



REIGATE GRAMMAR SCHOOL  
VIETNAM

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## First Aid & Medical Provision Policy

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## First Aid Provider: SOS International

Reigate Grammar School Vietnam endeavours to provide a secure environment for pupils, employees and visitors to the school. The School undertakes to promote good Health and Safety procedures commensurate with modern practice and advice within the context of a school and activities where there will be necessarily an element of risk.

### **First Aid is defined as:**

*“treatment for the purpose of preserving life and minimising the consequences of injury or illness until appropriate help is obtained and the treatment of minor injuries that require limited intervention”.*

The first aid arrangements of the school are provided in accordance with the requirements of the Joint Circular from the Ministry of Health and Ministry of Education and Training, [No. 13 \(updated 2016\)](#).

First aid and medical provision is made according to an assessment of the risk of each situation (classroom, outdoors, extra-curricular activities, trips, science laboratories etc.) and will be reviewed and altered as far as is reasonably possible according to changes in information and the medical needs of pupils and employees.

In all instances of illness or accident, attempts will be made to contact next-of-kin, but if it is deemed that emergency action is required, the School undertakes to refer the patient to the appropriate medical professionals without prior consent.

### First Aid Provision

Any pupil requiring first aid should be sent or taken to the medical room to be assessed by a qualified Nurse or designated qualified first aider. The medical room is fully equipped for all first aid needs. If a child is taken ill on Campus there is the Nurse, who should be contacted in the first instance, before calling one of the primary first aiders when necessary. All medical/first aid incidents and accidents are recorded. In the case of any accident requiring first aid, the Nurse, or a member of staff, who deals with the situation in the first instance should liaise with the relevant school office to ensure an Accident Report form (see appendix) is completed if required. Accident Report forms should also be completed for any injuries occurring at any Sports fixture, at home or away or any co-curricular activity. When an accident has occurred, parents will be contacted by the Nurse or relevant school office. The school will immediately notify the Prep class teacher or Secondary Form Tutor and Head of Section by email. If the Nurse or attending member of staff is in any doubt about the extent of an injury or illness, an ambulance should be called by the first aider responding to the incident.

### **Process for Staff:**

If a child requires first aid whether taken ill or due to an accident, and is on Campus:

1. Staff member:
  - a. Prep: TA to take the pupil to the Medical Room to be assessed by a qualified Nurse or designated qualified first aider.
  - b. Secondary: Send the pupil to the Secondary Office, except from PE lessons or Sport ECAs, where they will be sent straight to the Medical Room, to be assessed by a qualified Nurse or designated qualified first aider.
2. Staff member: Call one of the primary first aiders when necessary. The school office have a list of the qualified staff.

**For any accident or injury requiring first aid: on Campus, or at any Sports fixture at home or away, or any co-curricular activity:**

1. **The Nurse or member of staff dealing with the situation in the first instance:** liaise with the relevant school office to complete an Accident Report form (see appendix) if required.
2. **When an accident has occurred:**
  - a. **If in school hours:** The Nurse or relevant school office will contact the parents or emergency contact
  - b. **If out of school hours:** The staff member will contact the parents directly and the school emergency contact
3. If the Nurse or attending member of staff is in any doubt about the extent of an injury or illness, they should call an ambulance
4. **Once the school office has been notified of the accident, they will immediately email the Prep class teacher or Secondary Form Tutor, and Head of Section to notify them.**

**Process for Pupils:**

When a pupil has a medical problem and goes to the Nurse's room, the following steps are taken:

1. The Nurse attends to the medical needs of the pupil.
2. The Nurse informs Office staff who take charge of particular year groups **as soon as possible**, about the pupil's name, the time entered the Nurse's room, and their condition & Nurse accesses Managebac and then marks "Health" on the absent lesson.
3. The relevant section office sends an email to the relevant teachers (prep@reigategrammar.edu.vn or sec@reigategrammar.edu.vn) with the template "<<pupil's name>>is in the Nurse Room"
4. After the Nurse's diagnosis, all serious cases will be informed to the Head of Section for further instructions.
  - If the pupil needs to have a painkiller/ use drugs and medicines, parents will be contacted by the Nurse to ask for permission. The parent will have to confirm via email or phone.
  - If the pupil is required to be sent home as determined by the Nurse, parents will be contacted by a member of staff as appropriate (either the PREP office or SEC office or the Nurse or Korean Liaison Officer). Once the relevant school office receives the parental confirmation and is approved by the Head of the Section Office, the pupil will be allowed to go home.
5. Pupils collect "Leaving Early" form from the Registrar's office (on the 1st floor)/Prep/Secondary Office and be marked as "Leaving early" on the school management information system.
6. Accident/Incident/Medical report:
  - The Nurse will make the report for every medical case she sees & submit it to the school at the end of the day.
  - Regarding cases, the detailed incident/accident/medical report must be written by the person who deals with the accident/incident (teacher/ assistant/ staff) & the Nurse and submitted before 4:00 pm that afternoon.

