starchy food with them);
- ketone urine/blood test sticks; and
- emergency contact numbers

If using an insulin pump, they will also need:

- a spare insulin set;
- a spare battery for the pump;
- extra insulin for the pump;
- extra-long acting insulin; and
- an insulin pen or syringe –in case of pump failure.

Appendix 5.1

Medical room handbook – Guide to treating Hypoglycaemia ('Hypo')

King's College International School, Bangkok

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

Guide to treating Hypoglycaemia 'hypo'

MAIN CAUSES:

- Missed, delayed or inadequate snacks/meals
- More exercise/activity than planned
- Too much insulin

SYMPTOMS:

- Hungry
- Pale
- Wobbly/Shaky
- Headache/tummy ache
- Glazed eyes
- Sweaty
- Grumpy/Irritable
- Tearful/emotional
- Mood changes

Blood glucose level 4 mmols or below

CYP MAY NOT SHOW ANY SIGNS

TREATING A HYPO
Blood glucose level 4 mmols or below

URGENT ACTION IS REQUIRED
DO NOT LEAVE CYP ALONE

CAN THE CYP EAT AND DRINK INDEPENDENTLY?

YES

TREATMENT:
1. CYP to have fast acting carbohydrates (sugar) e.g. 100 - 150mls of sugary drink (Lucozade/ fruit juice/Cola)
   3 - 5 glucose tablets e.g. Dextrotabs/Glucotabs
2. Always follow this with slow acting carbohydrates (starchy food) e.g. 2 x plain biscuits or next meal or snack if due
3. If the CYP does not feel better in 10-15 minutes repeat step 1 and retest blood glucose to ensure it is 4 mmols or above

NO

IS THE CYP CONSCIOUS BUT NEEDS HELP TO EAT AND DRINK?

YES

TREATMENT:
CYP will need assistance to treat – give treatment as above
If CYP uncooperative **but conscious** use Glucogel*/Dextrogel
IF CONDITION DETERIORATING refer to 'Hypo' guideline

*USING GLUCOGEL

Twist off lid
Place dispenser tip in the mouth
Direct the gel between the gum and both sides of the cheeks
Massage cheeks (externally) to aid absorption
Give whole tube of gel (can be repeated) or continue with step 1, 2 and 3 above when CYP co-operating

NO

IS THE CYP UNCONSCIOUS? (CAN LEAD TO SEIZURE)

YES

TREATMENT:
- Recovery position**
- Nil by mouth
- Stay with CYP
- Refer to 'Hypo Guideline'
- Alert medical Staff

**RECOVERY POSITION

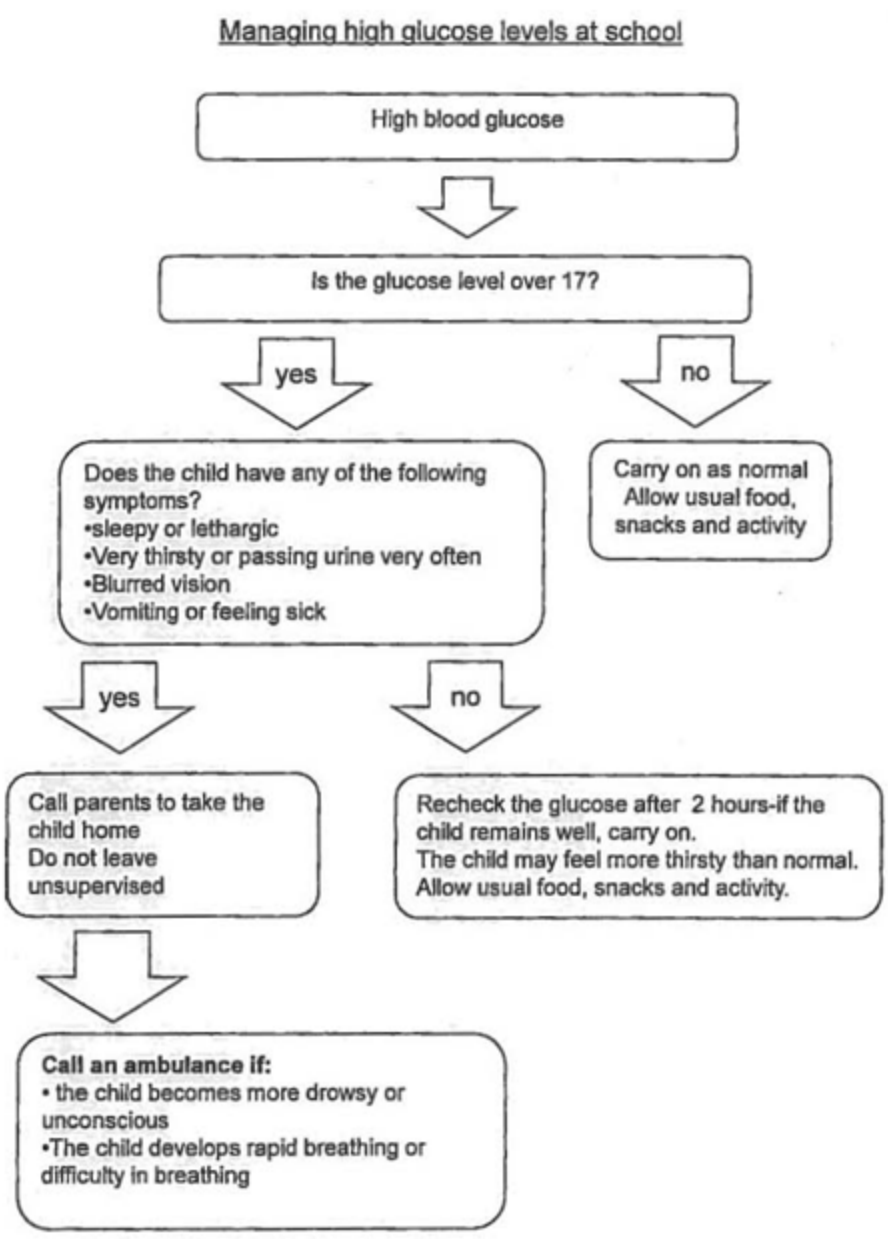
1. Kneel next to the person. Place the arm closest to you straight out from the body. Position the far arm with the back of the hand against the near cheek
2. Grab and bend the person's far knee.
3. Protecting the head with one hand, gently roll the person toward you by pulling the far knee over and to the ground
4. Tilt the head up slightly so that the airway is open. Make sure that the hand is under the cheek. Stay close until help arrives.

[Last edited Nurse 29/8/23]

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

Appendix 5.2 -Medical room handbook – Managing High Glucose Levels at School

King's College International School Bangkok



Appendix 6 -Medical room handbook – Epilepsy policy

[Last edited Nurse 29/8/23]

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

1. Background

King's supports students with epilepsy in all aspects of school life and encourages them to achieve their full potential. The school :

- recognises that epilepsy is a common condition affecting many students and young people, and welcomes all students with epilepsy.
- believes that every student with epilepsy has a right to participate fully in the curriculum and life of the school, including all outdoor activities and residential trips.
- is aware that some students with epilepsy are prevented from attending school due to prolonged or recurrent absence as a result of their epilepsy.

2. Epilepsy

Epilepsy is a neurological condition characterised by a tendency to have seizures. A seizure happens when the nerve cells in the brain stop working in harmony. When this happens the brain's messages become temporarily halted or mixed up. Seizures can either affect part of the brain or the whole brain.

Generalised seizures affect the whole, or a large part of the brain, and result in a loss of consciousness, which may be very brief, or may last several minutes. Partial seizures only affect part of the brain and only partly affect consciousness.

3. Types of seizure

The following table sets out the different types of seizure, its symptoms and care. A student may be distressed by a seizure and a member of staff must remain with them until they are transferred into care of the school nurse or parents.

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

Type	Symptom	Care
Tonic-clonic Seizure	Student loses consciousness, falls to the ground Body goes stiff and limbs jerk, may last for several minutes Student recovers consciousness but may be dazed and confused and feel tired.	School nurse /staff member must stay with student at all times until the student has made a full recovery. The student may want to sleep or rest quietly after an attack. If any of the following occurs the student must then be transferred to Accident & Emergency by ambulance and the parents informed :- a. The student presents with three or more seizures in one hour; b. One seizure follows another without the student regaining consciousness; c. the seizure has occurred for the first time; d. a seizure lasts five minutes or more; e. the student sustains an injury; or f. you are concerned about the student's medical condition

[Last edited Nurse 29/8/23]

Petit Mal or Complex Partial Seizure	Student's consciousness level will be affected. He/she will not be fully in touch with what is happening around them. During the seizure the student may repeatedly: o swallow, scratch or look for something; o make involuntary movements, such as twitching or lip smacking. Complex partial seizures can be misinterpreted as bad behaviour. The student will not know what has happened and will not remember what he/she was doing before the seizure started.	Do not restrain a student having a complex partial seizure unless in immediate danger. When the seizure ends the student is likely to be confused. Stay with student and reassure them. Inform the school nurse who will observe the student and inform the parents.
Absence Seizure	Brief loss of consciousness Appear to be daydreaming or distracted May occur hundreds of times a day this can cause the student to become confused about what is happening around them.	As for Tonic-clonic It is sometimes the case that a student has an Absence Seizure only during the day and parents may not be aware that their son/daughter has epilepsy. If a student shows any symptoms or deviation from normal behaviour the school nurse or parents should be advised as appropriate.

Myclonic Seizure	Muscles of any part of the body jerks. Jerks common in one or both arms Can be a single movement or continue for a period of time. Occurs most often in the morning, and teachers need to bear in mind that a student may be tired or lack concentration if they start school after having one of these.	No special care unless the student is injured. Inform the school nurse who will observe the student in the medical room, inform his/her parent or guardian and update SchoolBase.
Atonic seizures	Loss of muscle tone Student falls to the ground without warning	No special care unless the student is injured. Inform the school nurse who will observe student in the medical room, inform his/her parent or guardian and update SchoolBase

4. General seizure advice

- Tonic-clonic seizures are the most widely recognised type of epileptic seizure. It is important to note that most students need a rest following this kind of seizure. They should not be left unattended, and they should be observed in the medical room. They may be able to return to lessons once they feel better but they may take some hours to recover, and may need to be taken home.
- In seizures, such as absences, there are other issues. For example, symptoms may not be recognised by staff as being seizures. It is extremely important that staff understand and can recognise the lesser known seizures so that they can provide students with the appropriate support.
- Epileptic students should normally be able to take part in all activities organised by the school, except where specifically agreed otherwise with the parents and/or medical adviser. Swimming should be encouraged, although there must always be another person present in case a seizure occurs. Activities may need to be restricted if a student has a history of frequent unpredictable seizures.
- Students with epilepsy are identified on SchoolBase, along with their medical information which will be updated as appropriate.

[Last edited Nurse 29/8/23]

- Anti-epileptic medication is usually given twice a day, before and after the school day. This should mean that the student does not need to take medication during the school day. Parents will be asked to supply the medical room with the prescribed medication in case a morning dose is missed.

In circumstances where a seizure is prolonged, the school nurse on duty may administer medication as pre-arranged with the student's parents and doctor.

5. Triggers

A trigger is anything that causes a seizure to occur, in someone who already has a predisposition.

1. When a student starts school, or changes class, they may be excited or anxious. Both of these emotions can trigger seizures.
2. When a student is preparing for exams, they may become stressed or not sleep properly. Stress and lack of sleep can be triggers for seizures.
3. Not taking prescribed medication
4. Illness
5. Skipping meals/alcohol intake

It is often thought that all people with epilepsy have seizures triggered by flickering light-strobe lights especially (known as photosensitive epilepsy). This is not the case. Fewer than one in 20 people with epilepsy have photosensitive epilepsy.

6. Medicines

The majority of students with epilepsy take anti-epileptic drugs (AED's) to control their seizures. These drugs are usually taken twice a day, outside of school hours. Certain types of medicines taken for epilepsy can have an effect on a student's learning or behaviour. It is important that staff are aware of this. If a teacher notices a change in the student's learning or behaviour, then this should be discussed with their parents.

