

## **Belleville Primary School**

### **Drug Education and Drug Related Incident Policy**

**Agreed by Governors:** May 2018

**Next review due:** May 2021

#### **This policy is based on:**

Drugs: Guidance for Schools, DfES/0092/2004

### **Drug Education**

#### **1. What is Drug Education?**

##### **1.1 Definition of 'drugs'**

The term 'drugs' and 'drug education', unless otherwise stated, is used throughout this document to refer to:

- all illegal drugs (*those controlled by the Misuse of Drugs Act 1971*)
- all legal drugs, including alcohol, tobacco, volatile substances (*those giving off a gas or vapour which can be inhaled*), ketamine, khat and alkyl nitrites (*known as poppers*)
- all over-the-counter and prescription medicines

##### **1.2 Definition of 'drug education'**

Drug education enables children to develop their knowledge, skills, attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions.

##### **1.3 Explanation**

All drugs have the potential to harm; but some drugs are more harmful than others. For a small number of people, drugs lead to serious and far reaching consequences not only for themselves, but their families, their communities and society in general. For children and young people in particular, drugs can impact on their education, their relationships with family and friends and prevent them from reaching their full potential.

All children and young people need to be able to make safe, healthy and responsible decisions about drugs, both legal and illegal.

Drug education equips children with the values, skills and knowledge to understand and deal appropriately with social and cultural pressures (including in the media).

#### **2. School Statement on Drug Education**

At Belleville School we believe drug education plays a central role in keeping children physically and emotionally safe and healthy by helping children understand about the risk and effects of drugs; by developing their confidence and skills to manage situations involving drugs; by creating a safe and supportive learning environment; and ensuring that those for whom drugs are a concern receive appropriate support.

Drug education teaches children to develop values, attitudes, personal and social skills, and increases their knowledge and understanding to make informed decisions and choices.

#### **3. Aims of Drug Education**

The aim of drug education is to provide opportunities for children to develop their knowledge, skills, attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions.

Through the curriculum we aim to support, teach and encourage children (at an appropriate stage in their development) to:

### **3.1 Increase pupils' knowledge and understanding and clarify misconceptions**

For example, about:

- the short- and long-term effects and risks of drugs
- the rules and laws relating to drugs
- the impact of drugs on individuals, families and communities
- the prevalence and acceptability of drug use among peers
- the complex moral, social, emotional and political issues surrounding drugs

### **3.2 Develop pupils' personal and social skills to make informed decisions and keep themselves safe and healthy**

This includes:

- assessing, avoiding and managing risk
- communicating effectively
- resisting pressures
- finding information, help and advice
- devising problem-solving and coping strategies
- developing self-awareness and self-esteem

### **3.3 Enable pupils to explore their own and other peoples' attitudes**

For example:

- towards drugs, drug use and drug users
- challenging stereotypes
- exploring media and social influences.

## **4. Content and Organisation of Drug Education**

Belleville aims to provide a programme of drug education predominantly through the PSCHE and science curriculum.

Drug education is taught gradually, so that learning can be built up year-by-year in a way that is appropriate to the age and maturity of each child; responds to the needs they have, and enables them to successfully manage the challenges they face as they grow up.

### **4.1 Drug education in the science National Curriculum**

Key Stage 1 - Children learn about the role of drugs as medicines.

Key Stage 2 – Children learn about the effects on the human body of tobacco, alcohol and other drugs, and how these relate to their personal health.

### **4.2 Drug education in the PSCHE curriculum**

Many of the skills and attitudes developed and explored through drug education are common to other aspects of PSCHE. For example, skills to resist pressure to use drugs are applicable to personal safety and relationship education.