## Training

A number of the school office staff have undertaken a First Aid at Work course and they are able to deal with minor incidents and provide emergency first aid. A number of teaching staff are re-trained every two years to update their certificates. Other members of staff are first aid trained appropriate to the qualifications required for the activity or area of the School for which they are responsible. There is a full-time Nurse, provided by our external provider SOS International, based in the medical room, who is able to offer care, within the limitations of the school facilities. When pupils are on Campus, there should be at least one qualified first aid member of staff. A list of qualified first aiders is maintained by the Admin and

school offices and can be requested from them. This list is displayed in key locations, including staff offices, throughout the school.

If necessary, individual treatment and emergency plans will be developed in conjunction with parents and medical professionals, for pupils with a particular illness i.e. diabetes, epilepsy, severe asthma. Information will be shared with staff where there is a medical need, via the central classlist.

First aiders are not qualified paramedics or nurses and the school's facilities are only set out to enable first aid provision. Therefore, all serious incidents will be referred to the Ambulance Service or pupils will be directed to obtain further treatment, at hospital or health centre. In almost all cases a parent, carer or guardian will be contacted to collect the pupil and accompany them to obtain further care. In exceptional circumstances, if a parent or guardian cannot be contacted, a member of staff may accompany a child to hospital to obtain emergency treatment. A member of staff cannot give consent for an operation, if required.

### First Aid Equipment

First aid boxes are maintained and reviewed by the school's Nurse (as provided by our external provider, SOS International) and more extensive equipment is located in the medical room. There is one defibrillator at RGSV. This is located in the Medical Room.

Sufficient numbers of first aid boxes will be provided at specific locations throughout the school premises. It will be the responsibility of the Nurse to inform the relevant school office to ensure that only those items allowed under the first aid regulations are kept in each box, that the supplies in the first aid box are in-date and that they are maintained to minimum stock levels. A log of when the first aid boxes have been checked is kept in the medical room.

### School Trips and Activities Off Site

Those taking trips and activities undertake a thorough risk assessment and are equipped with a first aid kit and a school mobile phone in case of emergency. Staff have emergency contact numbers and pupils are briefed thoroughly and given emergency contact instructions for any unsupervised time.

Activities which are deemed to be high actual risk (water-based activities for example) are not allowed without prior parental consent or the presence of a suitably experienced instructor. With the exception of Duke of Edinburgh Award hikes, where pupils are required to be unsupervised for large parts of the day, all potentially hazardous activities are done through school approved organisations with suitably experienced instructors or delivered by RGSV staff with appropriate qualifications or suitable experience, including a relevant and current first aid qualification.

It is a school requirement for all outsourced school trip companies to provide a copy of their key safety management documentation including risk assessments and method statements. The School must be satisfied with the quality of all the documented safety management plans (including in relation to first aid) before the trip commences.

### Activities on site

On site activities may be managed by RGSV staff or approved third parties. If approved third parties deliver an activity, they may be required to provide their own first aid cover for the participating pupils, or alternatively first aid cover for RGSV staff and pupils may be provided through our normal first aid arrangements. Whether RGSV or the third party is providing first aid cover, this should be established on a case-by-case basis as part of the risk assessment and agreed with the Co-curricular Coordinator, Nurse

and Headmaster, who will consider the availability of staff and nature of the activity. We would expect approved third parties to always provide first aid cover to their own staff.

### Medical Provision

Basic medical attention for minor ailments is given in the medical room, which is supervised by the School Nurse or a member of the office staff. The office staff are qualified first aiders but are not nurses. More serious ailments and injuries will be referred to a medical professional or the Ambulance Service (call 115). If, in the opinion of the School Nurse, the child requires further medical attention parents will be contacted.