6.1 Emergency Medication

The only time medicine may be urgently needed by a student with epilepsy is when their seizures fail to stop after five minutes or if successive seizures, known as status epilepticus, continue. Status epilepticus is defined as a prolonged seizure or a series of seizures without regaining consciousness in between. This is a medical emergency and is potentially life threatening. If this happens, emergency medication may be

administered by the school nurse as per the student's care plan and with advance consent from the student's prescribing doctor.

An ambulance should be called. Staff members dealing with a seizure off site should call an ambulance immediately and inform the parents if they have any concerns.

7. The role of the school nurse

When a student with epilepsy joins the school, or a current student is diagnosed with the condition, the school nurse will:

- arrange a meeting with the parents to establish how the student's epilepsy may affect his/her school life; and
- draw up an Individual Health Care Plan (IHP) with the parents. This will include information about:
    - the student's seizure types
    - the student's seizure triggers and whether they have any warnings or auras
    - how long their seizures last
    - how the student behaves before, during and after a seizure
    - what, if any, first aid is needed
    - which epilepsy medicines the student takes
    - whether any emergency medicines are prescribed, and how this is given
    - whether the student takes any other medicines for other conditions
    - spare medication to be kept in the medical room in case the student omits to take his/her daily medication.

IHP's will be reviewed and updated at least once a year or as necessary. Any changes needed between reviews, for example change in seizures or medicine, will be recorded as soon as possible.

The school nurse will also:

- prepare an emergency pack which includes:
    - emergency medication
    - an individual care plan with
    - an updated photograph of the student,
    - emergency contact numbers and
    - a fact sheet on recognition and emergency treatment of epilepsy.

This will be kept in the medical room and collected by the teacher in charge for any school trips in which the student participates.

- identify the student on SchoolBase. The side effects of prescribed medication will also be included.
- inform all relevant staff including the student's form tutor, exams staff and sports staff (including the swimming staff).
- keep all relevant staff updated as appropriate as the student's condition develops. This is particularly relevant where a student is newly diagnosed with epilepsy as it may take some time for seizures to be controlled with new medication.
- contact parents in the event that a student has a seizure or if the school nurse or staff have any concerns.

8. The role of staff

Certain types of medicines taken for epilepsy can have an effect on a student's learning or behaviour. Students with epilepsy can have special education needs because of their condition and the Learning Enrichment department will be informed.

If a teacher notices a change in the student's learning or behaviour, this should be discussed with their parents.

Adjustments may be necessary e.g. exam timings/coursework deadlines, timetables to accommodate a student with epilepsy. Staff should:-

- offer support in school to help broaden understanding of the condition
- allow students to take part in all outings and activities following a risk assessment and providing that safety measures are in place for a safe outcome

8.8.1 If a student has a seizure in the classroom:

- keep calm, reassure the other students in the class
- send for the school nurse or first aider on duty and when she arrives quietly lead the other students out of the classroom
- carefully loosen tight clothing around the neck and if wearing glasses remove them
- cushion the student's head but do not try to restrain convulsive movements
- do NOT move the student unless there is any danger from nearby objects
- do NOT try to put anything between the teeth
- do NOT give the student anything to drink
- let the seizure run its course
- note time and length of seizure

8.2 It is an emergency and you must call 1554 for an ambulance if a student:

- is convulsing for more than two minute
- is unconscious for more than one minute
- has repeated seizures, for example three in a ten minute period
- has their first seizure
- has sustained an injury during the seizure that requires medical attention
- causes you concern about his/her medical condition.

8.3 Care after the seizure

- as soon as possible turn the student to one side in the semi-prone position in order to facilitate his/her breathing and observe for ABC;

AIRWAY - BREATHING - COLOUR

- if there has been incontinence, cover the student with a blanket to prevent embarrassment;
- check that the student has not sustained any injuries during the seizure;
- reassure the student during the confused period which can often follow; and
- stay with the student until fully recovered.

Following a seizure the student may want to rest in the medical room. It is not usually necessary for the student to be sent home unless the period of disorientation is prolonged. Parents must be informed of any seizure.

Recognition and emergency treatment of epilepsy is included in the first aid course offered to all staff. A video on epilepsy available on the Media Website

9. The role of parents. Parents should:-

- inform the school nurse if a student has been unwell overnight, is not sleeping well or they become aware of any other triggers that may predispose the student to a seizure, so that the school nurse can inform the relevant timetabled staff, sports and swimming pool staff to observe the student during the day;
- provide a treatment plan from the student's consultant containing information on the type of epilepsy and the medication prescribed;
- provide an emergency medication consent permitting the school nurse to deliver medication in the event of an emergency; and

- provide spare daily medication and a consent form for the medication to be administered in the event that a student omits to take his/her morning medication. The medication must be in the original container issued by the pharmacy and clearly labelled with the student's name , the dosage and the expiry date of medication.

10. School trips

The school nurse will:-

- liaise with parents and the student to ensure that all precautions are taken to ensure the safety of the student. Parents are advised to notify the school if a student is unwell prior to the activity and ensure that all parents' emergency contact numbers are up to date.
- ensure that parents provide the student with medication, labelled correctly and in the original container as dispensed by pharmacy.
- ensure that all staff members on a school trip are aware of a student with epilepsy, and that a member of staff has been delegated to the student's care should a seizure occur. The staff member may have to go to hospital with the student so the teacher in charge must ensure that there is sufficient staff to supervise the remaining students.
- request that the parents provide a prescription for student's medication in case it gets misplaced or to show when passing through customs.

The teacher in charge will:

- collect spare medication and a care plan from the medical room.
- update the designated member of staff travelling with the student on the student's seizure status, medication and discuss his/her health care plan including emergency first aid treatment.

Useful References:
Epilepsy Helpline Email: helpline@epilepsy.org.uk
Twitter: @epilepsyadvice

Epilepsy – a Teachers' Guide. The British Epilepsy Association

Visit the website of the National Society for Epilepsy

Appendix 7

Medical room handbook – Policy on the administration of medicines in school

---

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

1. General

1.1. This policy is addressed to all staff and covers the administration of medication to students in the care of King's College International School, Bangkok by staff. The school has a well-equipped medical room and a registered nurse on site daily and on specified Saturdays, according to their contract, to provide healthcare to all students whilst in school. Over-the-counter and prescribed medicines are kept in the medical room and administered only by the school nurse during the school day.

1.2. The school's student healthcare objectives are to:

- Support student health during the school year so that they can maximise the benefit of their education.
- Assist parents/guardians in providing medical care for their children during school hours and all off site visits as appropriate.
- Arrange training for staff who volunteer to support individual students with special needs.
- Liaise as necessary with medical services in support of the students.
- Ensure that students with special health or educational needs are able to participate in school life to the greatest extent possible.
- Maintain appropriate student health records and confidentiality in compliance with current data protection legislation.
- While parents/guardians retain primary responsibility for their child's health screening and medication, the school has a duty of care to the students while at school and sets out to do all that is reasonably practicable to safeguard and promote students' health.

1.3. Parents/guardians are required to complete a Health Questionnaire providing the school nurse with all relevant and up-to-date health information so that fully informed medical care can be given if needed. The Health Questionnaire includes an acknowledgement that:

- All prescription or non-prescription medication taken during the school day should be administered by the school nurse, with the exception of those for which a student has explicit permission from the school nurse to self-administer and the parent has completed the relevant Form 3 "Request for a child to carry his/her own medicine".
- A student may not have medicines in their possession in school without the permission of the school nurse.

1.4. The school recognises that students with special medical needs have the same right of admission to the school as other children, and take additional measures to ensure that they are able to have full access to the curriculum. The school endeavours to manage the impact of a student's medical

condition by ensuring that staff understand the particular condition and how best to support that student. Special medical needs will be assessed on an individual basis in order to optimise support.

1.5. The school uses five Managing Medicines forms:

- Form 1:"Form for parents to complete if they wish the school to administer medication" Form1
- Form 2: "Record of medicine administered to an individual child" Form2
- Form 3:"Request for a child to carry his or her own medicine" Form3
- Form 4:"Record of medicines administered to all children" Form4
- Form 5:"Over the counter medication consent" Form5

2. Parental responsibility

2.1. All parents/guardians are required to complete a Health Questionnaire upon admission of the student to the school. This includes details of:

- any medical conditions;
- any allergies;
- any regular and emergency medication that is required;
- emergency contact numbers;
- name of family doctor/consultants/physiotherapist;
- special requirements (e.g. dietary);
- any vaccinations that have been received;
- treatment plans for students with long-term medical conditions e.g. students with food allergies/asthmatics/diabetics/epileptics or any other ongoing medical conditions.

2.2. At the beginning of each academic year all parents/guardians are required to update the details contained on the Health Questionnaire. In addition parents/guardians are expected to inform the school nurse of any significant changes in the health of a student that occurs after the Health Questionnaire is submitted (e.g. major operations undergone by the student including during the school holidays, new prescribed medications and side-effects, etc.).

2.3. Medical information is stored on SchoolBase and is confidential. If, in the interests of safety and wellbeing of students, it is necessary to share information with selected school staff, this is carried out in compliance with the current data protection legislation and in accordance with the school's data protection and safeguarding policies.

3. Parental consent

3.1. The school expects that parents/guardians will generally be those responsible for administering medication to their children. It is therefore a requirement that any request for medicine to be administered by the school is made in writing by a parent/guardian on the school's Form 1. A separate Form 1 must be completed for each medicine to be administered.

Form 1 includes details of:

- contact details for the parents/guardian;
- details of the student;
- information about any condition, illness or allergies;
- the name/type of medication;
- the name and contact details of the prescribing doctor;
- the date the drug was dispensed and details of how long it should be stored;
- details of dosage, method, timing as well as any special precautions and side effects; and
- details of any relevant emergency procedures and whether the drug may be self-administered.

The form ends with the following consent statement:

"I understand that I must deliver the medicine personally to the school nurse and accept that this is a service which the school is not obliged to take. The above information is accurate to the best of my knowledge at the time of writing, and I give consent to the school to administer the medication in accordance with the school's policy. I will inform the school in writing of any changes to the above information."

It is signed and dated by a parent /guardian.

3.2. Parents/guardians are also required to consent in the Health Questionnaire giving or withholding their consent for the school nurse to administer named over-the-counter medicines to their children.

3.3. Parents/guardians are expected to:

- make requests for the administration of medicines at the earliest opportunity and to discuss with the school nurse whether this can be done in school; and
- hand deliver the medication to the medical room so that Form 2 "Record of medicine administered to an individual child" can be completed and signed.

3.4. All medication will be kept under the control of the school nurse in a locked cupboard in the medical room unless other arrangements are made with the parent. The medication must be in a container as prescribed by the doctor and dispensed by a chemist with the child's name and instructions for administration printed clearly on the label.

4. Administration of medication

4.1. General

4.1.1. The school nurses act in accordance with the Nursing and Midwifery Council (NMC) Code of Professional Conduct: standards for conduct, performance and ethics (NMC 2004) and Standards for Medicines Management (NMC 2008).

4.1.2. The school nurses are registered and able to conduct an appropriate assessment before determining whether it is appropriate to administer over-the-counter medication.

4.1.3. Non-prescribed or prescribed medicine will not be administered to a child under 16 unless there is specific prior written permission from the parents/guardians.

4.1.4. A checklist of stock medication will be kept by the school nurse with the expiry dates noted – medication will be replaced by the parent as necessary.

4.1.5. Aspirin is not administered to students under 16 years unless prescribed by a doctor.

4.2. Over-the-counter medication

4.2.1. All parents/guardians are required to confirm whether or not the school nurse or another designated member of staff may administer over-the-counter non-prescription medication to their child by completing Form 5 "Over the Counter Medication Consent".

4.2.2. Over-the-counter remedies will only be administered if the school nurse feels it is necessary, for example, headaches may be caused by dehydration or tiredness, so the school nurse may suggest a drink or rest for a short while before offering analgesia.

