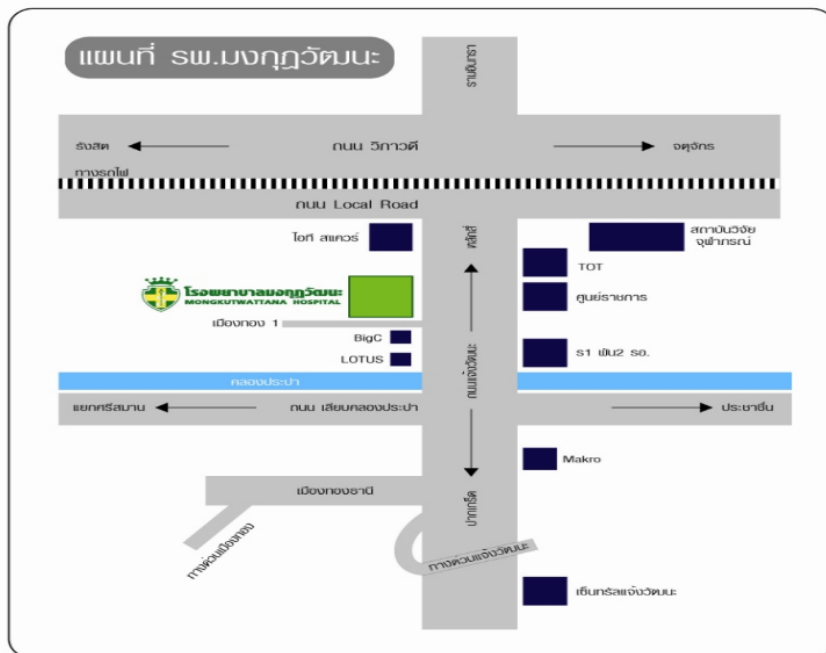


Maps and Location with Hospital nearby

Mongkutwattana General Hospital

34/40 Jaengwattana Rd., Tungsonghong, Laksi, Bangkok 10210 Thailand
 Telephone : 0-2574-5000-9 Emergency Call. 0-2574-1000 Fax. 0-2574-4856
 Email : info@mongkutwattana.co.th

[Click Map to Enlarge](#)



34/40 ถนนแจ้งวัฒนะ เขตหลักสี่ กรุงเทพมหานคร 10210
 34/40 Jaengwattana Rd., Tungsonghong Laksi, Bangkok 10210
 www.mongkutwattana.co.th E-mail: info@mongkutwattana.co.th

● โทรศัพท์ (TELEPHONE) : (02)574-5000
 (02)574-5380
 ●ฉุกเฉิน (EMERGENCY) : (02)574-1000
 ●โทรสาร (FAX) : (02)574-4856