On occasions when parents cannot be contacted, one of the office staff will accompany a pupil to hospital, and stay with the pupil until a parent arrives.

### Emotional and Mental Health

Pupils who are experiencing challenges with their emotional or mental health also report to the Nurse in the first instance. They may then be referred to a member of the pastoral team and will be contacted to offer support. We have information on external counsellors who may be able to offer support.

We work with a range of agencies and in partnership with parents to help support the emotional and mental health of our pupils. We encourage parents to be open with us if they feel that their child is experiencing a period of emotional ill-health.

### Medical Information

The school will keep medical information about particular pupils on the Google Drive and will ensure that all members of staff responsible for the pupil at any given time are made aware of his or her medical requirements, usually via the central classlist. Forms requesting medical information and changes to existing information are sent out at the beginning of the academic year; separate forms are required for residential trips/visits and outdoor education (i.e. DofE). The use and storage of all medical information is practised in line with any data protection regulations.

On all trips/visits, members of staff are required to check the medical requirements of all those attending the trip/visit and to carry the information with them.

It is the responsibility of parents to keep the School informed and updated immediately of any changes to the health and medical requirements of their children in writing. This responsibility is communicated through the annual data update form, which specifically asks for updates to medical/mental health information. The School cannot be responsible for any shortcomings in medical provision if this information is not forthcoming. Correspondence enclosing the annual data update sheet is issued to all parents for this purpose.

### Administration of Medicines

Pupils who are required to have medicine about their person, such as insulin, epipens, or asthma inhalers, should be instructed in its administration by a medical professional, the school Nurse. Please see **Appendix One (Anaphylaxis)** and **Appendix Two (Asthma)** for further information. The Nurse will keep spare medication in case of emergency if requested. The school has a number of anaphylaxis shock kits and reliever (salbutamol) inhalers, which can be administered, in an emergency, to pupils and staff who have a prescription for the same type of medication. A list of where these medications are stored is included in the appendices. Lists of pupils prescribed reliever inhalers and adrenaline auto-injectors are displayed in staff offices.

For all pupils, all medication, including over-the-counter medication, should be handed into the Nurse for safe-keeping and administration in the medical room. It is the responsibility of the parents to ensure that children take their before-school morning medication and to ensure that pupils with any of the following: insulin, epipens and asthma inhalers Pupils must have the medication with them when they leave for school. All other medicines should be carried to school by a parent or adult, not the pupil. Parents/guardians must sign written consent ([link here to the \*\*Administration of Medication in School\*\* letter](#)) for the Nurse or school office team to administer medicine(s).

Please note the requirement for self-medication as stated in the authorisation letter:

- 1) Self-medication: pupils requiring medication for asthma, anaphylactic reactions (or both), and diabetes may self-medicate with physician authorization, parent permission, and a student agreement for self-carried medication. Pupils must demonstrate the necessary knowledge and developmental maturity to safely assume responsibility for self-carry medications.

The School will administer paracetamol or other painkillers only if permission has been granted by a parent in writing unless in an emergency when confirmation by phone is acceptable.

It is the responsibility of the parents to provide the school with medication for remedial pain relief for a regular medical condition such as menstrual pain or anti-inflammatories for sporting injuries.

On all trips/visits, it is the responsibility of parents to liaise with the trip leader with regard to the administration of any medication. It is the right of any member of staff to decline the administration of any medication.

### Infectious diseases

In the case of a child vomiting or having diarrhoea, the child must remain away from school for 24 hours. In order to prevent the spread of infectious diseases, parents are asked not to send their child to school if they have, or may have, any condition which may be spread within a school environment. The Minister of Health sets out recommended periods of absence from school in the event of infection and/or illness according to [Law No. 03/2007/QH12](#) of November 21, 2007, on prevention and control of infectious diseases.

It is in the best interests of the whole school community that these guidelines are followed. If in doubt as to whether a child should be sent to school, parents are asked to telephone the relevant school office, please do not email. If a pupil has an infectious disease, staff will be notified via email. The school's decision to ask a child to remain away from school is final.