4.2.3. The school nurse must be aware of contra-indications, the time permitted between each dosage and possible side effects before administering over-the-counter medications. She must check that the student is not on any other medication prior to administration of any medication. In the case that the student has been prescribed other medication the school nurse must contact the parent or guardian before administration of over the counter medication.

4.3. Prescribed medication

4.3.1. Medicines should only be taken to school when essential, and where it would be detrimental to a child's health if the medicine were not administered during the school day. The National Service Framework (NSF): Children, Young People and Maternity Services recommends that a range of options to avoid the need to administer medication at school be explored. For example physicians should consider:

- prescribing children with medicines which need only be administered once or twice a day (where appropriate) so they can be taken outside school hours; and
- providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in the school thereby avoiding the need for repackaging or re-labelling of medicines by parents/guardians.

4.3.2. Medication for use in urgent situations, for example antibiotics, must be prescribed individually for each student as and when required.

4.3.3. If the student is required and able to administer their own medicine (e.g. an inhaler for asthma) the school nurse will check that the student fully understands what has to be done and will supervise the administration if the parents/guardians request it.

4.3.4. Prior to administering medication the school nurse will check:

- the identity of student (to include date of birth);
- that consent has been given by the parent;
- whether the student is on any other medication;
- when the last medication was taken;
- the allergy status of the student;
- that the student is not asthmatic (Nurofen is not administered to asthmatics);
- prescribed dose/expiry date; and
- written instructions provided by the prescriber on the label or container and storage instruction.

4.3.5. Following administration of medicine the school nurse will:

- record the student's name, date of birth, form, time and date of administering the medicine;
- record if a student refuses to take prescribed medication;
- report any drug reaction to a parent and record the reaction; and

- report any drug error to parents/guardians and call emergency services if appropriate.

The school nurse will check with the parent/guardian or pharmacy if in doubt about the administration of a medication.

Parents/guardians will be informed of medications administered during the school day if appropriate by telephone. The administration of medication will also be recorded on Form 4 "Record of Medicines Administered to all children".

4.4. Administration of emergency medication

4.4.1. In extreme emergencies (e.g. an anaphylactic reaction) certain medicines can be given or supplied, for the purpose of saving life, without the direction of a medical practitioner or there being a Patient Group Directive (PGD).

For example, the administration of adrenaline by injection (1:1000), chlorphenamine and hydrocortisone are among those medicines listed under Article 7 of the Prescription Only Medicines (Human Use) Amendment Order 2010, for administration by anyone in an emergency for the purpose of saving life.

4.4.2. Emergency treatment and recognition of symptoms of severe allergic reaction/asthmatic attack/ hypoglycaemic attack will be included in the first aid training offered to all staff.

4.5. Refusing Prescribed Medicines

If a student refuses to take prescribed medication, the school nurse should not force the student to do so but should note this on their records; parents/guardians should be informed of the refusal on the same day. If a refusal to take the prescribed medication results in an emergency the school's emergency procedure should be followed. Where a refusal to take the medication poses a risk to the student or others, a meeting should be arranged with the parents at the earliest convenience to discuss the way forward.

5. Intimate or invasive treatment

5.1. The school will not normally allow this to take place in school, but in exceptional circumstances the Headmaster is authorised to agree to it (for example, a student with epilepsy may be prescribed rectal diazepam in an emergency situation). As the indications of when to administer diazepam vary, an individual authorisation is required for each child. This should be completed by the student's GP or consultant and should clearly state:

- when the diazepam is to be given e.g. after 5 minutes; and
- how much medicine should be given.

5.2. Two adults must be present when these take place, at least one of whom must be of the same gender as the student. The nurse will follow the guidelines as prescribed by the student's GP or consultant.

6. Long-term medical needs

6.1. The Special Education Needs (SEN) Code of Practice 2001 advises that a medical diagnosis does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that must be considered.

6.2. All new students will be seen by the school nurse routinely as part of medical screening. Students who present with long-term medical needs (e.g. asthmatics/adrenaline auto-injector holders) will be required to provide treatment plans completed by their GP for their ongoing medical conditions. The treatment plan will clearly detail:

- the medical condition;
- a plan of action should an emergency occur; and
- relevant contact information.

6.3. Students with such medical conditions will be identified on SchoolBase and all relevant staff informed. It is good practice to encourage students to manage their own medication for conditions such as asthma, diabetes and severe allergies, once they are considered competent to do so. The school nurse will liaise with parents and provide on-going support as deemed necessary. If parents believe their child is competent to carry and administer their own medication they must complete, sign and return Form 3 "Request for a child to carry his/her own medicine"

6.4. Students who are prescribed adrenaline auto-injectors are encouraged to keep it with them at all times. A second adrenaline auto-injector pack, which will also include a treatment plan and all emergency contact numbers, will be kept in an open cupboard in the medical room. Photographs of students who carry adrenaline auto-injectors are kept in the main school kitchen, the early years food-serving area and both medical rooms. School policy on adrenaline auto-injector holders can be found in the staff handbook (see Item 14 on Self Medication).

6.5. Any student who is asthmatic and has been prescribed with an inhaler should carry it with them at all times and should be allowed access to use it responsibly, as necessary. A spare named inhaler must be brought in to be kept in an open cupboard in the medical room with a completed asthma card giving

information on the student's treatment and emergency contact numbers. All relevant staff must be aware that a student must have access to his inhaler at all times. Please refer to the Asthma Policy (Appendix 4).

6.6. Use of Emergency Salbutamol Inhaler

6.6.1. The emergency salbutamol inhaler should only be used by children:

- who have been diagnosed with asthma and prescribed an inhaler
- who have been prescribed an inhaler as reliever medication
- whose parents have given consent to administer the medication

The inhaler can be used if the student's prescribed inhaler is not available for whatever reason.

6.6.2. A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these students if their own inhaler is not accessible-it will still help to relieve their asthma and could save their life.

6.6.3. The emergency inhalers and a list of students permitted to use the inhaler are located in the:

- medical rooms
- PE office

7. Records

7.1. All over-the-counter medication administered to students will be recorded by the school nurse on the student's treatment record. If the record indicates to the nurse that a student has needed medication on a regular basis, she will discuss the need for further medical assessment with the student or parent/guardian as appropriate.

7.2. All prescribed medication, for example antibiotics, will also be recorded on the student's treatment record on SchoolBase.

Form 2 will record:

- the name of the student;
- the date the medicine was provided to the school by the parent;
- the name of the medication and its quantity strength and expiry date;

- the dosage and frequency of medication;
- a note of any side-effects; and
- the signature of the parent and an appropriate member of staff.

Parents/guardians will be informed of all medications administered.

7.3. A record will be kept on Form 4 "Record of Medicines administered to all children" of all medication, including quantity received, name and strength of medicine dosage and frequency. The amounts brought to the school nurse for a student and returned to the parents/guardians at the end of treatment is also to be recorded.

8. Disposal of medication

8.1. Parents/guardians will be advised to collect expired auto-injectors and inhalers from the medical room. All other expired medications will be safely disposed of via an approved medical facility.

8.2. Sharps boxes should always be used for the disposal of needles and stored off the ground.

8.3. Sharps boxes will be safely disposed of via an approved medical facility.

9. Controlled drugs

9.1. The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act 1971 and associated regulations.

9.2. The storage of controlled drugs, e.g. Ritalin, complies with the Misuse of Drugs (Safe Custody) Regulation 1973, amended Regulations 2014. The regulations require:

- A secure, lockable non-portable cupboard must be used to store the medication.
- Only the school nurse may hold the key to the cupboard.
- The school nurse will record the amount of medicine received, the name of the student for whom it is intended, the expiry date and the prescriber's instructions. The nurse and the student's parent delivering the medication will both sign to confirm the medicine has been handed over to the medical room.
- Separate records for the administration of controlled drugs must be kept in an appropriate bound record book with numbered pages.
- The balance remaining must be checked at each administration and on a monthly basis.

- Parents/guardians must be informed at the earliest opportunity if a student misses his medication.
- At the end of treatment, all controlled drugs must be returned to parents/guardians and signed off in the record book by both nurse and parent/guardian

10. Training

The governing body is committed to providing appropriate training for all staff who volunteer to participate in the administration of medicines. Where it is identified that the administration of prescription medication to a child requires technical or medical knowledge, appropriate individual training from a qualified health professional, tailored to the individual child, will be undertaken by appropriate staff.

11. Health care plan for individual students

11.1. A health care plan is drawn up where a student has a medical condition that may, if untreated, become life threatening (e.g. an adrenal crisis). Staff are made aware of those students in their charge who have any such conditions and are advised how to recognise the symptoms of the onset of such a condition.

11.2. The purpose of an individual health care plan ("IHCP") is to identify the level of support that is required for an individual condition and to clarify for staff, parents/guardians and the student, the level of support that can be provided during the school day and during off site visits.

11.3. The IHCP is drawn up by the student's GP. The IHCP or the information contained in the IHCP is stored by the school nurse in the students emergency pack. Once implemented the school nurse shall be responsible for the IHCP's maintenance and will ensure it is regularly updated.

11.4. In the unlikely event that a student needs to carry medication on their person, parents/guardians are required to provide the school with a letter from the student's doctor which confirms the name of the medication and the minimum amount required to be carried for the student's daily needs. Parents will also be required to complete, sign and return Form 3 "Request for a child to carry his or her own medication"

12. Different categories of medication within school

12.1. Controlled Drugs (CD) are medications that have been prescribed by a medical professional for the use of a named individual and which, under the Misuse of Drug Regulations (2011), must be locked

away appropriately and strictly monitored and recorded in a dedicated book as it is used. The prescription will determine dosage, frequency and method of administration.

12.2. Prescription Medication (PM) is medication which has been prescribed by a medical professional for the use of a named individual. Although the medication should be stored securely, it is not subject to the same rigorous monitoring as CD's. The prescription will determine dosage, frequency and method of administration.

12.3. Over the Counter (OTC) Medication, unlike CD's and PM's, can be bought without a prescription and, therefore, comes with generic directions for use and not specific directions for use for an identified person.

12.4. Emergency Medication (EM) is medication prescribed by a medical professional to treat a named individual for a potentially life threatening condition. This may include CD's or PM's. There are specific recognised circumstances when this medication must be administered. Only trained staff aware of the accompanying Individual Management Plan which is kept with any such EM may administer this medication.

13. Storage of Medicines

13.1. It is not considered safe to store large volumes of medicine in the medical room. The stock of all over-the-counter medication is monitored on a regular basis.

13.2. All medications are stored in a locked cupboard in the school nurse's office. The keys are held by the school nurse and the health and safety officer has access to these as required.

13.3. Medicines are always stored in accordance with their individual product instructions and in the original container in which they were dispensed, together with the prescriber's instructions for administration.

13.4. Controlled drugs are stored in compliance with the Misuse of Drugs (Safe Custody) Amendment Regulations 2007.

13.5. Medication is stored in accordance with product instructions. Antibiotics and insulin are stored in the refrigerator. A fridge thermometer is used to regularly check the temperature and access to the fridge is restricted. Students' own prescribed emergency medication (e.g. asthma inhalers and adrenaline auto-injectors) is readily available in an open cupboard in the medical room.

13.6. Oxygen and Entonox are stored in the medical room and are administered by the school nurse only in an emergency situation. The school nurse is trained in the use of Entonox and Oxygen administration. Entonox is a medical gas subject to the Medicines Act 1971. The gases are stored out of the reach of students in accordance with pharmaceutical precautions and cylinders are maintained on a regular basis. The cupboard is identified by medical gas signs and the school health and safety officer is aware of their location in case of fire.

14. Self-Medication

14.1. Students will only be permitted to self-medicate if they have been assessed by the school nurse to be sufficiently competent and responsible to do so, and if they demonstrate that they are able to store their medication safely and securely.

14.2. Students under the age of 16 will generally only be permitted to self-medicate if it has been agreed in their Individual Health Care Plan and parents/guardians have completed Form 3.

14.3. The school will generally assume that students over the age of 16 are competent to self-medicate unless there is evidence to the contrary. Students who are permitted to self-medicate must only carry and self-administer enough medicine for that day.