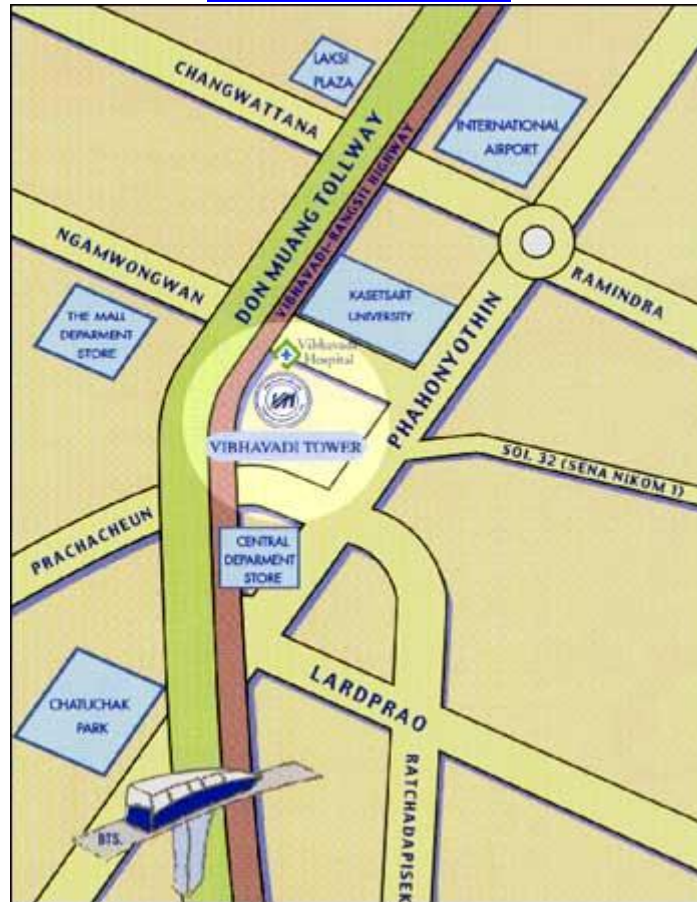


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Vibhavadi Hospital Public Company Limited

51/3 Ngamwongwan Rd., Jatujak, Bangkok Thailand 10900
Tel. +66(0)2-561-1111, +66(0)2-941-2900, +66(0)2-941-2800
Fax. +66(0)2561-1466

[Click Map to Enlarge](#)





HARROW
INTERNATIONAL SCHOOL
BANGKOK

The World Medical Centre

Phone: +662 836 9999 ext 6119

International Medical Service Center

Office hour: Monday-Sunday 08.00-18.00 hrs

[Click Map to Enlarge](#)



- Auto Car
- Shopping mall
- Filling Station
- Intersection
- Railway Station
- Airport
- Exhibition Hall
- Hotel
- School

**โรงพยาบาลนานาชาติ
The World Medical Center**
เลขที่ ๕๕ หมู่ ๕ ถนนสุขุมวิท แขวงคลองตันเหนือ เขตวัฒนา กรุงเทพฯ 10110

Call Center
02 836 9999
www.theworldmedicalcenter.com

BUMRUNGRAD INTERNATIONAL

33 Sukhumvit 3 (Soi Nana Nua), Wattana, Bangkok, 10110 Thailand

Phone :0 2667 1000 Fax: 0 2667 2525

[Click Map to Enlarge](#)



Thailand's First JCI Accredited Hospital
33 Sukhumvit 3, Bangkok 10110, Thailand Tel: +66 (0) 2667 1000 Fax: +66 (0) 2667 2525
www.bumrungrad.com

Bangkok Hospital List

Bumrungrad Hospital and Medical Center (A)

33 Sukhumvit Soi 3 (Soi Nana Nua),
Klong Toey, Bangkok, 10110.
Tel.: (02) 667-1000; Fax: (02)667-2525
Website: www.bumrungrad.com

Bangkok Nursing Home Hospital (BNH Hospital)

9/1 Convent Road, Bangkok, 10500.
Tel.: (02) 632-0550,632-0560; Fax: (02) 632-0577
Website: www.bangkoknursinghome.com
The Bangkok Nursing Home was the first private, non-profit hospital established by expatriates, opening some 100 years ago.

Bangkok General Hospital [A]

2 Soi Soonvijai 7, New Petchaburi Road, Bangkok, 10320.
Tel.: (02) 310-3000, 318-0066; Fax: (02) 310-3367
Website: www.bgh.co.th.

Other Private Hospitals Used by Expatriates in Bangkok

Bangkok Christian Hospital (Protestant Mission)

124 Silom Road, Bangrak, Bangkok, 10500.
Tel.: (02) 233-6981, 634-0560; Fax: (02) 634-0601
<http://www.bangkokchristianhospital.org>

Bangkok Mission Hospital

(Seventh-Day Adventist Mission) [B/C]
430 Thanon Pitsanulok (Road), Dusit(near Dusit Zoo),
Bangkok, 10300.
Tel.: (02) 282-1100, 281-1422; Fax: (02) 280-0441
<http://www.mission-hospital.com>

Camillian Hospital (Catholic Mission)

423 Soi Thonglor, Sukhumvit Soi 55,
Wattana, Bangkok, 10110
Tel.: (02) 391-0136; Fax (02) 381-1843
<http://www.camillanhospital.com>

Kasemrad Prachachuen Hospital

950 Prachachuen Road, Bangsue, Bangkok, 10800.
Tel.: (02) 910-1600-2; Fax: (02) 910-1649

Mongkutwattana Hospital (near Harrow campus) [B/C]