In the case of Covid-19, the school regularly monitors the guidance from the local & national authorities to ensure all information and control measures reflect current good practice. We promote self-administered, asymptomatic testing using lateral flow tests (LFTs) when symptoms arise as a cautious approach to reducing transmission by remaining off school if symptomatic and implement a wide range of hygiene and ventilation protocols in school. All considerations and control measures are recorded in the whole school Covid-19 risk assessment and supporting documents. The School works with vulnerable staff, including expectant mothers to complete individual risk assessments and implement further control measures, if required.

If there is an infectious disease present within the School that would affect the health of an expectant mother or their unborn child, or a staff member or pupil with a compromised immune system, the Senior Leadership team would email HR who would make known expectant mothers aware of the infectious

disease so that appropriate action can be taken.

## Accident Reporting

Every accident/incident in a school building, on school grounds, or during school outside activities must be reported and recorded to the relevant School office team who will inform members of the relevant Senior Leadership team member.

Accident statistics are collated by the Nurse and reported to the Board of Management, and trends analysed by the Board of Management. Any consequential decisions to change health and safety procedures are made at a Board meeting or by relevant members of the Senior Leadership team.

## Report Major Injuries and Conditions

Some incidents that happen in schools, or during education activities out of school, must be reported to the Police. The duty to notify and report rests with the responsible person. This may be the employer of the injured person; a self-employed person; or someone in control of the premises where work is carried out.

## What needs to be reported?

The school maintains records of accidents on site or on school visits. Staff must report the following work-related accidents, including those resulting from physical violence, if they injure either employees, or self-employed people working on school premises:

- accidents which result in death or major injury must be reported immediately to the school and the police;
- accidents which prevent the injured person from continuing at his/her normal work must be reported within 24 hours
- general reportable incidents should be notified within 3 working days

You must also report, in writing, any cases of work-related ill health affecting your employees that a doctor notifies you about (see *Reportable Diseases* below).

You must also report dangerous occurrences (also known as near misses). These are specified events which may not result in a reportable injury, but have the potential to do significant harm.

**Reportable Major Injuries** include:

- fracture other than to fingers, thumbs or toes;
- any amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (temporary or permanent);
- a chemical or hot metal burn to the eye or any penetrating injury to the eye;
- any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products) leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.

any other injury leading to:

- hypothermia, heat-induced illness or unconsciousness;
- resuscitation or requiring admittance to hospital for more than 24 hours;
- loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent;
- either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin;

- acute illness requiring medical treatment; or loss of consciousness;
- acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

#### **Reportable Diseases** include:

- certain poisonings;
- some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne;
- lung diseases including occupational asthma, pneumoconiosis, asbestosis, Mesothelioma;
- infections such leptospirosis, hepatitis, tuberculosis, anthrax, legionellosis and tetanus;
- other conditions such as occupational cancer, certain musculoskeletal disorders, decompression illness and hand-arm vibration syndrome.

#### What about pupils and other people who are not at work?

You need to report an accident that happens to someone who is not at work, e.g. a pupil or visitor, if:

- the person involved is killed or taken to hospital; and
- the accident arises out of or in connection with the work activity.

As with fatal and major injuries to employees, you must notify these accidents by following the procedures given above.

#### How do I decide whether an accident ‘arises out of or is in connection with work’?

An accident will be reportable if it is attributable to:

- work organisation (e.g. the supervision of a field trip);
- plant or substances (e.g. lifts, machinery, experiments etc.);
- the condition of the premises.

#### What about sports activities?

Accidents and incidents that happen in relation to curriculum sports activities and result in pupils being killed or taken to hospital for treatment are reportable.

#### Playground accidents

Playground accidents due to collisions, slips, trips and falls are not normally reportable unless they happen out of work or in connection with work, e.g. because of:

- the condition of the premises or equipment;
- inadequate supervision.

#### What records must I keep?

You must keep a record of any reportable death, injury, disease or dangerous occurrence for three years after the date on which it happened. This must include the date and method of reporting; the date, time and place of the event; personal details or those involved; and a brief description of the nature of the injury, event or disease.



## Procedures for dealing with the spillage of bodily fluids

Anyone, such as the Nurse, or first aiders should at least wear protective gloves when dealing with cuts etc. and waste should be disposed of in the appropriate bin. In the case of sickness, the cleaning supervisor should be informed immediately. The area should be cordoned off as much as possible until it can be cleaned. When a pupil is feeling sick and goes to the medical room, they should be given a disposable bowl. Hand sanitiser should be used frequently to avoid cross-contamination.