15. Procedure to be followed in the unlikely event of a medication error

15.1. The school nurse will keep a written record of every occasion where any medication is administered to a student. This documentation will include all relevant student details along with the medicine, its dosage and the reason for administration. These records will be stored on SchoolBase. Only the school nurse will have access to such records.

15.2. In the unlikely event that a student is given the wrong medication, the wrong dose or medication at the wrong time, the school nurse or member of staff administering the medication will:

- ensure that any necessary first aid is promptly administered;
- ensure that, if necessary, the student is transferred to hospital for further treatment/ investigation;
- inform the parents /guardian of the situation and any relevant information and/or advice as soon as possible; and
- record all necessary information and keep it securely with the student's medical records.

16. Staff indemnity

16.1. All staff are expected to maintain professional standards of care but have no contractual or legal duty to administer medication. The governing body does not require staff to administer medication.

16.2. However, teachers are in *loco parentis* and may need to take swift action in an emergency, both in school and off site during school trips. Staff who volunteer their services will be given training to administer first aid and/or medication to students if relevant.

The governing body fully indemnifies all staff against claims for any alleged negligence, providing they are acting within their conditions of service and following governing body guidelines.

17. Medication on residential school trips

17.1. Accompanying staff have a duty of care towards students even though they will carry their own emergency packs. The emergency medication pack should remain on the students' person at all times and staff must carry the spare emergency pack.

17.2. All students' emergency medication (i.e. adrenaline auto-injectors/inhalers and first aid bags) must be collected from the medical room for all school trips, and returned as soon as possible afterwards. The medication in this pack is in addition to that which the student should be carrying on his/her person. Please be aware that the pack contains medication, confidential medical information and contact numbers. In the unlikely event that you do lose any of these, please contact the parents immediately.

17.3. The staff member in charge should check that:

- the student is carrying a letter from his/her doctor outlining the medical condition and any medication that has been prescribed;
- he/she has enough medication and any equipment that may be needed (e.g.monitoring equipment, needles and syringes etc.) for the entire trip;
- where a trip involves a long-haul flight, the student has enough medication and equipment in hand luggage for the journey, and if the flight crosses time zones, that the student has been given advice about adjusting the timing of his/her medications; and
- a decision has been taken as to whether students who take regular medications may administer their own medication or should have it administered to them.

17.4. Over the counter medication

17.4.1. Accompanying staff may carry a small amount of over the counter medication (e.g. paracetamol/ antihistamine) and may be willing to administer or supervise self-administration to students whose

parents have consented on the students' medical card should the need arise. (A list of each students' consented medication is available on the emergency list accompanying the staff). If so, this should be done in accordance with the school medication policy, and recorded by the staff member in charge on the form provided by the school nurse.

17.4.2. If a parent wishes a member of staff to administer any other 'over the counter' medication, the parent must hand this directly to the staff member in charge upon departure; the medication clearly labelled, in its original packaging, with instructions for administering and with a completed Consent for Medication form .

17.5. Prescribed medication

17.5.1. If a student is on regular medication or has been prescribed antibiotics, for example, prior to the school trip then a separate Consent for Medication form (available from the school nurse) must be signed by the parents.

17.5.2. Parents will be advised to ask students to hand all prescribed medications to the staff member in charge. All such medication MUST BE IN ITS ORIGINAL CONTAINER AS DISPENSED FROM THE PHARMACY and also include the letter of consent from the student's parent for the staff member to administer.

17.5.3. The staff member will supervise any student self-administering his/her medication and will also keep a record of all medication taken by the student.

17.5.4. If a student has been prescribed antibiotics then he /she must not have the first dose on the trip, it should be under parental supervision in case of an allergic reaction to the antibiotics.

17.5.5. Accompanying staff must be familiar with all students' medical conditions on the trip and be able to recognise signs and symptoms of the medical conditions, knowing when to call for help. This information should be discussed with the school nurse in preparation for the trip.

17.5.6. If the medication is lost or forgotten the staff member in charge should contact the local Accident and Emergency Pediatric unit who will be able to help.

17.5.7. Parents should be requested to provide:

- a covering letter IF APPROPRIATE from the student's GP explaining the need the need to carry medication, needles or syringes; and

- a prescription for the student's medication in case medication gets lost or misplaced. This can also be shown, if necessary, going through customs should the need arise

17.5.8. All medication and necessary equipment should be carried in hand luggage where it can be easily accessible. Insulin, for example, may freeze if put into the hold of the plane.

17.5.9. The school nurse will check with parents regarding storage of medication while travelling. Care must be taken in transporting medication; some medication may get overheated if travelling on a bus in a hot country and some medication may need refrigeration.

17.5.10. Where an international flight involves crossing a time zone, it may be necessary for a student to adjust the time at which he/she takes medication, so that, for example, the next dosage in the middle of the night. The student should take individual advice on this from his / her GP or specialist.

17.5.11. Ritalin: Extra diligence must be taken to ensure the safe storage of Ritalin as it falls under the dangerous drug category. The medication must remain in the staff member's care for the duration of the trip. A record of medication taken must be recorded. Please see the Educational Visits Policy in the school handbook .

18. Staff medication

18.1. Staff must seek medical advice if they are taking medication which may affect their ability to care for children.

18.2. Staff bringing medication into school for their own use should ensure that all personal medication is:

- clearly labelled
- stored securely (apart from emergency medication they keep on their person)
- not accessible by nor falls into the hands of the students.

Appendix 7.1 - Forms

- **Form for Parents to complete if they wish the School to administer medication**
- **Record of medicine administered to an individual child**
- **Request for child to carry his/her own medicine**

Appendix 7.2 -Medical room handbook – homely remedies policy

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

Definition

A homely remedy is a product that can be obtained without prescription, for the immediate relief of a minor ailment. A minor ailment is an illness or condition that is not chronic or serious. Examples include minor cuts and grazes, allergies, toothache, bites and stings, cold and flu like symptoms, diarrhoea and indigestion.

When to administer a homely remedy

This homely remedies policy is a documented list of products used for the relief of specific symptoms.

- Only the ailments specified in the homely remedy policy may be treated and they may only be treated using the specified products and doses.
- Administration must only be undertaken by the school nurse or in her absence, another designated staff member.

The homely remedies list specifies which products should be used for each ailment:

- Indication for use
- Name of medicine
- Dose and frequency
- Maximum dose and treatment period
- Cautions or contra-indications to use

If the school nurse has any doubt as to whether a homely remedy is suitable for a student, their parent should always be consulted.

Administration of homely remedies must be in accordance with the licensed indications /manufacturer's directions.

Obtaining and storing homely remedies

- Homely remedies are usually purchased by the school and stored either for individuals or as stock.
- If a student has supplied a homely remedy then that product must be used only for that student.
- All homely remedies are stored in a locked cupboard
- Expiry dates should regularly checked
- If a student wishes to self medicate a homely remedy, a risk assessment must be completed to demonstrate they are competent to do so and other students are not able to access the product.

Record keeping

- Records of homely remedies given to students must be kept on individual medication sheets. They must be complete, legible, up to date, written in blue or black ink, dated and signed.
- Records must show the reason for administering medication (e.g headache, tummy ache)
- When students have been prescribed a homely remedy this should be recorded in the student's treatment area on SchoolBase

Storage and disposal of homely remedies is in accordance with our care of medicines policy.

Homely remedies medicine	Indications for use	Dose, frequency & maximum daily dose	Further iInformation	Maximum treatment time before Dr's advice is sought
Paracetamol: Caplets, Tablets, Capsules,	Mild pain, headache, toothache, raised temperature, common cold	***Over 12 Yrs ONLY*** Dose: 1-2 **CAPSULES** 3-4 times in 24 hrs – Each dose not to be repeated in less than 4 hours, MAX DOSE 8 CAPSULES IN 24 HRS **Over 12 Yrs ONLY** Dose: 1-2 CAPLETS/ TABLETS Each dose not to be repeated in less than 4 hours, up to MAXIMUM 4 doses in 24 hours	**Adverse Reactions** Rare: rashes, blood disorder, liver damage, kidney damage or acute pancreatitis Other information CAPSULES NOT SUITABLE FOR UNDER 12 YRS DO NOT GIVE WITH ANY OTHER PARACETAMOL CONTAINING PRODUCTS	Consult Dr if symptoms persist after 3 days or get worse

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

Calpol SixPlus Suspension	Mild pain, headache, toothache, raised temperature, common cold	***6-8 Yrs*** 5ml ***8-10 Yrs*** 7.5ml (5ml+2.5ml) ***10-12 Yrs*** 10ml ***12-16 Yrs*** 10-15ml ***16 Yrs +*** 10-20ml Each dose not to be repeated in less than 4 hours, up to MAXIMUM 4 doses in 24 hours	**Adverse Reactions** Rare: rashes, blood disorder, liver damage, kidney damage or acute pancreatitis	Consult Dr if symptoms persist after 3 days or get worse
Ibuprofen Caplets/Tablets	Headaches, backaches, muscular pain, toothache	DO NOT GIVE TO CHILDREN UNDER 12 YRS (Caplets/Tablets) ***Children over 12 Yrs*** 1-2 caplets/tablets every 4 hours. MAXIMUM 3 doses in 24 hours. Do NOT exceed 6 caplets or tablets in 24 hours	**Adverse Reactions** Gastrointestinal discomfort, nausea, diarrhoea, bleeding and ulceration. Other information Consult with Pharmacist or Dr if suffer from Asthma, Diabetes	Consult Dr if symptoms persist after 3 days or get worse
Strepsils Lozenges	Symptomatic relief of mouth and throat infections	Suitable for Children ***over 6 years*** Dissolve 1 lozenge slowly in the mouth every 2-3 Hours	**Adverse Reactions** Sore tongue, hypersensitivity reactions Other information Contains Glucose	

[Last edited Nurse 29/8/23]

		No more than 12 lozenges per day		
Anthisan Cream	Provides relief from insect bites, stings and nettle rash	Should be applied directly to the site of the insect bite, insect sting or stinging nettle rash. For best results, use as soon as possible after the bite or sting	**Adverse Reactions** Hypersensitivity Other information Do not use on large areas of skin if the skin is cut or grazed, on eczema or extensively broken skin, or areas of sunburnt skin. STOP using if you notice signs of skin sensitivity. These include skin redness, swelling and itching, pain or burning sensation EXTERNAL USE ONLY	Apply two to three times a day for up to three days
E45 Cream	To rehydrate dry or chapped skin conditions	Apply to affected areas as often as required	**Adverse Reactions** Rash, itching, swelling, dizziness Other information EXTERNAL USE ONLY	No maximum treatment duration

Imodium (Loperamide)	Relief of acute diarrhoea	Children **over 12 yrs** - take 2 x 2mg tablets or capsules (total 4mg dose) after the first loose bowel movement, then one additional 2mg tablet or capsule after each loose stool. Do NOT exceed a total of 16mg (eight tablets/capsules) in 24 hours	**Adverse Reactions** Dizziness, drowsiness, dry mouth, vomiting, constipation, fatigue, stomach pain or discomfort. Other information FOR STUDENTS OVER 12 YEARS OLD Consult doctor if febrile or if there is blood or mucus in stool	If diarrhoea symptoms last for more than 48 hours
Sudocrem Antiseptic Cream	Provides a protective layer over cuts, grazes, minor burns, eczema and sunburn	Apply a small amount to affected area – thin, white layer	**Adverse Reactions** Itching, redness, tingling, numbness, blistering Other information Contains a mild, local anaesthetic EXTERNAL USE ONLY	No maximum treatment duration but seek advice if condition does not improve with use
Calamine Lotion	For minor skin rashes, provides relief from skin irritation	Shake the bottle before use, Apply to affected areas as often as required	**Adverse Reactions** Skin irritation, skin rash, (red or itchy skin)	No maximum treatment duration but seek advice if condition does not improve with use