Key Stage 1 – Children learn about being safe with medicines and household substances and the basic skills for making healthy choices and following safety rules. They consider questions such as:

*Who gives us medicines?*

*What is a risk?*

Key Stage 2 – Children learn about the effects and risks of alcohol, tobacco, volatile substances and illegal drugs and basic skills to manage risky situations. They learn how to

make informed choices about their health, how to resist pressure and to take more responsibility for their actions. They may consider questions such as:

*Why do people smoke?*

*What are the risks of alcohol?*

*What is peer pressure and how can I deal with it?*

*Why do people have different attitudes to drugs?*

*How can I get help, advice and support?*

## **5. Management of Drug Education**

There is a designated PSCHE leader to oversee the planning in the school. The leader will be responsible for informing the rest of staff about new developments, and the Headteacher for the need of training. The leader will advise colleagues on resources to aid planning and to use in the classrooms (including visits and visitors). The leader will monitor planning and resources to ensure they fulfil the Drug Education policy and any associated guidance. The leader will review the schemes of work and associated teacher guidance annually.

## **6. Meeting individual pupil's needs**

The drug education curriculum needs to have flexibility to address the specific needs of the pupils in any group. All drug education materials should be inclusive and show positive images of children and adults from a range of backgrounds.

Within a class, children will have differing levels of knowledge, ability and maturity. Teachers should respond to children's questions at their level whilst balancing the needs of the whole class. Sometimes individual children will ask questions and raise issues that are much more advanced than their peers. In this case the teacher can defer the question so that it can be answered in one to one setting. Questions may also be referred back to parents/carers if necessary.

If the question raises cause for concern about safeguarding or child protection the teacher should discuss this with the designated school child protection officer to agree next steps.

Classroom support from teaching support staff (teaching assistants, learning support assistants and learning mentors) helps ensure that the needs of individual children can be met. Teaching support staff may run small group/individual drug education sessions outside of full class teaching to meet the needs of particular children. These sessions must comply with the SRE policy and any associated guidance and are fully directed by the teacher/PSCHE leader/SENCO.

## **7. Drug Education for pupils with Special Educational Needs and Disabilities (SEND)**

Pupils with SEND within all educational settings should receive their entitlement to drug education. Teachers may need to focus more on developing pupils' confidence and skills to manage situations which require making decisions about drugs. This may include developing competence to manage medicines responsibly, staying safe and understanding and managing feelings. Teachers should pay particular attention to enabling pupils to seek help and support when they need it.

Timing, methods and learning processes will differ according to their needs.

It is important to acknowledge the physical and emotional development of these children and differentiate materials accordingly. Teachers will be expected to liaise with the SENCO/PSCHE leader/relevant outside agencies as necessary to plan a relevant curriculum to meet the needs of these children.

## **8. Teaching techniques**

Schools have an important role in helping children develop the vocabulary and confidence to

talk, listen to others and think critically about drug education. There are a number of teaching strategies that can help this, for example:

- establishing and maintaining ground rules to create a safe learning environment and to make confidentiality procedures clear
- responding to / being conscious of pupils' existing knowledge and experience
- using 'distancing' techniques;
- using interactive learning methods that support participation and encourage reflection

Additional guidance and training for teachers/teaching support staff will ensure these techniques are used effectively and within the school's drug education policy.

## **9. Assessment**

The elements of drug education that form part of the science curriculum at Key Stages 1 and 2 must be assessed in accordance with the requirements of the National Curriculum. The learning from the other elements of drug education should also be assessed as part of overall PSICHE provision.

## **10. Staff Responsibilities**

In order to reassure parents/carers, children and governors that the personal beliefs and attitudes of teachers (including teaching support staff involved in delivery of drug education) will not influence the teaching, all those contributing to the programme are expected to work within the aims listed at point 3 in this policy, follow this policy and any other guidance provided by the school.

Teachers and support staff who are concerned in any way that a child is at risk of misuse of drugs, being harmed by parental or family member drug misuse or any other kind of abuse must follow the school's Safeguarding Children Policies and procedures (child protection). They cannot, therefore, offer unconditional confidentiality to children. All staff should follow the school's confidentiality policy.

Teachers have a duty of care to pupils entrusted to the school, including when on school trips/visits and residential journeys.