## Vaccinations

Pupils are required to have vaccinations in line with the Vietnamese regulations ([Click here for full details](#))

Parents are advised to consult with their own doctors concerning appropriate vaccinations for their children, including those which may be required for overseas trips organised by the School.

## Informing the School of illness

The school should be informed in writing via ManageBac Excusal button or, if unavailable, an email to the relevant school office of any absence from school as a result of an illness.

If a pupil needs time away from school for a medical appointment (or any other reason) then they must complete the Absence Request Form which should be emailed to the relevant school office.

## Medical Advice

The school employs a nurse, contracted by our external provider SOS International, who assists with first aid provision from the school office. Her role includes advice to staff and she may run some of the school's PSHE.

This policy should be read in conjunction with the School's terms & conditions and all other School policies and procedures, in particular:

- Staff Code of conduct
- Intimate Care Policy
- Diversity & Equality Policy
- Safeguarding & Child Protection Policy

## Appendix One: Anaphylaxis

### What is Anaphylaxis?

Anaphylaxis is a severe life threatening allergic reaction. The whole body is affected usually within minutes of exposure to the allergen. It may take seconds or several hours.

### Definition of Anaphylaxis

Anaphylaxis involves one or both of two features:

- Respiratory difficulty (swelling of the airway or asthma)
- Hypotension (fainting, collapse or unconsciousness)

### What are the symptoms?

- Swelling of the mouth or throat
- Difficulty in swallowing or speaking
- Alterations in the heart rate
- Hives (a raised, itchy rash that appears on the skin) anywhere on the body
- Abdominal cramps and nausea
- Sudden feeling of weakness
- Difficulty breathing
- Collapse and unconsciousness

*Nobody would necessarily experience all of these symptoms.*

### Common Causes of Anaphylaxis

- |             |              |                  |             |
|-------------|--------------|------------------|-------------|
| • Peanuts   | • Milk       | • Sesame         | • Shellfish |
| • Wasp      | • Latex      | • Blood products | • Kiwi      |
| • Tree nuts | • Egg        | • Fish           |             |
| • Bee       | • Penicillin | • Drugs          |             |

### Treatment

Parents of a pupil at risk from life-threatening allergies should make RGSV aware and ensure that the pupil carries spare medication with them. Parents should also provide the school with spare, clearly labelled medication.

The school has spare anaphylaxis shock kits for use in an emergency situation. Parents will be asked to give consent for these to be used in the event of a medical emergency and in the event of their own child's medication not being available.

### Emergency

The following is the procedure to be followed for the management of an emergency.

- Remain calm.
- Sit or lie the individual down.
- Administer prescribed Adrenaline pen if there are symptoms described above. Do not wait for assistance to arrive. **Note the time of administration.**

- Call **an ambulance** regardless of the degree of reaction or response to adrenaline. The individual must go to hospital. **State clearly to Ambulance Control that the person is having an anaphylactic reaction.**
- If the individual deteriorates, lay them down and raise their legs. If they progress into unconsciousness, place them in a semi-prone position. **Never** stand an individual up. Individuals have been known to collapse and die when stood up after an incident of anaphylaxis.
- Give a second Adrenaline pen after 10-15 minutes if symptoms worsen. **Note the time.** Inform ambulance personnel of times of drug administration – ensure they record it.

### Identification of Children at Risk

Adults must listen to the concerns of an anaphylactic pupil. Children usually know when they are having a reaction, even before signs manifest.

- It is the responsibility of the anaphylactic/potentially anaphylactic pupil's parent to inform RGSV of their child's allergy.
- All staff are to be made aware of the identity of these pupils. Photograph lists will be available to all departments.
- The parents of the pupils who are no longer allergic or no longer require an Adrenaline pen or other medication must make the School aware with an accompanying letter of explanation from their doctor.