Vaseline Petroleum Jelly	To rehydrate dry or chapped skin conditions, provides a gentle waterproof layer	Apply liberally where needed	**Adverse Reactions** Burning, stinging, redness, irritation Other information Hypoallergenic	No maximum treatment duration but seek advice if condition does not improve with use
Claritin (Loratadine) - Tablets Claritin (Loratadine) - Liquid	Relieves the symptoms of hayfever and other allergies, insect bites, urticaria (hives and itchy skin rash)	***2-11 Yrs*** (who weigh more than 30kg) 1 tablet per day ***12 Yrs onwards*** 1 tablet per day ***2-12 Yrs*** (who weigh more than 30kg) 1 x 5ml per day (MAX 5ml in 24 hrs) ***Children over 12 Years*** 1 x 10ml per day (MAX 10ml in 24 hrs)	**Adverse Reactions** Headache, drowsiness, nervousness, stomach pain, diarrhoea, dry mouth, nose bleed, skin rash Other information Contains Lactose	Contact Dr if symptoms worsen or do not improve

Piriton (chlorphenamine)	Antihistamine – relieve symptoms of allergies e.g. hayfever, food allergies, insect bites, medicines	[TABLETS] ***Children 6-12yrs*** can take half a tablet every 4-6 hours as needed. DO NOT EXCEED 6 doses (3 tablets) in 24hrs. ***Children 12yrs +*** can take one tablet every 4-6hours as needed. DO NOT EXCEED 6 tablets in 24hrs. [SYRUP] ***6-12yrs old*** can take one 5ml spoonful syrup every 4-6 hours as needed. DO NOT EXCEED six 5ml doses in 24 hours ***12 years +*** can take two 5ml spoonfuls (10mls) every 4-6hours as needed. DO NOT EXCEED six 10ml doses in 24 hours.	**Adverse Reactions** Dizziness, drowsiness, dry mouth/nose/ throat, constipation, blurred vision, feeling nervous or restless. Other information Consult a doctor if a student has asthma, bronchitis, widening of airways, difficulty passing urine, epilepsy, liver disease, cardiovascular disease, or is hypertensive.	

[Last edited Nurse 29/8/23]

High Factor Sun Creams & After Sun Lotions	Protection before, during and after exposure to the sun – helps to protect from sunburn, and moisturise.	Apply to skin that is/has been exposed to sunlight. Reapply after water based activities (read the label for specific directions)	**Adverse Reactions** Burning, itching or stinging of the skin; acne	
Insect Repellent Spray	Up to 8 hours protection from mosquitoes, midges and biting insects	Apply carefully to exposed areas of dry skin, avoiding eyes and lips. For use on face, spray onto hand to apply	**Adverse Reactions** Skin reactions or allergic rashes, eye irritation	
Minor Cuts and Grazes: Plasters Sterile Water Alcohol Free Wipes Ice Pack Hot Pack	To be used by Qualified First Aider	As required	Other information To see Dr if major injury	Minor Cuts and Grazes: Plasters Sterile Water Alcohol Free Wipes

Appendix 8 - medical room handbook – allergies and anaphylaxis management policy

1. Background

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening.
An allergen is any substance that can cause an allergy. For school aged children the most common allergens are found in foods.

The Food Standards Agency lists 14 major allergens which need to be mentioned (either on a label or through provided information such as menus) when they are used as ingredients in a food. Listed below are the allergens, and some examples of where they can be found:

Celery

This includes celery stalks, leaves, seeds and the root called celeriac. You can find celery in celery salt, salads, some meat products, soups and stock cubes.

Cereals containing gluten
Wheat (such as spelt and Khorasan wheat/Kamut), rye, barley and oats is often found in foods containing flour, such as some types of baking powder, batter, breadcrumbs, bread, cakes, couscous, meat products, pasta, pastry, sauces, soups and fried foods which are dusted with flour.

Crustaceans
Crabs, lobster, prawns and scampi are crustaceans. Shrimp paste, often used in Thai and south-east Asian curries or salads, is an ingredient to look out for.

Eggs
Eggs are often found in cakes, some meat products, mayonnaise, mousses, pasta, quiche, sauces and pastries or foods brushed or glazed with egg.

Fish
You will find this in some fish sauces, pizzas, relishes, salad dressings, stock cubes and Worcestershire sauce.

Lupin
Yes, lupin is a flower, but it's also found in flour! Lupin flour and seeds can be used in some types of bread, pastries and even in pasta.

Milk
Milk is a common ingredient in butter, cheese, cream, milk powders and yoghurt. It can also be found in foods brushed or glazed with milk, and in powdered soups and sauces.

Molluscs
These include mussels, land snails, squid and whelks, but can also be commonly found in oyster sauce or as an ingredient in fish stews.

Mustard
Liquid mustard, mustard powder and mustard seeds fall into this category. This ingredient can also be found in breads, curries, marinades, meat products, salad dressings, sauces and soups.

Nuts
Not to be mistaken with peanuts (which are actually a legume and grow underground), this ingredient refers to nuts which grow on trees, like cashew nuts, almonds and hazelnuts. You can find nuts in breads,

biscuits, crackers, desserts, nut powders (often used in Asian curries), stir-fried dishes, ice cream, marzipan (almond paste), nut oils and sauces.

Peanuts
Peanuts are actually a legume and grow underground, which is why it's sometimes called a groundnut. Peanuts are often used as an ingredient in biscuits, cakes, curries, desserts, sauces (such as satay sauce), as well as in groundnut oil and peanut flour, and are the main constituent of peanut butter.

Sesame seeds
These seeds can often be found in bread (sprinkled on hamburger buns for example), breadsticks, houmous, sesame oil and tahini. They are sometimes toasted and used in salads.

Soya
Often found in bean curd, edamame beans, miso paste, textured soya protein, soya flour or tofu, soya is a staple ingredient in oriental food. It can also be found in desserts, ice cream, meat products, sauces and vegetarian products.

Sulphur dioxide (sometimes known as sulphites)
This is an ingredient often used in dried fruit such as raisins, dried apricots and prunes. You might also find it in meat products, soft drinks, vegetables as well as in wine and beer. If you have asthma, you have a higher risk of developing a reaction to sulphur dioxide.

These and many other foods have been known to trigger anaphylaxis.

Non-food causes include wasp or bee sting, natural latex (rubber), and certain drugs such as penicillin. Exercise can trigger a severe reaction in some people, either on its own or in combination with other allergens in food or drugs. Sometimes the cause of the reaction is not found and is labelled "idiopathic anaphylaxis"

Symptoms can start within seconds of exposure to the allergen, but on rare occasions there may be a delay of a few hours. In schools the key to prevention of anaphylaxis is through awareness of the students who have been diagnosed at risk, awareness of their allergens, and preventing exposure to those allergens.

Adrenaline given through an adrenaline auto-injector (such as an Epipen or Anapen) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

2. Symptoms and first aid treatment of anaphylaxis

2.1. Mild reactions may involve:

- slight tingling in the mouth
- streaming eyes
- sniffles
- localised rash
- hives or swelling
- some nausea and possible slight sickness

If any of the symptoms above occur:

- Stay calm
- Send for the school nurse or the first aider on duty giving the name of the student. This will help identify the emergency pack in the medical room.
- Stay with the student. Only escort the student to the medical room if in close proximity and the student is not too distressed and is able to walk. NEVER send a student with suspected anaphylaxis, unescorted to the medical room.
- Students with these symptoms will be given antihistamine syrup or tablets as prescribed and observed in the medical room and parents/guardians will be notified.
- If the nurse is not available or is delayed, call an ambulance.
- Send another student to the medical room to collect a student's emergency medication pack and follow the instructions as in the treatment plan.
- If the student is carrying anti histamine ask him/her to self- administer.

2.2. Serious reactions include:

- swelling of throat and mouth,
- difficulty in breathing due to swelling
- closing up of the throat or severe asthma,
- wheeziness
- difficulty in swallowing and speaking
- sudden feeling of weakness and dizziness (drop in blood pressure)
- pale skin
- sense of impending doom
- collapse and unconsciousness

These often occur along with some of the following:

- areas of hives anywhere on the body
- generalised flushing of the skin
- swelling of the lips, eyelids or face
- abdominal cramps, nausea and vomiting

If any of the symptoms above occur:

I. Stay calm
II. Call an ambulance on 1554 and report a severe allergic reaction.
III. Ask a staff member to contact the school nurse identifying the student so that she can collect the student's emergency medication.
IV. If the student has an adrenaline auto-injector on his/her person and he/she is unable to deliver it the attending member of staff can deliver medication if he/she has been trained. Instructions on how to deliver medication will be on the adrenaline auto-injector.
V. Monitor student's condition and observe for ABC:
    A. a. Airway
    B. b. Breathing
    C. c. Circulation - if absent cardiopulmonary resuscitation may be required
VI. A second dose of adrenaline auto-injector may be required after 10 minutes if the condition has not improved and help has still not arrived.
VII. If the student is conscious, sit them up to aid breathing. If the student has collapsed, lie them down and raise legs to restore blood pressure or if unconscious and breathing lay them on their side in the recovery position
VIII. Ensure that used adrenaline auto-injectors are kept in a sealed rigid container and take them to A&E to show staff what has been used. Note the time that the injection was delivered.

3. Insect Sting Allergy

3.1. Symptoms

A bee or wasp sting may cause a large swelling at the site of the sting. This is not dangerous provided that the sting site is not on the face or in the airway that might be obstructed by the swelling. A few people may experience a severe, generalised allergic reaction known as anaphylaxis. The bee leaves its stinger in the victim. Because it takes a few minutes for all the venom to be injected, quick removal of the stinger is important and can be done with one quick scrape of the fingernail or a credit card.

3.2. Avoiding insect stings

Students who are allergic to insect stings should try to prevent putting themselves at risk.

Here are some steps that could be taken:

- Wear shoes at all times when out of doors.
- Avoid using strong perfumes during the summer. Many products, such as suntan lotions, hairsprays, hair tonics and other cosmetics, contain strong perfumes which attract insects.
- If possible, keep arms and legs covered.

- If a bee or wasp comes near, do not try and swat the insect but move away slowly and calmly. If the insect lands on you, try not to panic. Keep calm and be patient. The insect will usually fly away after a few seconds.
- Make sure that you leave no crumbs or drink on your face, which will interest the insect.
- If you are planning to eat outside, check to find an area where there are no wasps or bees before you start eating. It is better to bring your picnic inside than to risk being stung.
- Food attracts insects. When outside, avoid open rubbish bins, and keep food covered.
- Always look at what you are eating before you take a bite or a sip of a drink as wasps will slip into food and even into open drink cans.
- Boxed drinks with a straw may be safer but keep an eye on the straw.

3.3. Treatment of insect stings

Local reactions, however large and painful, will usually respond to an antihistamine. The treatment for a severe generalised anaphylactic reaction is adrenaline (also known as epinephrine) which must be administered without delay.

If the student's symptoms are severe, please follow the Emergency Allergy Response procedure as detailed in Appendix 8.1.

4. Food Allergies and Anaphylaxis

4.1. Risk Minimisation

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school employs a range of practical prevention strategies to minimise exposure to known allergens.

a. Classroom

- Staff liaise with parents/guardians of students in their class with a known food allergy about food related activities ahead of time. i.e. cake sales.
- Use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Be aware of the possibility of hidden allergens in food technology, science and art classes (e.g. egg or milk cartons).
- Remind students about the importance of washing hands, eating their own food and not sharing food.

b. Catering

- Catering staff are informed of students and staff with food allergies;
- Photographs of students with allergies are displayed in the kitchen area;
- Catering staff are offered first aid training which covers the causes and symptoms of anaphylaxis and food allergies
- The school catering staff will not knowingly use any nuts or nut products in their cooking, however we cannot guarantee brought-in ready made products such as bread and cakes are nut free. Manufacturers will not generally guarantee them to be nut-free.
- The school menus will be displayed on the school website and choices that use any major allergen products will be marked so parents can discuss the menus with their children.
- Any parent who wishes to discuss menu choices is invited to email or meet with our catering manager.

c. Nut Allergies and School Cakes Sales

King's houses regularly run cake sales for charity. Students with nut/peanut allergies who buy cakes at the sales cannot be guaranteed that they are completely nut free. We ask parents who bake cakes for charity sales NOT to use nuts or nut derivatives in their preparation. Students with food allergies need to know the ingredients in everything they eat. Even the tiniest amounts of nuts could cause a severe reaction.