34/40 Chaengwattana Road, Laksi, Bangkok, 10210.
Tel.: (02) 574-5001-2; Fax: (02) 574-8656
<http://mongkutwatta.com>

Promitr Hospital

12 Sukhumvit Soi 39, Wattana, Bangkok, 10110.
Tel.: (02) 259-0373; Fax: (02) 258-4751

Hyperbaric Medicine Center, Theptarin Hospital (Private)

3850 Rama IV Road, Bangkok, 10110.
Tel.: (02) 240-2727; Fax: (02) 249-8774

Rutnin Eye Hospital

80/1 Soi Asoke, Sukhumvit Soi 21,
Wattana, Bangkok, 10110.
Tel.: (02) 258-0442; Fax: (02) 259-0780
<http://www.rutnin.com>

Samitivej Hospital and Medical Center

Sukhumvit Soi 49, Wattana, Bangkok, 10110.
Tel.: (02) 392-0011; Fax: (02) 391-1290
<http://www.samitivijhospitals.com>

St. Louis Hospital (Catholic Mission)

215 South Sathorn Road, Yannawa, Bangkok, 10120.
Tel.: (02) 675-5000; Fax: (02) 675-5200
<http://www.stlouis.or.th>

Theptarin Hospital

3850 Rama IV Road, Bangkok, 10110.
Tel.: (02) 240-2727; Fax: (02) 249-8774
<http://www.theptarin.com>

Vichaiyut Hospital

114/4 Setsiri Road, Phayathai, Bangkok, 10400
Tel.: (02) 272-2100,618-6200-59; Fax: (02) 272-2788
<http://www.vichaiyut.co.th>

King Chulalongkorn Memorial Hospital

1873 Rama IV Road, Bangkok, 10330,
Tel.: (02) 252-8181-9, 251-8932; Fax: (02) 256-4368
This is a large tertiary care medical center (1,800 beds), and
The primary teaching hospital of Chulalongkorn University Medical School. It is located in the central business district close to the Dusit Thani Hotel, and the British, German, Australian, and US Embassies.
<http://www.chulalongkornhospital.go.th>

Bhumibol Adulyadej Hospital (Royal Thai Air Force) [D/S]

171 Paholyothin Road, Don Muang, Bangkok, 10220.
Tel.: (02) 531-1970; Fax: (02) 523-6932
<http://www.rtafhospital.org>



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Paolo Memorial Hospital [B/C]

670/1 Paholyothin Road, Bangkok, 10400.
Tel.: (02) 271-0227, 271-2460; Fax: (02) 278-4780

Phayathai 1 Hospital [B]

364 Sri Ayuthaya Road, Bangkok, 10400.
Tel.: (02) 245-2621-3; Fax: (02) 642-4468

Phayathai 2 Hospital [B]

943 Paholyothin Road, Bangkok, 10400.
Tel.: (02) 617-2444; Fax: (02) 271-2306

Phayathai 3 Hospital (Thonburi)

207/26 Petchkasem Road, Pakklong,
Phasricharoen, Bangkok, 10160
Tel.: (02) 869-1111; Fax: (02) 869-1119
<http://www.phayathai.com>

Praram 9 Hospital

99 Soi Praram 9, Rama IX Road, Bangkok, 10320.
Tel.: (02) 248-8020; Fax: (02) 248-8018
[Http://www.praram9.com](http://www.praram9.com)

Police General Hospital

492/1 Rama I Road (opp. The World Trade Center).
Patumwan, Bangkok, 10330.
Tel.: (02)-8111; ER: 252-8099;
Ambulance: (02) 252-2171; Fax: (02) 251-1803

Pramongkutklo Hospital (Royal Thai Army)

315 Rajavithi Road, Phayathai, Bangkok, 10400.
Tel.: (02) 246-1400; Fax: (02) 247-9954

Ramathibodi University Hospital (Mahidol University)

270 Rama VI Road, Bangkok, 10400.
Tel.: (02) 246-1073-87; Fax: (02) 201-1061, 246-0024

Siriraj Hospital (Mahidol University) [D/S]

2 Prannok Road, Thonburi, Bangkok, 10700.
Tel.: (02) 419-7000, 411-4230; Fax: (02) 411-2429
<http://www.si.mahidol.ac.th>

Hospital for Tropical Diseases (Mahidol University)

420/6 Rajavithi Road, Phayathai, Bangkok, 10400.
Tel.: (02) 246-0056, 246-0832, 246-1272;
Fax: (02) 246-8340
This is principally a teaching and research facility.