### Availability and Location of Anaphylaxis kits

- Anaphylactic or potentially anaphylactic persons who have been prescribed use of an adrenaline pen must carry at least one adrenaline pen with them at all times and have a backup adrenaline pen in the school office. It is the parents' responsibility to ensure this happens in respect of their children.
- Anaphylaxis kits must be taken on trips/visits and the risks specially assessed. In particular, means of communication must be established in the event of an anaphylactic attack.
- Anaphylaxis kits stored on school premises will be checked periodically by the Nurse to ensure they are within their expiry date. It is the duty of the parents to make a note of the expiry date of their child's adrenaline pens and ensure both pens are always in date. Replacements should be sent in to the relevant School office prior to the expiry date.
- **The locations are listed in Appendix 5.**

**If you are worried at any time, call 115 and request an ambulance urgently  
Inform the parents as soon as possible  
Individual care plans are kept in the relevant school office, and with the Nurse.**

## Appendix Two: Asthma

Asthma is a condition that affects the airways. When a person with asthma comes into contact with something that irritates their airway the muscles around the walls of the airway tighten so that the airway becomes narrow and the lining inflames and starts to swell. Sometimes sticky mucous or phlegm builds up, which may further narrow the airways. This makes it very difficult to breathe and leads to symptoms of asthma.

Reigate Grammar School Vietnam recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the School. The School welcomes all pupils with asthma and believes pupils will be able to achieve their full potential in all aspects of school life.

### Key points

- All pupils must carry their own inhalers.
- The School will store spare ventilator inhalers provided from home for individual pupils in a labelled container in the medical room as required.
- The school has also purchased ventolin inhalers for the emergency treatment of an asthma attack in a pupil diagnosed with asthma and who has been prescribed an inhaler. This is stored in the nurse's office.
- Pupils will be encouraged to understand the condition so that they can support each other.
- A list of pupils with asthma is made available to school staff.

### Recognising Asthma

- The airways in the lungs become restricted.
- The pupil will have difficulty speaking.
- The pupil may wheeze, and have difficulty breathing out.
- The pupil may become quickly distressed, anxious and exhausted. They may appear blue around the lips and mouth.

### Procedure for an asthma attack

- Stay calm and reassure the pupil.
- Ensure the pupil sits upright and slightly forward with their hands on their knees.
- Loosen any tight clothing.
- Encourage slow deep breaths with an open chest.
- Ensure that the reliever (blue inhaler) is taken and call the school office or nearest first aider.
- The pupil should take two puffs of their blue inhaler and if they do not start to feel better they should proceed to take two more puffs of their inhaler every two minutes, taking up to ten puffs.
- If the pupil still does not feel better after taking their inhaler as above, or exhibits any of the following symptoms:
  - **The pupil is unable to talk or increasingly distressed**
  - **The pupil is disorientated or collapses**
  - **The pupil looks blue around the mouth and lips**
- If you are worried at any time call **115** and request an ambulance urgently.
- If an ambulance does not arrive within 15 minutes, repeat the blue inhaler procedure outlined above while you wait.
- Inform the parents as soon as possible about the attack.

## **Note**

Minor attacks should not interrupt the pupil's involvement in the school day and they should be able to return to normal activities as soon as possible. However, each individual instance must be assessed according to the severity of the attack and the emotional reaction of the pupil to the attack.

## **Emergency**

In the event of an emergency and staff being unable to locate your son or daughter's prescribed medication, the school Nurse or first aiders (on the advice of the emergency services), will administer the school's Epipen and/or Inhaler as necessary. Parents have been requested to advise the relevant school office immediately if there is any reason why consent is not granted for generic devices to be used.

**If you are worried at any time, call 115 and request an ambulance urgently  
Inform the parents as soon as possible.  
Individual care plans are kept in the relevant school office, and with the Nurse.**

## Appendix Three: Diabetes

### Key points

If you suspect someone is experiencing a diabetic emergency, check against the signs listed below to decide if their blood sugar is too high or too low.

### Typical Signs

- **High Blood Sugar (hyperglycaemia)**
  - Warm, dry skin.
  - Rapid pulse and rapid breathing.
  - Fruity breath & severe thirst.
  - Drowsiness leading to unresponsiveness if not treated.
- **Low Blood Sugar (hypoglycaemia)**
  - Weakness, faintness or hunger.
  - Confusion and irrational behaviour.
  - Sweating with cold, clammy skin.
  - Rapid pulse, trembling and deteriorating level of response.