The same applies to food brought in for personal or class consumption. Cakes purchased from shops to donate for these purposes must NOT include nuts as a listed ingredient, however we do accept that products will be brought on site that have advisory labelling stating 'May contain nuts' or 'May contain traces of nuts' or similar.

Notwithstanding this, even though nuts may not be listed as ingredients, cross contamination may have taken place during preparation.

Our advice is therefore that students with nut/peanut or food allergies should avoid buying cakes at these sales or partaking in the consumption of cakes brought in for birthdays.

The organisers of the cake sales will also be required to display a sign to remind students with allergies to check ingredients.

d. Staff Training and Emergency Response

- Teachers and other school staff, who have contact with the student at risk of anaphylaxis, are encouraged to undertake first aid training which includes anaphylaxis management including how to respond in an emergency.

- At other times while the student is under the care or supervision of the school, including school trips, sports fixtures and special event days, staff must ensure that there is a sufficient number of staff present who have up to date training and know how to recognise, prevent and treat anaphylaxis.

4.2. Responsibilities

a. The school nurse

Parents/Guardians and Students

- The school nurse will contact parents/guardians of new students with allergies prior to joining the school.
- The school nurse will send a letter to parents/guardians, requesting:
    - an up to date treatment plan
    - spare medication for the medical room
    - that they keep the school nurse updated of any change in student's condition or medication.
- The school nurse will invite the new student and parents/guardians to visit the medical room to discuss the students' allergy and medication, and to confirm that the student is competent in the use of the auto-injector and its storage and understands:
    - the symptoms of an allergic reaction,
    - how to manage the allergy in the school environment,
    - how and when to call for help,
    - where to access their spare emergency medication,
    - the importance of carrying his/her emergency medication on their person at all times on and off site. This is especially important during outdoor activities if a student has been prescribed auto-injectors for wasp or bee stings.
    - that before sport he/she should leave emergency medication with the first aid person on duty or, in the case of away fixtures, with the sports teacher in charge-after sports
    - that after-sports refreshment teas may contain allergens.
- All new students will be seen by the school nurse for a school medical and she will reiterate the management process for those who have allergies.
- The school nurse will:
    - inform parents/guardians if any student has had an allergic reaction , however mild;
    - make all relevant staff including sports staff aware of all students with allergies;
    - meet with existing students with allergies at the start of every school year to reinforce the appropriate management of their allergies.

Record Keeping

- The school nurse will:
    - update student's allergy information on SchoolBase and enter a red icon beside a students' name to alert staff that the student has an allergy.
    - record expiry dates of all emergency medication and request replacement new medication as appropriate.
    - maintain up to date student medical records on SchoolBase.

b. Parent's responsibilities

Parents will be invited to the medical room to discuss their son or daughter's allergy, when the student joins the school or presents with allergies. Parents will be asked to:-

- provide an Individual Treatment Plan (IHP) completed by the student's medical practitioner. This will include the nature of the allergy, instructions and medication.
- provide the medical room with all prescribed medication. This should include an in date adrenaline auto-injector clearly labelled with the student's name, date of birth and weight and as appropriate either a junior (0.15mg) or adult (0.3mg) antihistamine and inhaler.
- replace medication after use or upon expiry. The school nurse will have a record and will request a new adrenaline auto-injector and antihistamine as appropriate.
- ensure that the student is educated in allergy self-management, including which foods are safe and unsafe, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult of any reaction, how to read food labels and how to self-administer the adrenaline auto-injector.
- review policy and procedure with the school staff, the student's doctor and the student after a reaction has occurred;
- update the school nurse after every allergy assessment. The NICE guidelines advise that individuals with allergies need to be assessed every two years by their doctor or allergy medical room.

Parents/guardians will be informed by the school nurse that every student must carry his/her emergency medication on their person:

- during the school day and
- for away games and
- for after-school activities including ECAs

The personal medication is in addition to the spare medication (adrenaline auto-injector etc.) held in the medical room. When playing games, students must inform the sports teacher of the location of their medication or leave them with the first aid person covering the games session.

c. Schools' responsibilities

Records

- Students who have severe allergies, and who are prescribed adrenaline auto-injectors, will have an alert flag on SchoolBase along with details of their allergens (e.g. foods /stings etc.)
- All relevant staff will be informed of students with allergies.
- Catering staff will be provided with a list of students and ID photos of students who carry adrenaline auto-injectors.

Medication

Students' spare adrenaline auto-injectors and other prescribed medication will be kept in a visible place in the medical room. The medical room will make up an emergency pack for each student which contains their:

- treatment plan recent photograph
- all prescribed medication
- emergency contact numbers for parents/guardians
- fact sheets on the symptoms of anaphylaxis and how to administer the adrenaline auto-injector

The pack will be easily accessible within the medical room.

If students are going away on school trips, the emergency pack will be collected from the medical room and returned afterwards by the teacher in charge of the trip.

Instruction on administration of adrenaline auto-injector/inhalers can be given by the school nurse and is also included in first aid training offered to all staff including catering staff. Parents are invited to contact our catering manager to discuss menu options available. There are also videos available from the medical room on emergency treatment for anaphylaxis, asthma and epilepsy.

Staff Training and Emergency Response

- Teachers and other school staff, who have contact with the student at risk of anaphylaxis, are encouraged to undertake first aid training which includes anaphylaxis management including how to respond in an emergency.
- At other times while the student is under the care or supervision of the school, including school trips, sports fixtures and special event days, we must ensure that there is a sufficient number of staff present who have up to date training and know how to recognise, prevent and treat anaphylaxis.

Off-Site School Settings

Field trips, excursions:

- The student's emergency pack containing prescribed emergency medication and emergency contact numbers must be collected from the medical room by the teacher in charge. It should be taken on all residential or school trips, as appropriate, in addition to the student's own medication. One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector should accompany the student on residential /school trips.
- The school nurse will consult with parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if appropriate).
- Staff should consider the potential exposure to allergens when consuming food on school buses.

Camping

- The emergency medication pack should remain on the student's person at all times within easy access i.e. not at the bottom of a rucksack and staff must carry the spare emergency pack. Staff still have a duty of care towards a student even if he/she carries his/her own emergency pack.
- Campsites/accommodation providers should be advised in advance of any student with food allergies.
- At least one member of staff who has been trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector should accompany the student on the camping trip. However, all staff present need to be aware if there is a student at risk of anaphylaxis.
- Be aware of which local emergency services are in the area and how to access them. Liaise with them before the camping trip.
- A student with allergies to insect bites should always wear closed shoes when outdoors.
- Cooking should not involve the use of known allergens.
- Students with allergies are advised to let other students they are travelling with know about their allergies so they know what to do in case of emergency and where the student's adrenaline auto-injector is.

4.3. Travelling With a Food Allergy

For people with food allergies, airline meals pose a particular risk. Many airlines will organise a special meal according to individual requirements, but mistakes can sometimes occur. If you want to play safe, the best advice is to take your own food.

Some people with a peanut allergy report that they experience symptoms when peanut snacks are handed around to passengers with their drinks. The most likely cause of these reactions is skin contact. If you touch a fold-down tray, or some other surface, that has previously been touched by a passenger

eating peanuts you could have a reaction. To minimise the risk, you could carry "wet wipes" to clean surfaces as soon as you get on the plane or wear silicone gloves.

Reactions caused by inhalation of peanut dust are thought to be less likely, but may sometimes occur – particularly if you are extremely allergic and the passengers sitting near you are eating peanuts.

The Food Allergy and Anaphylaxis Alliance (FAAA) gives the following advice:

- Before booking your flight, read the airline's allergy policy. Many airlines post their policy on their website. Find it by using the search function using the term "allergies" or "peanuts".
- For individuals with peanut/nut allergy, try to choose an airline that does not serve complimentary peanut/nut snacks with the beverage service. (On advance request, some airlines will serve a non-peanut/tree nut snack such as pretzels). This will greatly decrease the risk of exposure to peanuts/nuts during the flight. Bear in mind that no airline will ever give you a guaranteed peanut or tree nut free flight.
- When booking, notify the reservation agent of your food allergy. Re-confirm your food allergy at every opportunity with the ticket agent and again with the flight attendants.
- For security purposes, keep your adrenaline in its original packaging and have your emergency plan with your medication. It is also recommended that you have your adrenaline prescription, and a travel plan or letter from your doctor confirming your food allergy and indicating you need to carry your medication and food/drinks with you. Wear medical identification (e.g. Medic Alert) indicating your allergies.
- Students with severe allergies should avoid airline food and provide their own food for the flight. However, they may want to check with the airline to see if there are any restrictions as to which types of food you are allowed to bring on board or to your destination.
- Always keep your adrenaline with you; do not store in the overhead locker. Let others you are travelling with know about your allergies so they know what to do in case of emergency on the flight and where your adrenaline auto-injector is.

Never take a risk, especially when in the air away from access to medical help.

4.4. Use of Emergency Adrenaline Auto-Injector Devices

From 1 October 2017, the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis, when their own device is not available or not working (e.g. because it is broken, or out-of-date).

The school's spare AAI should only be used:

- on students known to be at risk of anaphylaxis,

- for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

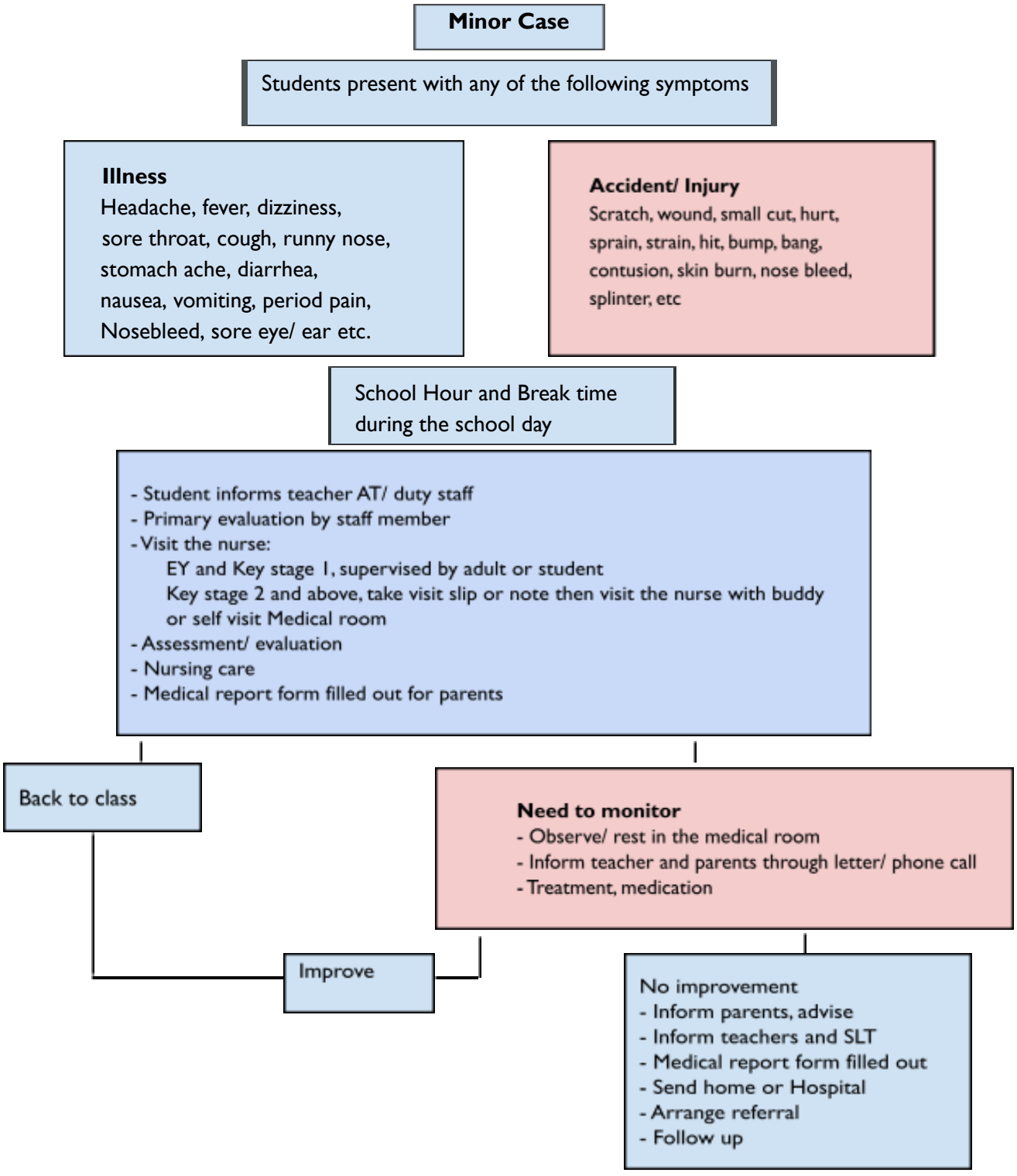
The school's spare AAI can be administered to a student whose own prescribed AAI cannot be administered correctly without delay.