## **11. The role of governors**

Governors have a key strategic role in ensuring that drug education is of a high quality and meets the needs of children and the communities the school serves. It is the responsibility of the school governors to ensure that the drug education and drug related incident policies are up-to-date and fit for purpose.

## **15. Diversity Issues**

### **15.1 - Cultural and/or religious background**

Teachers need to be sensitive to the fact that children may have varying attitudes towards drugs which are influenced by their cultural and religious backgrounds and their life experiences, values and beliefs.

Parents/carers may have concerns about their children discussing such matters or bringing drug education materials into the home. It is, nevertheless, important for all children to be prepared for drug-related situations and decisions they may face. See point 16 of this policy.

### **15.2 - Pupils requiring regular medication**

Teaching may focus on the appropriate use of medicines and developing children's competence to manage their medication responsibly. As for all children, messages about the importance of taking medicines in accordance with the prescriber's instructions, not sharing medicines with others and the risks associated with taking some medicines in combination with alcohol, volatile substances and illegal drugs, should be included within the drug education

programme. It is important that the drug education teaching does not inadvertently stigmatise children who need regular medication.

### **15.3 Pupils whose parents/carers or relatives use or misuse drugs**

Many children will have parents/carers or relatives who take medicines, smoke or drink alcohol. Some may have parents/carers or family members who use illegal drugs. All staff and governors need to be sensitive to the very real possibility that the parents/carers or relatives of some pupils may be problem drug users.

Care should be taken to ensure that the drug education programme takes potential drug use of parents/carers or family members into account, for example in the issues portrayed and the language used, so that drug education does not stigmatise or heighten pupils' anxieties about their parent's/family member's welfare. Determining and addressing the additional educational needs of children of problem drug users will be a high priority for the teacher/SENCO/PSCHE leader.

## **16. Working with parents/carers**

Parents/carers have an important role to play in supporting their child's drug education. It is essential that Belleville School, through its communications and relationships with parents/carers, helps them to understand:

- the school's approach and rationale for drug education (including the importance of starting drug education from an early age)
- what topics are taught and when
- the style of teaching and the aims of drug education
- how the school will respond to drug incidents
- how the school can support them e.g. *advice on how to talk to their child about drugs, where to access information about drugs and what to do if they have concerns*

This information needs to be provided in good time to allow for discussions with individual parents/carers to take place before any specifically planned drug education lessons and to provide additional support as necessary or when needed.

Parents/carers should be encouraged to approach the school if they are concerned about any issue related to drugs and their child. Schools can refer parents/carers to other sources of help, for example, specialist drug agencies or family support groups.

## **20. The role and responsibilities of visitors to the school**

**All visitors to the school should work within Belleville School's Drug Education and Drug Related Incident Policy and Belleville School's Confidentiality policy.**

### **20.1 The role of visitors in drug education**

The teacher should ensure that the contribution of visitors fits within the scheme of work for drug education and enhances learning. Responsibility for drug education lies with the school, and the input from a visitor should never be a substitute for a planned and coordinated school drug education curriculum.

When involving external contributors, the teachers should ensure that:

- they are clear about the desired learning outcomes before deciding who is best able to help achieve them
- the external contribution is integrated into the school's programme, rather than being an isolated event
- the external contributors are competent educators and facilitators and do not provide input outside their area of expertise
- the content of lessons is negotiated to ensure that it meets the needs of pupils and is consistent with the overall aims of the drug education programme

- the contribution is grounded in a pupil-centred approach to learning, which may involve assessing educational needs

### **20.1 Sniffer dog demonstrations/educational visits**

If sniffer dogs are to be used for demonstration or educational purposes schools will need to have agreed in advance with the police what will happen should the sniffer dog indicate a trace on a pupil, member of staff or visitor to the school. The purpose of demonstrations or educational visits should be made clear. Demonstrations/educational visits should never be used surreptitiously as a detection exercise.