### Emergency Action

- **High blood sugar (hyperglycaemia)**
  - **Call 115** for medical help and say that you suspect hyperglycaemia.
  - While you wait for help to arrive, keep checking their breathing, pulse and level of response.
  - If they lose responsiveness at any point, open their airway, check their breathing and prepare to treat someone who has become unresponsive.
- **Low blood sugar (hypoglycaemia)**
  - Help them sit down. If they have their own glucose gel, help them to take it, if not, you need to give them something sugary like fruit juice, a non-diet fizzy drink, two teaspoons of sugar, or sugary sweets.
  - If they improve quickly, give them some more sugary food or drink and let them rest. If they have their glucose testing kit with them, help them use it to check their glucose level. Stay with them until they feel completely better.
  - If they do not improve quickly, call 115 for medical help.
  - If you are not sure whether someone has high or low blood sugar, give them something sugary anyway, as this will quickly relieve low blood sugar and is unlikely to do harm in cases of high blood sugar.

**If you are worried at any time, call 115 and request an ambulance urgently**

**Inform the parents as soon as possible.**

**Individual care plans are kept in the relevant school office, and with the Nurse.**

## Appendix Four: Epilepsy

If you think someone is having a seizure, there are six key things to look for:

- Sudden loss of responsiveness.
- Rigid body with an arching back.
- Noisy, difficult breathing.
- Convulsions (jerky uncontrolled movements).
- Loss of bladder and bowel control.
- Afterwards they may be confused, tired and fall into a deep sleep.

### Steps to follow if you suspect someone is having a seizure:

- Stay calm!
- Look around – is the person in a dangerous place? If not, do not move them. Move objects like furniture away from them.
- Note the time the seizure starts and how long it lasts.
- Stay with them. If they don't collapse but seem blank or confused, gently guide them away from any danger. Speak quietly and calmly.
- Cushion their head with something soft if they have collapsed to the ground.
- Don't restrain them.
- Don't put anything in their mouth.
- Check the time again.
- If a convulsive (shaking) seizure doesn't stop after five (5) minutes, call for an ambulance.
- After the seizure has stopped, put them into the recovery position and check that their breathing returns to normal. Gently check their mouth to see that nothing is blocking their airway such as food. If their breathing sounds difficult after the seizure has stopped, call for an ambulance.
- Stay with them until they are fully recovered. If they are injured, or they have another seizure without recovering fully from the first seizure, call for an ambulance.
- If they stop breathing at any point, prepare to treat someone who is unresponsive and not breathing.

**If you are worried at any time, call 115 and request an ambulance urgently**

**Inform the parents as soon as possible.**

**Individual care plans are kept in the relevant school office, or with the Nurse.**

## Appendix Five: Location of first aid boxes, AEDs, spare EpiPens and inhalers

### First Aid Equipment

First aid boxes are maintained and reviewed by the School Nurse in consultation with the Manager of the relevant School Office and more extensive equipment is located in the Medical Room.

Sufficient numbers of first aid boxes will be provided at specific locations throughout the school premises. It will be the responsibility of the Nurse and Manager of the relevant School Office to ensure that only those items allowed under the first aid regulations are kept in each box and that they are maintained to minimum stock levels.

### Location of first aid boxes

• <b>The Medical Room</b>	• <b>All Science Laboratories</b>
• <b>In the Dining Hall</b> (on the wall in the kitchen)	• <b>On Minibuses</b>
• <b>Swimming Pool</b>	

### Location Automated External Defibrillators (AEDs)

There is one **Automated External Defibrillators (AEDs)** at RGSV located in the Medical Room, which can be used in an emergency by any staff trained to do so.

Location of anaphylaxis kits and reliever inhalers: Medical Room



**Appendix Six: Incident/Accident/Medical Report form**

**ACCIDENT/INCIDENT/MEDICAL REPORT FORM**

Name of pupil(s) \_\_\_\_\_

Form Tutor Group: \_\_\_\_\_

Place of accident/incident  
\_\_\_\_\_  
\_\_\_\_\_

Description of accident/incident  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action taken  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person that dealt with the accident/incident

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Job Title*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date & time*

**NURSE TO COMPLETE:**

Injury/Diagnosis \_\_\_\_\_  
\_\_\_\_\_

Treatment/Course of action \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents informed (Date & Time)  
\_\_\_\_\_  
\_\_\_\_\_

**FOLLOW-UP**

	<b>By whom? Time &amp; Date</b>	<b>Notes / Further actions</b>
Parents telephoned / emailed [delete as appropriate]	By Nurse/ through KLO (for Korean pupils)	
Person who reported the accident spoken to / emailed [delete as appropriate]		
Head of Section spoken to / emailed [delete as appropriate]		
Headmaster/SLT spoken to / emailed [delete as appropriate]		
Managing Director notified [delete as appropriate]		