Prapinklao Naval Hospital (Royal Thai Navy)

504 Taksin Road, Thonburi, Bangkok, 10600.
Tel.: (02) 468-0116-20; Fax: (02) 475-2710

Student / Staff Medical Record Form

Name: _____ Date: _____.

Male / Female Date of Birth: _____ Age: ____.

Main Complaint: _____ Describe Injuries: _____.

Patient Exam

Time				
Responsiveness				
HR				
RR				
Skin Colour				
Skin Temperature				
Skin Moisture				
Pain Level 1-10				

History

Symptoms:	
Allergies:	
Medications:	
Pertinent Medical History:	
Last Intake / Output:	
Events leading to incidents/illness	
Onset: Sudden / Gradual	
What makes the pain worse or better:	
Is the pain: Sharp / Dull / Constant / Erratic	
Where is the pain:	
Pain getting worse or better over time:	

Normal Vital Signs at Rest

Age	Heart Rate	Respiration Rate
2 – 6	80 – 115	20 – 30
6 – 10	85 – 100	20 – 25
10 – 18	70 – 80	15 – 20

Treatment Given:

Name of Staff Member / Nurse Completing:

Signature:

(If patient is sent to hospital, please ask for all medical certificates and documentation)

This completed form should be sent to the school nurse in the first instance

Signs, Symptoms and Treatment Aide Memoire for Trips

Primary Care

- A: Asses the Scene, Apply Barriers, Alert EMS, Ask Permission, Airway: Open airway
- B: Breathing: Look, Listen and Feel, Provide 2 Rescue Breaths if needed
- C: Circulation, Compressions (30 to 2 breaths, repeat 5 times)
- D: Defibrillation
- S: Serious Bleeding, Spinal Injury and Shock

Serious Bleeding

Treatment

- Apply direct pressure
- Elevate wound (if a limb is injured)
- Continue to apply further bandages if blood soaks through. DO NOT remove bandages
- Transport to hospital

Spinal Injuries

Signs and Symptoms

- Incident involving a fall from height, impact, impalement or trauma
- Pain or tenderness along back and spine
- Numbness and tingling in limbs
- Loss of feeling and/or paralysis
- Loss of bowl & bladder control
- Signs and symptoms of shock

Treatment

- Stabilise the spine and control the head movement manually
- Call for a qualified first aid person/nurse
- DO NOT act outside of your training
- Only move the patient if they are in immediate danger

Shock

Signs & Symptoms (Early Signs)

- Responsiveness: Students may appear Anxious, restless and disoriented
- Heart Rate (HR) will become rapid (above 100 bpm)
- Respiration Rate (RR) will be rapid, but shallow
- Skin will become Pale, Cool and Clammy
- Nausea, vomiting or dizziness

Signs that SHOCK has moved to the next stage:

- Deterioration of mental status, eventually they will become unresponsive.
- HR will be more rapid, but with a weak pulse.
- RR becomes even more shallow

Treatment

- Treat before serious signs develop
- Treat the cause, keep the patient calm
- Keep patient warm
- Keep the patient flat with legs raised 12 inches

The best way to tell if the shock is getting worse, is by taking the radial pulse on the wrist and ankle, if this pulse becomes weaker and they become less responsive, transport to hospital ASAP.

Heat Exhaustion

(From heat stress, water and electrolyte loss and ineffective hydration)

Signs & Symptoms

- Responsiveness: Dizziness with fainting possible
- HR and RR elevated
- Skin: Pale, Cool & Clammy or slightly flushed
- Nausea and/or vomiting
- Fatigue
- Thirst with decreased urine output
- Heat cramps in large muscle groups

Treatment

- Rest in cool shady area
- Replace fluids with water, sugar drinks with a tsp. of salt, sports drink
- Monitor for shock symptoms
- Rest until symptoms subside
- Treat heat cramps with gentle stretching
- Monitor in case of relapse

Heat Stroke

Signs & Symptoms

- Responsiveness: Disorientated, irritable, combative, progressing to unresponsive
- HR and RR increased
- Skin will be hot, but colour can vary from red to pale.
- Skin moisture, if its dry it is classic heat stroke; if the skin is wet it is likely they have heat stroke through prolonged exercise or exertion.