## **Drug Related Incidents**

### **21. What is a 'drug related incident'?**

#### **21.1 Definition of 'drugs'**

The term 'drugs', unless otherwise stated, is used throughout this document to refer to:

- all illegal drugs (*those controlled by the Misuse of Drugs Act 1971*)
- all legal drugs, including alcohol, tobacco, volatile substances (*those giving off a gas or vapour which can be inhaled*), ketamine, khat and alkyl nitrites (*known as poppers*)
- all over-the-counter and prescription medicines

#### **21.2 Definition of a 'drug related incident'**

A drug related incident involves suspicions, observations, disclosures or discoveries of illegal or potentially harmful/dangerous situations involving illegal drugs, other unauthorised drugs or the misuse of legal drugs.

*Examples of drug related incidents (for illustrative purposes, this is not intended to be a comprehensive list):*

- *drugs or associated paraphernalia are found on school premises*
- *a pupil demonstrates, perhaps through actions or play, an inappropriate level of knowledge of drugs for their age*
- *a pupil is found in possession of drugs or associated paraphernalia*
- *a pupil is found to be supplying\* drugs on school premises*
- *a pupil, parent/carer or staff member is thought to be under the influence of drugs*
- *a pupil discloses that they or a family member/friend are misusing drugs.*

*\* within the context of the school drug policy the term 'supply' may be used to describe pupils sharing drugs, or pupils being coerced to supply drugs, a group of friends taking it in turn to bring drugs in for their own use, and habitual organised supply for profit.*

### **22. Dealing with medical emergencies involving drugs**

In every case of an incident involving drugs, the first priority is safety, meeting any medical emergencies with first aid and summoning appropriate help before addressing further issues. If staff are in doubt, they should seek medical assistance immediately. Please see Appendix 1 for further details of procedures.

### **23. Establishing the nature of drug related incidents**

#### **23.1 Investigation**

The headteacher or designated staff member leading on drug issues should inform, consult and involve others as necessary. A careful investigation should take place when possible to judge the nature and seriousness of each incident. The emphasis should be on listening to what people have to say and asking open-ended, rather than closed or leading questions. Consideration should be given to separating any pupils involved in the incident and ensuring that a second adult witness is present.

### **23.2 Confidentiality**

Careful attention should be given to respecting the confidentiality of those involved. Staff should follow the Belleville Confidentiality Policy and make children aware that complete confidentiality cannot be guaranteed.

### **23.3 Evaluating the seriousness of the incident**

A range of factors may be relevant and need exploring to determine the seriousness of the incident, the needs of those involved and the most appropriate response.

*For example:*

- *what does the pupil have to say?*
- *is this a one-off incident or longer-term situation?*
- *is the drug legal or illegal?*
- *what quantity of the drug was involved?*
- *what was the pupil's motivation?*
- *is the pupil knowledgeable and careful or reckless as to their own or others' safety and how was the drug being used?*
- *what are the pupil's home circumstances?*
- *does the pupil know and understand the school policy and school rules?*
- *if supply of illegal drugs is suspected, how much was supplied, and was the pupil coerced into the supply role, were they 'the one whose turn it was' to buy for others, or is there evidence of organised or habitual supply?*

### **23.4 Responding to the incident**

Any response to an incident should balance the needs of the individual with those of the wider school community.

Any response should always be justifiable in terms of:

- the seriousness of the incident
- the identified needs of the pupil and the wider school community
- consistency with published school rules, codes and expectations
- consistency with disciplinary action for breaches of other school rules (such as theft, violence, bullying).

*Examples of a range of responses:*

- *early intervention and targeted prevention*
- *referral to outside agencies*
- *counselling*
- *behaviour support plans*
- *inter-agency programmes*
- *fixed-period exclusion*
- *pastoral support programmes*
- *a managed move*
- *permanent exclusion*

### **23.5 Child Protection and Safeguarding**

If a drug related incident raises concerns about harm or the potential for harm to a child, the Safeguarding and Child Protection Policy and procedures should be followed.