Appendix 8.1 - Visit to the Nurse

The nurse will complete this form if a child has visited the Medical Room.

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

Step for Nursing Care Service



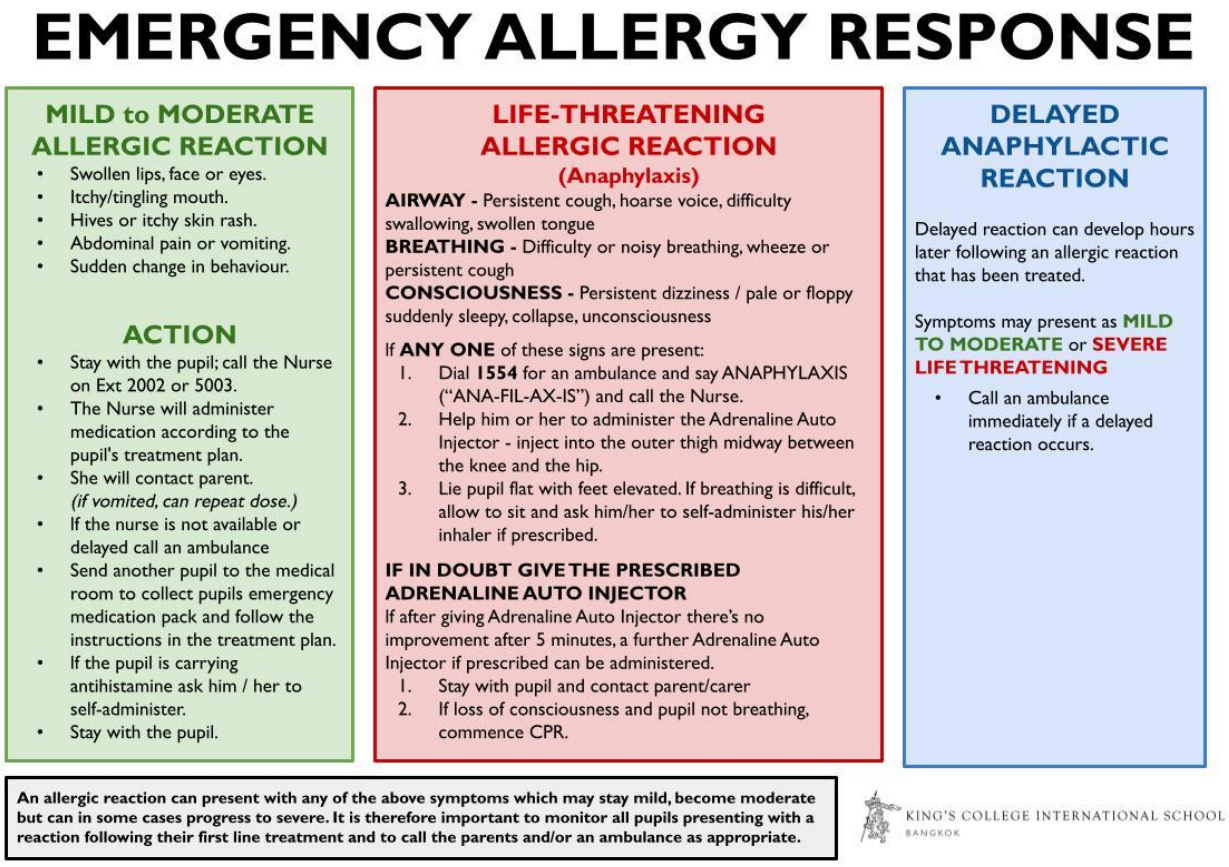
[Last edited Nurse 29/8/23]

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

Additional Remarks

For serious cases, no medical visit slip is required. If a child is in a situation where they should not be moved, nurses will attend the patient. This includes serious head/ possible spinal injuries. Defibrillation can be done by any person nursing staff should be called to attend as soon as possible.

Appendix 8.2 Medical room handbook – emergency allergy response and allergen warning posters



[Last edited Nurse 29/8/23]

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

Appendix 9 Medical room Handbook – Automatic External Defibrillator (AED) Policy x3

Given that the chances of survival decline at a rate of 7-10% with each minute of delayed treatment after a cardiac arrest, the UK Resuscitation Council recommends that Automated External Defibrillators (AED) are situated in areas of higher population flow.

Cardiac arrest and heart attacks

It is important to understand the distinction between a heart attack and cardiac arrest as they are not the same, and require different interventions.

CPR and/or the use of an AED is not appropriate for an individual experiencing a heart attack and who is conscious, as the heart will still be beating, and the device will not administer a shock in these circumstances.

[Last edited Nurse 29/8/23]

However, a heart attack is still a life-threatening situation, and the emergency services should be alerted immediately. A heart attack can also very quickly lead to cardiac arrest, in which case administration of CPR and use of an AED may help to save the person's life.

Cardiac arrest

Cardiac arrest is when the heart stops pumping blood around the body. It can be triggered by a failure of the normal electrical pathway in the heart, causing it to go into an abnormal rhythm or to stop beating entirely. Oxygen will not be able to reach the brain and other vital organs.

When a cardiac arrest occurs, the individual will lose consciousness and their breathing will become abnormal or stop. If basic life support is not provided immediately, the chances of survival are greatly reduced.

Cardiac arrest can happen at any age and at any time. Possible causes include:

- heart and circulatory disease (such as a heart attack or cardiomyopathy)
- loss of blood
- trauma (such as a blow to the area directly over the heart)
- electrocution
- sudden arrhythmic death syndrome (SADS; often caused by a genetic defect)

When a cardiac arrest occurs, CPR can help to circulate oxygen to the body's vital organs. This will help prevent further deterioration so that defibrillation can be administered.

Heart attack

A heart attack (sometimes referred to as a myocardial infarction), is caused by a clot forming in one of the arteries that supply blood to the heart muscle. This prevents oxygen from getting to a particular region of the heart. As a result, cells in this region start to die. The longer this continues, the more damage is caused to the muscle. This damage is permanent. However, as the heart is still beating, CPR and defibrillation are not appropriate.
Not all people experiencing a heart attack will experience pain or discomfort. They will often remain conscious throughout. However, a heart attack is a serious, life-threatening emergency that requires immediate treatment and can trigger a cardiac arrest.

If a person experiences a heart attack, the correct course of action is to call 1554 immediately.

The person should be made comfortable, ideally seated on the floor supported by a wall or a person knelt behind them, and reassured until the ambulance arrives.

Heart attacks are very rare among children, but the number of incidents in the adult population means that coronary heart disease (the most common cause of heart attacks) is the leading cause of death in the UK.

Common symptoms of a heart attack include:

- chest pain or tightness, like a belt or band around the chest, and which is not relieved by rest
- pain which may spread to neck, jaw, back and arms
- feeling sick, sweaty, short of breath, lightheaded, dizzy or generally unwell along with discomfort in the chest

AED User

Any staff member who has been trained to use an AED may use the machine provided they feel confident and competent to do so. The Resuscitation Council (UK) 2010 guidelines state that an AED can be used safely and effectively without previous training. Therefore, the use of an AED should not be restricted to trained staff. However they do recommend that training should be encouraged to help improve the time to shock delivery and correct pad placement. Public access AED's are widely found in public places such as airports and supermarkets. They are intended to be used by the layperson.

The chain of survival
In the event of a cardiac arrest, defibrillation can help save lives, but to be effective, it should be delivered as part of the chain of survival.

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

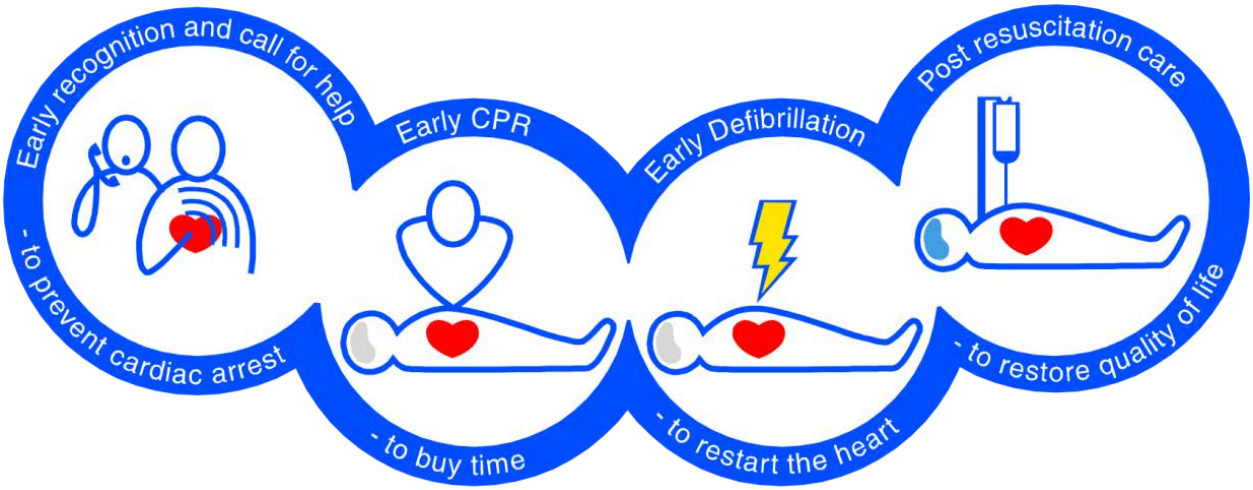


Figure 1: The chain of survival

Reproduced courtesy of Laerdal Medical

There are four stages to the chain of survival, and these should happen in order. When carried out quickly, they can drastically increase the likelihood of a person surviving a cardiac arrest. They are:

1. Early recognition and call for help. Dial 1554 to alert the emergency services. The emergency services operator can stay on the line and advise on giving CPR and using an AED.
2. Early CPR – to create an artificial circulation. Chest compressions push blood around the heart and to vital organs like the brain. If a person is unwilling or unable to perform mouth-to-mouth resuscitation, he or she may still perform compression-only CPR.
3. Early defibrillation – to attempt to restore a normal heart rhythm and hence blood and oxygen circulation around the body. Some people experiencing a cardiac arrest will have a 'non-shockable rhythm'. In this case, continuing CPR until the emergency services arrive is paramount.
4. Early post-resuscitation care – to stabilise the patient.
   Anyone is capable of delivering stages 1 to 3 at the scene of the incident. However, it is important to emphasise that life-saving interventions such as CPR and defibrillation (stages 2 and 3) are only intended to help buy time until the emergency services arrive, which is why dialling 1554 is the first step in the chain of survival. Unless the emergency services have been notified promptly, the person will not receive the post-resuscitation care that they need to stabilise their condition and restore their quality of life (stage 4).