Treatment

- Transport to hospital
- Cool patient, spray water on them, fan them.

Hypernatremia

(A low sodium level in the blood caused by high water intake, combined with low food and salt intake and sweating)

Signs and Symptoms

- Headache, light headedness
- Unusual weakness and fatigue
- Nausea and or vomiting
- Mild to moderate anxiety
- Muscle cramping
- History of heavy water intake over last 12 hours

Treatment

- Rest in shade
- Stop fluid intake
- Intake of salty foods
- Rest until symptoms subside

Burns

(Including Thermal, Chemical, Electrical and Radiation)

1st Degree Burns: Red Skin, swelling and mild pain

2nd Degree Burns: As above but with the emergence of blisters

3rd Degree Burns: Painless, pale or charred skin, no blisters present

Treatment

- For sun burn apply moisturizer or aloe vera gel
- Small burns can be soaked in cold water
- Remove clothing and objects around affected area
- Apply antibiotic ointment, burn gel to blistered area, DO NOT burst the blister. Cover with a clean dry dressing
- Hydrate patient
- Transport to hospital depending on degree of burn, area affected, pain level, and S & S of shock

Allergic Reactions & Anaphylaxis

Mild and Moderate Reactions

Signs & Symptoms

- Swelling near the injection site (for a sting)
- Hay fever signs and symptoms (for a pollen reaction)
- Flushed and itchy skin
- No respiratory difficulty

Treatment

- Remove the allergen or the patient from the environment
- Give oral antihistamines
- Monitor closely for facial swelling and respiratory compromise

Anaphylaxis

Signs & Symptoms

- Mild to moderate allergic reaction: flushed and itchy skin, hives/welts on skin
- Large areas of swelling on face, lips, tongue, hands and feet
- Breathing difficulties, unable to speak in one or two word clusters
- Signs and symptoms of shock

Treatment

- Remove the allergen or the patient from the environment
- If patients can swallow, give oral antihistamines
- Inject epinephrine (doctor must be consulted first, nurse to inject)
- Transport to hospital

Snakebite

Signs & Symptoms

- Fang marks
- Swelling and pain
- Bruising and blisters (after 6 hours)
- Weakness, sweating and chills
- Nausea and perhaps vomiting
- Numbness

Treatment

- Calm the patient, a bite does not mean they have venom in them
- Immobilise the limb: Avoid compression or constriction of the extremity
- Transport to hospital
- Try and get a description of the snake from the victim/witnesses so the correct antivenom can be administered.
- DO NOT use a tourniquets or ice.

Signs and Symptoms

- Swelling, redness, raised patches
- Signs and symptoms of shock
- Itching, burning or throbbing pain
- Severe cases: headaches, abdominal cramps, nausea, vomiting, muscle paralysis, respiratory, cardiac distress.

Treatment

- Calm and reassure the patient
- Rinse affected area with sea water. DO NOT scrub or rinse the injury with fresh water.
- Apply vinegar to affected area for 15 to 30 minutes
- Remove any visible tentacles with tweezers
- Immobilise the limb
- Apply cold compress
- Transport to hospital

Marine Animals

(Injuries caused by starfish, sea urchins, sea cucumbers, cone shells, stingrays, scorpion fish and octopus)

Signs and Symptoms

- Local discolouration, cyanosis, and laceration or puncture wound
- Numbness, tingling and intense local pain
- Nausea, vomiting
- Serious cases: paralysis, respiratory distress, heart rhythm irregularities
- Signs and symptoms of shock

Treatment

- Manage severe bleeding
- Immerse the injury in hot water for 30-90 minutes or until pain has gone
- Clean wound and prevent infection
- Transport to hospital if S & S are extreme

Blisters

Treatment

- Friction blisters on the feet CAN be burst
- Wash & dry the affected area
- Apply padding and tape to reduce rubbing



THE SCHEDULE

THESE SCHEDULE PAGES ARE PART OF YOUR POLICY. THEY SUPERSEDE AND REPLACE ANY SCHEDULE BEARING AN EARLIER EFFECTIVE DATE.