## Appendix Seven: First Aid Kit

### FIRST AID KIT

#### KITCHEN AND CANTEEN AREA

1. Examination latex gloves medium size : 5 pairs
2. Gauze sterile 10cm x 8cm : 5 packs
3. Elastic bandage 10cm\*4.5m : 1 roll
4. Elastic bandage 7.5cm\*4.5m: 1 roll
5. Band aid 1.8cm x 6cm : 30 pieces
6. Urgopore 2.5 cm x 5m
7. Sodium chloride 0.9% 500ml : 1 bottle
8. Betadine 30ml : 1 bottle
9. Biafine (silvirin) : 1 tube
10. Burn First aid guidance (poster is accepted)
11. Hand Sanitizer
12. Face mask for mouth to mouth

#### CLASSROOM AREA

1. Examination latex gloves medium size : 5 pairs
2. Gauze sterile 10cm x 8cm : 5 packs
3. Elastic bandage 10cm\*4.5m : 1 roll
4. Elastic bandage 7.5cm\*4.5m: 1 roll
5. Band aid 1.8cm x 6cm : 30 pieces
6. Urgopore 2.5 cm x 5m
7. Sodium chloride 0.9% 500ml : 1 bottle
8. Betadine 30ml : 1 bottle
9. Triangular bandage
10. Hand Sanitizer
11. Face mask for mouth to mouth

#### SCHOOL TRIP

1. Examination latex gloves medium size : 5 pairs
2. Gauze sterile 10cm x 8cm : 5 packs
3. Elastic bandage 10cm\*4.5m : 2 roll
4. Elastic bandage 7.5cm\*4.5m: 2 roll
5. Band aid 1.8cm x 6cm : 30 pieces
6. Sodium chloride 0.9% 500ml : 1 bottle
7. Betadine 30ml : 1 bottle
8. Urgopore 2.5 cm x 5m
9. SAM splint : 1 roll
10. Bandage scissors : 1
11. Soft Cervical Collar : 1
12. Arm Sling : 1
13. Thermometer
14. Triangular bandage
15. Space blanket
16. Hand washing sanitizer

17. Sun cream
18. Insect repellent
19. Sanitary products
20. Eye Patch
21. Saline drops
22. Pocket torch with batteries
23. Face shield
24. Ventolin inhaler
25. Epi-pen for Anaphylaxis shock kit

## **MEDICAL ROOM**

1. Gauze sterile 10cm x 8cm: 2 packs
2. Band aid 1.8cm x 6cm: 5 packs
3. Betadine 30ml: 1 bottle
4. Examination latex gloves medium size: 5 pairs
5. Elastic bandage 10cm\*4.5m: 2 rolls
6. Elastic bandage 7.5cm\*4.5m: 2 rolls
7. Urgopore 2.5 cm x 5m: 1 roll
8. Sodium chloride 0.9% 500ml: 1 bottle
9. Triangular bandage: 1 piece
10. Ambu bag: 1 piece
11. Hand sanitizer: 1 bottle
12. Bandage scissors: 1 piece
13. Sam splint SAM splint: 1 roll
14. Saline drops: 2 bottles

## **SCHOOL BUSES**

1. Examination latex gloves medium size: 5 pairs
2. Gauze sterile 10cm x 8cm: 4 packs
3. Elastic bandage 10cm x 4.5m: 1 roll
4. Elastic bandage 7.5cm x 4.5m: 1 roll
5. Band aid 1.8cm x 6cm: 10 pieces
6. Urgopore 2.5 cm x 5m: 1 roll
7. Sodium chloride 0.9% 500ml: 1 bottle
8. Betadine 30ml: 1 bottle
9. Triangular bandage: 1 piece
10. Ambu bag: 1 piece
11. Hand sanitizer: 1 bottle

## **FIRST AID KIT**

<b>Location of FA kit</b>	<b>Required quantity</b>	<b>Comment</b>
<b>Sciences Laboratory</b>	7 boxes	
<b>Kitchen</b>	1 box	
<b>Canteen</b>	1 box	
<b>Swimming Pool</b>	1 box	
<b>School trip</b>	2 boxes	