### **23.6 Informing parents/carers**

In any incident involving illegal and other unauthorised drugs the school will normally involve the child's parents/carers and explain how the school intends to respond to the incident and to the pupil's needs.

Where the school suspects that to do this might put the child's safety at risk or if there is any other cause for concern for the child's safety at home, then the school should exercise caution when considering involving parents/carers.

In any situation where a pupil may need protection from the possibility of abuse, the school's designated child protection officer should be consulted and the Child Protection Policy and procedures followed.

If a child is in possession of alcohol or tobacco, parents/carers should normally be informed and given the opportunity to collect the alcohol or tobacco, unless this would jeopardise the safety of the child.

### **23.7 Recording an incident (see Appendix 2)**

Schools should make a full record of every incident. Storage of sensitive information about pupils or staff should be secure and should accord with the requirements of the Data Protection Act 1998.

Schools should be aware that records, including notes of any discussions with pupils, may be used in any subsequent court proceedings. Notes should include the time, date, place and people present, as well as what was said.

## **24. Parents/carers under the influence of drugs on school premises**

When dealing with parents/carers under the influence of drugs on school premises, staff should attempt to maintain a calm atmosphere. On occasion, a teacher may have concerns about discharging a pupil into the care of a parent/carer. In such instances, schools might wish to discuss with the parent/carer if alternative arrangements could be made, for example asking another parent/carer to accompany the child home.

The focus for staff will always be the maintenance of the child's welfare, as opposed to the moderation of the parent's/carer's behaviour.

Where the behaviour of a parent/carer under the influence of drugs repeatedly places a child at risk or the parent/carer becomes abusive or violent, staff should consider whether to invoke child protection procedures and/or the involvement of the police.

## **25. Legitimate drugs in schools and associated policies/guidance**

Illegal drugs have no place in Belleville School. However, there are instances where other drugs may legitimately be in school.

### **25.1 Medicines in school**

Some children may require medicines that have been prescribed for their medical condition during the school day. When managing and administering medicines all staff should follow the medicine in school policy. This covers issues around:

- Staffing – including which staff has this duty as part of their contract of employment, training, insurance arrangements
- Administration of medicines
- Self-management - in deciding whether children can carry and administer their own medicines, access arrangements to essential medicines and that medicines are only accessible to those for whom they have been prescribed
- Storage - some medicines should be readily available to pupils whilst some may require suitable storage
- Out of date medicines – parents/carers should be advised when a medicine stored in school is out of date and make arrangements for a replacement
- Record keeping - it is important to keep an accurate record of when medicines have been given or if a child has refused their medication. Records offer proof that schools have followed appropriate procedures.
- Misuse of medicines – including what a misuse of medicine is and the school's response
- Non-prescribed medicines - the policy sets out the circumstances in which pupils may take over-the-counter medicines, such as those providing relief from period pains or

hay fever. It is advised that school staff do not give non-prescribed medication to pupils.

- Disposal of medicines - parents/carers should collect and dispose of unused or date-expired medicines.

## **25.2 Health and Safety**

This policy should include guidance on:

### 22.2i - Solvents or hazardous chemicals

Schools should take careful account of how any solvents or hazardous chemicals are legitimately used by school staff or pupils, and how these substances are stored securely and managed to prevent inappropriate access or use.

### 22.2ii - Volatile substances

Given the level of danger posed by volatile substances schools may arrange for their safe disposal. Small amounts may be placed in a bin to which pupils do not have access, for example a bin within a locked cupboard.

### 22.2iii – Disposal of needles/syringes

Needles or syringes found on school premises or used for medical purposes should be placed in a sturdy, secure container (for example, a tin with lid), using gloves. Soft-drink cans or plastic bottles should not be used. Used needles and syringes should not be disposed of in domestic waste. If incidents of finding needles are high then the school may wish to obtain a properly constructed sharps container, which should be kept out of reach of pupils and members of the public who may not appreciate the associated risks.