[Last edited Nurse 29/8/23]

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

The chain as a whole is only as strong as its weakest link. Defibrillation is a vital link in the chain and, the sooner it can be administered, the greater the chance of survival.

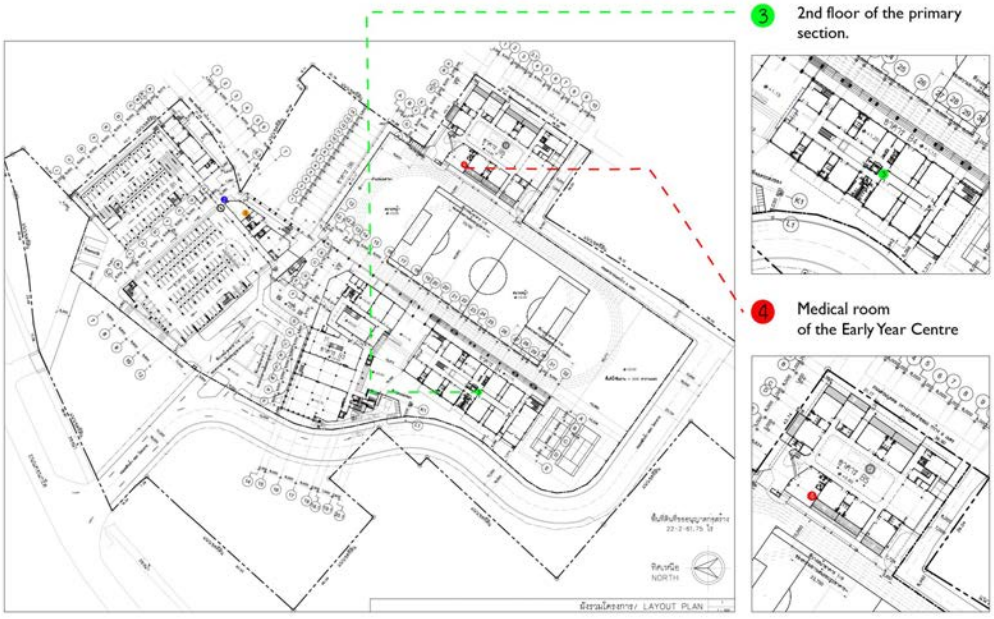
Location of defibrillators at King's

AEDs are located in locations that are immediately accessible both during and after school hours. A standardised AED sign will highlight the location of the AED in the following locations with a maintenance log for daily checks

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

An automated external defibrillator (AED) position.

An automated external defibrillator (AED) position.



[Last edited Nurse 29/8/23]

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

When is an AED used?

Ventricular fibrillation is the most common cause of cardiac arrest. This is a rapid and chaotic rhythm leaving the heart unable to contract and therefore unable to pump oxygenated blood to the brain and the rest of the body. Defibrillation is a controlled electrical shock to stop the lethal ventricular fibrillation. The sooner the shock is provided, the greater the chance is of survival. Death occurs within minutes of ventricular fibrillation starting so it is vital that the AED arrives to the casualty within a target of 5 minutes.

The AED is a sophisticated, reliable and safe computerised device that will analyse the victim's cardiac rhythm, determine the need for a shock and deliver defibrillator shocks to a person in cardiac arrest. It uses voice prompts to guide the user, and is suitable for use by lay rescuers.

The AED is designed to deliver a shock ONLY if it determines a heart needs it

An AED should be applied to any casualty who is unconscious and not breathing properly. The device communicates step by step instructions that let responders know when a victim is about to be shocked.

An AED will analyse the victim's cardiac rhythm, determine the need for a shock and then delivers a shock where appropriate. The voice prompts will deliver a step by step guide on what action to take including when to perform manual CPR.

Sequence of action when using an AED

1. Make sure the casualty, any bystander and yourself are safe. If two rescuers are present, assign tasks.
2. If the casualty is unresponsive and not breathing normally:
    - Send someone for the AED and to call for an ambulance
    - If you are on your own do this yourself; you may need to leave the casualty
3. Start CPR using a ratio of 30 compressions at 2 rescue breaths.
4. As soon as the AED arrives:
    - Place the AED near the casualty's head and switch on the AED
    - Attach the electrode pads. If more than one rescuer is present, continue CPR whilst this is being done
    - Follow the voice/visual prompts
    - Ensure that nobody touches the casualty whilst the AED is analysing the rhythm.
5. If the need for a shock is indicated:
    - Ensure that nobody touches the casualty
    - Push the shock button as directed
    - Continue as directed by the voice/visual prompts

[Last edited Nurse 29/8/23]

6. If no shock is indicated:
    - Immediately resume CPR using a ratio of 30 compressions at 2 rescue breaths
7. Continue to follow the AED prompts until:
    - Qualified help arrives and takes over
    - The casualty starts to breathe normally or you become exhausted

Attaching the electrode pads
The casualty's chest must be sufficiently exposed to enable correct electrode pad placement so clothing will need to be open (buttons) or cut with the scissors. Chest hair may prevent the pads adhering to the shin and interfere with electrical contact. Shave the chest only if the hair is excessive and even then spend as little time as possible on this. Do not delay defibrillation if a razor is not immediately available. In the AED case you will find scissors and in the accessory bag you will find a razor and a towel to wipe the chest dry enabling good attachment of the pads.

The AED pads are labelled and show a picture of correct placement. If an 'error' is made the pads should not be removed and replaced as this wastes time and they may well not adhere adequately when re-attached. With female casualties try to avoid breast tissue by moving the breast aside when placing the electrode pad.

Paediatric Casualties Ages 1 – 8 years

In the AED accessory bag you will find paediatric electrode pads which are recommended for children 1 – 8 years of age. If the casualty is in this age group: Switch the cartridge segment and continue as normal. If for any reason this is not possible, proceed using the adult pads.

Special Circumstances

- If the casualty is in water, move to a dry surface and dry chest
- If there is a lump - implanted pacemaker - do not place pad over the area
- In the case of a medication patch in the area, remove it and wipe skin

Training

Defibrillator training is included in the First Aid training offered on site.

Responsibility for weekly recording of AED checks rests with the school nurse.

Any problems, missing items or replacements will need to be reported to the medical room staff /health and safety officer who will take appropriate action. If designated staff members are unable to carry out weekly checks due to absence then another staff member must be designated to carry out the test.

Post-event review

After each use a full check of the AED will be carried out by the school nurse, the health and safety officer or a trained member of staff. The check will include removal of and re-insertion of the battery and replacement of used accessories e.g. pads. Following the use of an AED, a post-event review shall be conducted by the school nurse/ health and safety officer to learn from the experience and identify actions that went well or areas for improvement and whether staff counselling is required following what can be a stressful and traumatic experience. All staff participants in the event shall participate in the review.

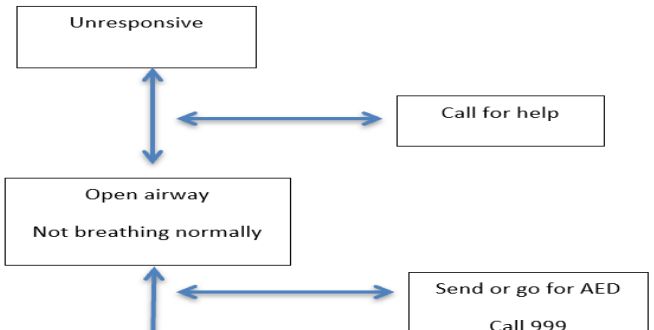
Maintenance of AED

The expiry date of the AED cartridge (electro pads and the battery) must be clearly noted so that replacements are available in good time. Weekly checks should be done and recorded in the maintenance log. It must be checked that the green light is flashing on the machine and that all the accessories are present and in date in the accompanying accessory bag. On each occasion the following checks must be noted:

- AED has green light flashing and a pair of cutting shears in the case
- Expiry date of battery and cartridge in the AED
- Accessory bag contains the following:
    - Spare adult cartridge
    - Paediatric cartridge
    - Resuscitation face mask for manual CPR
    - Razor
    - Towel
    - 2 pairs of disposable gloves
    - Instruction booklet of AED and basic life support
    - Accident report form and pen/pencil

AED Algorithm

AED Algorithm



KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

AUTOMATED EXTERNAL DEFIBRILLATOR (AED)
EQUIPMENT CHECKING FORM

Please carry out weekly checks of the AED equipment, complete this form and return it to the School Nurse by the end of the month.

Daily visual checks should also be completed.

Site Area: (please print clearly)			**Month:** **Year:**
Date	**Are all AED'S showing 'OK' and have at least ONE bar on the Battery symbol**	**Are all cabinet alarms set and working correctly?**	**Checked by**
	YES/NO	**YES/NO**	
	YES/NO	**YES/NO**	
	YES/NO	**YES/NO**	
	YES/NO	**YES/NO**	
	YES/NO	**YES/NO**	
Check the expiry date of the pads (both if you have a spare set) & write it here:			

NB: If you answer NO to either of the questions above, or experience any difficulties with Extension numbers, mobile number and

[Last edited Nurse 29/8/23]

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

Appendix 10

Evacuation of a classroom in the event that a member of staff has to deliver emergency medical /first aid assistance to a student.

It is good practice for students to be aware of what is expected of them in the event of a student collapsing in the classroom. In an emergency, members of staff will not only have to deal with the event itself but also a classroom of other students.

If students know in advance what is expected of them under such circumstances, the time needed to explain this to them will be minimised and staff can concentrate on the student requiring medical assistance.

Students should be aware that when asked to leave the classroom they should

- do so quietly and calmly and line up outside the door, remaining quiet in deference to other classes that are in progress
- leave all their belongings including blazers and bags in the classroom
- wait for further instructions from the staff member

They should also be aware that one of them might be asked to:

- either call the nurse on ext. 2002 (Medical Room B2) 5003(Medical Room EY) and to wait outside for the nurse to arrive
- or go to the medical room to alert the school nurse.

KING'S COLLEGE INTERNATIONAL SCHOOL
BANGKOK

Appendix 11- Infection control

King's Bangkok follows the below guidelines to prevent the spread of infectious diseases in school. These regulations are taken from the UK government guidelines. [NHS Guidelines (Is my child too ill for school)]

Chickenpox	Stay at home until all the spots have crusted over, usually about five days after the spots first appeared. A medical certificate is required to return to school.
Conjunctivitis	Stay at home until the eye is clear from discharge. A medical certificate is required before a child returns to school.
URI (Upper Respiratory Infection)	No need to stay off school unless the child has a fever, active runny nose with green or yellowish mucus, and active cough. A medical certificate is required before a child returns to school.
Ear infection	Stay at home until any fever has gone and until the severe pain has gone.
Fever	Stay at home until the child has been fever-free for 24 hours.Fever indicator is 38c or 100.2f.
Hand, foot and mouth disease and Herpangina	The child should stay off school for at least 7 days. A medical certificate is required before a child returns to school.
Head lice	Stay at home for two days or until the treatment is finished.
Impetigo	Stay at home until the sores have crusted over and healed or 48 hours after the child starts antibiotic treatment.
Ringworm	The child should stay home for 24 hours after starting treatment.
Sore throat	No need to stay off school unless the child has a fever and or cough.
Vomiting or diarrhea	Stay at home for two days after symptoms have gone. A medical certificate is required before a child returns to school.
RSV	Keep infected children at home for at least 7 days until their symptoms have improved and no fever for 24 hours. A medical certificate is required to return to school.
Flu	The first 5 days are the most infectious. Students should be kept off school

[Last edited Nurse 29/8/23]

	for at least 5 days.
Mumps	Stay at home for at least 5 days after their symptoms first develop, a medical certificate is required to return to school.
Covid 19	Keep your child off school if they have any of the main symptoms: high temperature, continuous cough, a loss or change to their sense of smell or taste, and get a test for a child. If a child tests positive with a PCR they must isolate for 5 days, a medical certificate is required before returning to school.
Streptococcal A/ Scarlet Fever	Keep infected children at home and start antibiotics until their symptoms have improved and no fever for 24 hours. A medical certificate is required to return to school.

Appendix 12: Useful Contact numbers