Policy No: 00206210281

Name of Assured: Harrow International School, Bangkok and/or its associate and/or subsidiary companies as applicable contractually for the policy.

Assured's Address:

45 Soi Kosumruamchai 14, Kosumruamchai Rd., Sikun, Don Muang, Bangkok, 10210 Thailand

C/o Clements Worldwide One Thomas Circle, NW Washington DC 20005 USA

Assured's Type of Business:

International School operating in Bangkok, Thailand

Date of written application: Not Applicable The Term of Insurance is from **1st of August 2015** to **31st of July 2016** both days 12:01 am Standard Time and

For further periods, if any, as specified by endorsement to this Insurance.

BENEFITS COVERED

This Policy provides cover only in respect of such of the following benefits as have an amount or percentage of the Principal Sum inserted against them, either in "Benefits Covered" or "Insured Persons and Benefits Covered".

PART I: ACCIDENTAL DEATH, ACCIDENTAL LOSS OF LIMB OR SIGHT AND ACCIDENTAL PERMANENT TOTAL DISABILITY

Percentage of the Principal Sum (maximum 100%)

1. Death 100%
2. **Loss of sight** of both eyes 100%
3. **Loss of sight** of one eye 100%
4. **Loss of limb**, involving two or more limbs 100%
5. **Loss of limb** involving only one limb 100%
6. **Loss of sight** of one eye and **loss of limb**, involving only one limb 100%
7. **Loss of hearing** with one or both ears 100%
8. **Loss of speech** 100%
9. **Permanent Total Disability** 100%



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BANGKOK

PART II:

ACCIDENTAL TEMPORARY TOTAL DISABILITY

The amount payable per week during such **Temporary Total Disability** up to a maximum of **Not Covered** weeks and after the **Elimination Period** as stated in the Schedule. This part shall not pay benefits for more than **Not Covered** any one **Insured Person** regardless of the number of **Accidents**.

Geographical Limits:

WORLDWIDE

Premium: Minimum & Deposit premium of USD 5,000 adjustable annually at \$0.90 per person per day for \$50,000 Limit.

Notice of Claim and Proof of Loss to be given to:

Name:

CLAIMS MANAGER

CLEMENTS & COMPANY dba CLEMENTS WORLDWIDE

Address:

One Thomas Circle, NW; 8th Floor

Washington, DC 20005 USA

Service of Process to be given to:

Name:

Mendes & Mount

Address:

750 Seventh Avenue

New York

New York 10019 – 6829 USA

Dated: 4th of August 2014

K (A) (USA) (Schedule) NMA2589 FOR ATTACHMENT TO NMA2587.

For payment of medical treatment, the Trip / Expedition leader should pay using petty cash. If the cost of the treatment is more than you have available, please contact Martin Kyle on 08-1829-2933 to arrange payment.



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Please submit: Original completed Claim Form

Original medical invoices/receipts

Medical reports

Incident report / Police Report (if applicable)

Other information as per the PA-Claims Procedures Document

Claimant's name in full:	
Passport number:	
Date of birth:	
Nationality:	
Contact telephone number:	
Date, Time & Place of accident / illness:	
Cause of accident / illness:	
Nature & extent of injuries (please describe the injury / illness if you are unsure of the medical term):	
State period during which you have been totally disabled from attending to your business as the sole and direct result of the accident / injury	
Name & contact details of any witness(es):	
Have you suffered from the same condition before:	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, please state: ❖ Date(s) of consultation(s):	
--	--



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❖ Name & address of doctor consulted:	
Name & address of your usual doctor:	
Amount claimed in respect of medical expenses (specify currency):	

Signature: _____

Date: _____

Please forward this completed form to Khun Khanitha (Khanitha_p@harrowschool.ac.th) along with all relevant documents.

Please cc Martin Kyle (Martin_ky@harrowschool.ac.th) and Chris Henriquez at Chris_He@harrowschool.ac.th



Accident, Incident or Near-miss Reporting Form

This form should be completed by the school nurse, staff member involved, expedition and trip leaders to report any accident, incident or near-miss.