## **25.3 Alcohol on the sites**

If alcohol is authorised on the school sites by the Headteacher, for example at a PTA event, the arrangements for storage or use that minimises risks to children on site should be agreed and adhered to.

It is an offence under the Licensing Act 1964 to sell alcohol without a licence. Schools would need to obtain an occasional licence to sell alcohol under the Licensing (Occasional Permissions) Act 1983.

## **25.4 Tobacco on site**

Belleville school operates a strict no-smoking policy on both sites. This applies to staff, governors, parents/carers and any visitors to the sites.

## **26. The role of the police**

### **26.1 Reporting drug related incidents**

The police will not normally need to be involved in incidents involving legal drugs, but the Headteacher may wish to inform trading standards or police about the inappropriate sale or supply of tobacco, alcohol or volatile substances to pupils in the local area.

Schools have no legal obligation to report an incident involving drugs to the police.

Nevertheless, not informing the police may prove to be counter-productive for the school and wider community.

### **26.2 Seizure and disposal of suspected illegal substances on the school sites**

The law permits school staff to take temporary possession of a substance suspected of being an illegal drug for the purposes of preventing an offence from being committed or continued in relation to that drug providing that all reasonable steps are taken to destroy the drug or deliver it to a person lawfully entitled to take custody of it.

In taking temporary possession and disposing of suspected illegal drugs schools are advised to:

- ensure that a second adult witness is present throughout

- seal the sample in a plastic bag and include details of the date and time of the seizure/find and witness present.
- store it in a secure location, such as the school safe or other lockable container with access limited to two senior members of staff
- without delay notify the police, who will collect it and then store or dispose of it in line with locally agreed protocols. The law does not require a school to divulge to the police the name of the pupil from whom the drugs were taken. Where a pupil is identified the police will be required to follow set internal procedures.
- record full details of the incident, including the police incident reference number (see Appendix 2)
- inform parents/carers, unless this would jeopardise the safety of the pupil.

### **26.3 Arrests on school sites**

If formal action is to be taken against a pupil, the police should make arrangements for them to attend a local police station accompanied by an appropriate adult for interview. Only in exceptional circumstances should arrest or interviews take place at school. An appropriate adult should always be present during interviews, preferably a parent/carers or duty social worker.

## **27. Staff conduct and drugs**

**27.1 Drugs in the workplace** are an issue for schools in terms of:

- laws and professional responsibilities relating to the use of drugs in the workplace and working with children
- the welfare of staff with drug problems
- the messages conveyed to pupils through the role-model teachers provide, which has implications for their behaviour in and out of school.

### **27.2 Responsibilities of employers and employees**

**Headteachers have responsibility for the health, safety and welfare of pupils and staff at all times.**

Under the *Health and Safety at Work Act 1974* employers have a duty to:

- ensure the health, safety and welfare at work of employees
- ensure that employees do not injure themselves or endanger the public or colleagues.

Additionally, under the *Management of Health and Safety at Work Regulations 1999*, employers have a duty to assess the risks to health and safety of their employees. Employers can be liable to prosecution if they knowingly allow an employee to continue working under the influence of alcohol or drugs if that employee's behaviour places themselves or others at risk.

Equally, employees are required to take reasonable care of themselves and others who could be affected by their actions at work. School staff have a legal duty of care towards pupils in their care.

### **27.3 The welfare of staff**

The misuse of illegal drugs, prescription medicines or misuse of alcohol by staff can be regarded as a health matter rather than an immediate cause for discipline.

Employers have a responsibility to maintain a safe and healthy working environment (*DfEE Circular 4/99*) which will include taking action to support members of staff affected by workplace stress or other pressures. Employers must ensure that arrangements are in place for appropriate occupational health advice and support.