Accident (A):

Incident (I):

Near-miss (NM):

Name of person involved:

DOB:

Telephone Number:

Student: Staff: Parent: PCS: Epicure: Visitor:

Time and Date completing form:

Time and Date of A, I or NM:

Location of A, I or NM:

Details of accident, incident or near-miss

What activity was been undertaken at the time: (eg walking, lifting, kayaking)

Describe the accident, incident or near-miss in detail:

Describe any contributing factors: (eg. Behaviour, faulty equipment, supervision, environmental conditions, human error)

What immediate action was undertaken and by whom:



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Did any injury or harm occur: Yes: No:

Nature of the injury or harm: Physical: Emotional: Psychological:

Details of injury or harm:

Who has been informed?
Head of School Head of House Boarding Parent
Name: Contact number (if applicable):

Name of staff member completing form:

Date form completed:

Please submit for to: Mathew Rees for School related IANM's, Christian Henriquez for expeditions and excursions related IANM's

This section is to be completed by the Director of Operations or Expeditions Coordinator

Date form received:

Received by:

What action has been undertaken to investigate the I, A or NM:

What actions have been taken to prevent this from happening again:

Signature:

Date Finalised:

Completed forms should be sent to the Campus Manager for recording and filing



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Lightning Policy

While the probability of being struck by lightning is extremely low, the odds are significantly greater when proper safety precautions are not followed. The nature of the tropics means that thunderstorms are a fact of life for us during the rainy season which is particularly prevalent at the beginning and end of the school academic year. The incidence of the occasional storms outside of this time is also possible. There have been a number of deaths in Asia at International Schools as the result of lightning strikes on days when thunderstorms were imminent but not present at the time of the strike.

Detection

To estimate the distance of lightning we will use the “Strike Alert” lightning detection device. There are several of these devices available in the Leadership in Action Office for use on trips and expeditions.

The Director of Leadership in Action will inform Harrow teachers and staff of the lightning policy before any trip or expedition takes place.

The Director of Leadership in Action will ensure that Harrow teachers and staff are familiar with “Strike Alert” and ensure that it is safe, secure and easily accessible. All teachers and staff must be instructed in its use and aware of this policy.

Action

- When thunder is heard or lightning is seen, students and spectators must cease the activity and move under cover.
- When the “Sky Scan” shows a reading of 6-12 miles all outside activity should cease and all students and spectators move under cover.
- At the first sound of thunder, sighting of lightning or in response to a signal from the “Strike Alert”, the teacher or staff member responsible must instruct all participants to move immediately to the nearest safe refuge. Where possible, a safe refuge must be in a building and NOT just a covered area outside.
- The responsible Staff member must blow one long whistle to signal the evacuation of the area. This signal should be repeated every 10 seconds until all outside areas are clear.
- After evacuation the areas should be cleared for a minimum of 20 minutes before the “Strike Alert” is consulted again and any activity can be resumed.
- After 20 minutes clearance activities may resume when the “Strike Alert” reading is 12– 24 miles.

Safety Guidelines

- Stay away from tall or individual trees, lone objects, standing pools of water, and open fields.
- Avoid tallest object in field. Do not take shelter under a single tall tree.

- If there is no safe shelter within a reasonable distance, crouch in an area of small trees surrounded by taller trees or in a dry ditch. Crouching with only your feet touching the ground and keeping your feet close together, wrap your arms around your knees and lower your head to minimize your body's surface area. Do Not Lie Flat.
- Pay more attention to the lightning threat than the rain. It need not be raining for lightning to strike; lightning can strike far from where the rain is falling.
- Large enclosed structures are much safer than smaller or open structures.
- Fully enclosed metal vehicles such as cars, buses, etc. with the windows rolled up provide good shelter.
- Places that are definitely not safe refuge include high places and open fields, isolated trees, open sided shelters, covered areas, metal poles, pools etc.
- When inside a building avoid contact with water, conductive surfaces with exposure to the outside such as a metal pillar and electrical wiring.

First Aid Recommendations for Lightning Victims

- If you are first aid trained then follow your training
- Ask for someone to call for EMS to assist, and giving information regarding the situation.
- Do not place yourself in danger, assess the scene.
- It is unlikely that a victim will have a spinal injury, fracture or major bleeding unless they have suffered a fall or been thrown. You should decide if it is necessary to move the victim to a safer environment.
- Remember, check airway, breathing and circulation.
- If the victim is not breathing, start mouth to mouth resuscitation. (30 compressions to 2 breaths)
- If you have to move the victim then give them a few breaths first before they are moved.
- You should continue ventilation with rescue breathing if needed until Emergency Medical Services arrive, or as long as you physically can.



<p style="text-align: center;">Critical Incident Management</p> <p style="text-align: center;">Missing Person (misper)</p> <ul style="list-style-type: none"> • Stop the activity Time: • Try mobile phone of misper • Establish when they were last seen • Where were they last seen? • What were they wearing? • What was their mental state? • Any Medical conditions (E3)? • Staff member to supervise rest of the group • Coordinate search of area last seen at • Contact Harrow to inform SLT • Contact local police for assistance • Inform police of description, phone number, medical details, area last seen, area searched already • Remain as liaison person with police • Liaise with SLT regarding remainder of trip 	<p style="text-align: center;">Critical Incident Management</p> <p style="text-align: center;">Sudden Death / Suicide</p> <p>Every attempt should be made to preserve life with first aid unless it is too dangerous to do so, or you become exhausted.</p> <ul style="list-style-type: none"> • Contact Ambulance/Police • Ensure safety of the group, keep away from the body • Secure the scene, do not touch anything. • Confirm details of who the body is (accuracy is crucial) • Students who are aware of death should be asked not to communicate via phones to others, staff will do this at an appropriate time • Contact ELT member • Establish any circumstances/facts surrounding death • Ask ELT to send a ELT member if you require one • Continue to manage group needs, liaise with police and ELT <p style="text-align: center;">Executive Leadership Team at School will:</p> <ul style="list-style-type: none"> • Make arrangements for the group to return to school • Inform parents • Arrange for repatriation of body • Arrange councillors • Arrange press release and inform Ministry of Education
<p>Critical Incident Management</p> <p>Bus Breakdown</p> <ul style="list-style-type: none"> • Move the rear 3 rows of students forward • Liaise with driver regarding anticipated delay time • Inform SLT / Montri of incident and establish secondary mode of transport • If safe to do so, move students out of bus to a cool shaded area • IF NOT SAFE, call Police and ask for their assistance • Manage welfare needs of students; water, food, toilets • Inform third party provider of delay if required • Continue to liaise with SLT • Once secondary mode of transport has arrived, decide in consultation with SLT and third party provider if trip should continue or be cancelled. 	



Critical Incident Management	Critical Incident Management
Bus Accident	Kidnaping
<ul style="list-style-type: none">☑ Evacuate the students from the bus (once traffic has stopped & safe to do so)☑ Montri will call Police/ambulance—confirm with driver☑ Assess students for injuries and prioritise those that need immediate first aid☑ Inform SLT of incident☑ Confirm identity of students that require hospital treatment, and nature of injuries☑ Send member of staff to hospital with injured students (Thai speaking)☑ E3 details to be taken to hospital with staff member☑ Manage welfare needs of students; water, food, toilets☑ Inform third party provider of delay if required☑ Continue to liaise with SLT☑ Once secondary mode of transport has arrived, decide in consultation with SLT and third party provider if trip should continue or be cancelled.	<ul style="list-style-type: none">☑ Ensure the safety of the remainder of the group☑ Staff member looking after group to restrict communication via mobiles and explain reasoning to students☑ Confirm details of who has been kidnapped☑ Contact the Police☑ Provide Police with<ul style="list-style-type: none">NameAgeGenderClothing descriptionPhysical descriptionMobile number of studentDescription of offendersDirection leaving inVehicle used☑ Inform SLT member of all details☑ Check for CCTV coverage of the area—inform the police☑ Try and secure the scene of kidnapping until police arrive☑ Confirm students/staff who witnessed kidnapping, ask them to
Senior Leadership Team will:	
<ul style="list-style-type: none">☑ Liaise with parents☑ Help confirm transport arrangements☑ Arrange press release☑ Provide guidance from the crisis management plan	<ul style="list-style-type: none">write down descriptions of offenders, but do not confer with each other☑ Liaise with Police, SLT and manage group wellbeing