### **27.4 Fitness to teach and disciplinary action**

A member of staff may be deemed unfit to work if he or she poses a risk or potential risk to the health and safety of pupils or colleagues. Teachers' misuse of illegal drugs, prescription medicines or alcohol can be a disciplinary matter and may be pursued using the schools' disciplinary procedures.

It can lead to barring or restricting a person's employment, for instance if it leads to criminal activity or to behaviour that involves an abuse of the teacher's position of trust or a breach of the standards of propriety expected of the profession (*DfEE Circular 11/95*).

Employers have a statutory duty to inform the Department for Education and Skills and provide specific information when they cease to use a person's services (or might have ceased to use the person's services had they not withdrawn them) on the grounds of their misconduct, unsuitability to work with children or where a relevant health issue is raised (*Education (Prohibition from Teaching or Working with Children) Regulations 2003*).

A teacher may be deemed unfit to teach if he or she poses a risk or potential risk to the health and safety of pupils or colleagues. The governing body or headteacher must take emergency action when they consider a teacher may have become medically incapable of performing teaching duties and is putting pupils or colleagues at risk (*DfEE Circular 4/99 and DfEE 2000*).

## **21. Availability of the Drug Education and Drug Related Incidents policy**

All parents/carers, staff and governors should be made aware of the policy and be able to access this alongside the Confidentiality policy.

## Appendix 1

### Drug related medical emergencies

(Adapted from: *The Right Responses* [DrugScope, 1999])

The procedures for an emergency apply when a person is at immediate risk of harm. A person who is unconscious, having trouble breathing, seriously confused or disoriented or who has taken a harmful toxic substance, should be responded to as an emergency.

Your main responsibility is for any pupil at immediate risk, but you also need to ensure the well-being and safety of others. Put into practice the school's first-aid procedures. If in any doubt, call medical help.

#### **Always:**

- assess the situation
- if a medical emergency, send for medical help and ambulance.

#### **Before assistance arrives**

##### If the person is conscious:

- ask them what has happened and to identify any drug used
- collect any drug sample and any vomit for medical analysis
- do not induce vomiting
- do not chase or over-excite them if intoxicated from inhaling a volatile substance
- keep them under observation, warm and quiet.

##### If the person is unconscious:

- ensure that they can breathe and place in the recovery position
- do not move them if a fall is likely to have led to spinal or other serious injury which may not be obvious
- do not give anything by mouth
- do not attempt to make them sit or stand
- do not leave them unattended or in the charge of another pupil
- notify parents/carers

##### For needle stick (sharps) injuries:

- encourage wound to bleed (Do not suck a wound), wash with soap and water, dry and apply waterproof dressing
- if used/dirty needle seek advice from a doctor.

#### **When medical help arrives**

- pass on any information available, including vomit and any drug samples.

**Complete a medical record form as soon as you have dealt with the emergency.**

**Appendix 2**

**Belleville Primary School - Drug Related Incident Report**

<b>Date of Incident:</b>		<b>Time of Incident:</b>		<b>Location of Incident:</b>	
<b>Incident reported by:</b>			<b>Other people present:</b>		
<b>Description of incident (including what was said):</b>					
<b><u>Action taken:</u></b> <b>Medical</b>	Was first aid given?  Yes/No	By whom?	Was an ambulance or doctor called?  Yes/No	Who called?  Time of call?	
<b><u>Action taken:</u></b> <b>Substance found</b>	Was a sample found?  Yes/No	Where?	Where is it securely stored?  By whom?	Witnessed by whom?	
<b><u>Action taken:</u></b> <b>Police involvement</b>	Have the police been informed?  Yes/No	By whom?	Date?  Time?	Police incident reference number	
<b><u>Action taken:</u></b> <b>Parent/carer informed</b>	Has the parent/carer been informed?  Yes/No	By whom?	Date?	Time?	

Completed by: \_\_\_\_\_ (Name) \_\_\_\_\_  
(Position)

Date completed: \_\_\_\_\_

Countersigned (*Headteacher*): \_\_\_\_\_

Date of countersignature: \_\_\_\_\_