

Use of Drugs Policy

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Roles

Designated child protection officer:

The school has designated child protection officers (DCPO) on the leadership team. It is the role of the DCPO to advise on and oversee the management of drug-related incidents. They will ensure that correct procedures are followed and that all pupils, parents/carers or professionals involved have fully understood the school's role and what action will be taken. They are responsible for ensuring that pupils' rights to confidentiality shall be observed; and for overseeing any case that may have social services involvement. Social care should be consulted to explore situations that may indicate that the child is at risk of harm. If there is evidence that a pupil is in need or at risk of harm they will lead on referrals, child protection or child in need plans, team around the child actions and guide staff as to the correct procedures.

PSHE Coordinator:

They are responsible for the leadership and management of drugs education across the school. The manager will also ensure inset, training materials and leaflets used are in line with the ethos of the school. They will review this policy regularly.

Context

Research clearly demonstrates that all young people are close to a source of drugs; using drugs is one of the choices on a menu of activities available to young people today. Research shows that the majority of young people will have been offered an illegal drug before they are 16 and up to 50% have tried illegal drugs at least once. It is against this background that the school has developed this policy. One of the purposes of this policy is to provide a safe framework for people to work or learn in ensuring that the school uses its resources to reduce the likelihood of staff, pupils or visitors suffering avoidable drug-related harm. The policy itself demonstrates how the management of drug-related incidents and the implementation of drug education will be carried out.

School policy statement

This school recognises the damage that can be caused to individuals, families and communities by the misuse of drugs and other substances, including alcohol and tobacco products.

Some pupils can be implicated in drug use and drug dealing by being encouraged or forced to act as runners and couriers.

This school recognises that there may be some young people who choose to take risks. However, at no time will the school knowingly permit or tolerate possession, consumption, supply or offer to supply any unauthorised drugs on the school premises, by any member of the school community. If any breaches of this policy are committed they will be fully investigated and dealt with and appropriate sanctions taken.

It is the responsibility of all teaching and support staff to implement this policy.

This school also recognises that at primary school age the effects of drug and other substance use most damaging to pupils arise from their parents' and carers' use, not their own. We therefore acknowledge the role this school can play in identifying indications and symptoms of drug and substance use, which may come to our attention as child protection concerns – neglect, lack of care, and inappropriate care roles of pupils for adults in their households. In such situations, we accept a responsibility, with other agencies, for indicating to those affected the agencies, organisations and routes which can support them in acknowledging their behaviour and attempting to change it by entering into treatment .

Drug definition

A drug is a substance that alters the way the mind or body works; this may be physically, mentally or emotionally i.e. those found in food and drink, caffeine, over the counter and prescription medicines, alcohol, tobacco, Khat,

referred to as illegal drugs. New drugs continuously will be introduced globally and therefore this list of drugs is always going to be incomplete.

Unauthorised drugs

Unless the head teacher has approved a written request or given permission, the school has classed the following substances as unauthorised drugs as they have the potential to change people's behaviour and/or harm human health. This includes over-the counter and prescription medicines, khat, paan, bettle nut, tobacco, alcohol, alkyl nitrites (poppers), solvents, steroids, gammahydroxybutyrate (GHB), cannabis, skunk, amphetamines, ecstasy, LSD, magic mushrooms, cocaine/crack and heroin.

Medicines

There is no legal requirement for any school staff to administer medicines and the general advice given by unions to schools is only to do so with appropriate training. However, the school is committed to being as inclusive as possible to ensure that pupils and young people in need of specialised educational provision are given access to it. Whenever there is a need for medicines to be taken by a pupil the school will only use medication that has a pharmacy label that has the same name and date of birth as that on the relevant forms. The administration will be facilitated using the statutory guidance, Supporting Pupils at School with Medical Conditions, September 2014, section 100 of the Children and Families Act 2014 & the Statutory Framework for the Early Years Foundation Stage.

Supervised self-medication

Wherever possible the school must be provided with an authorisation to supervise the self-medication of pupils. The authorisation form will be accompanied by a pupil support plan that details the following information:

- Whom the medication is for.
- The dosage to be taken.
- How the medication is to be taken.
- When the medication is to be used.
- What adverse effects may occur.
- What to do if the adverse effects occur.
- How the medication is to be stored.

Any member of staff supervising the self-medication will ensure that the pupil is provided with the correct dosage of current medication to take or to apply. (This will also include emollients that need to be regularly applied for eczema sufferers.)

The forms are attached as appendices.

Administration of medicines

There may be times when supervised self-medication is not possible, for example prolonged febrile convulsions, anaphylaxis and hypoglycaemic episodes; or when the pupil's judgement would be so affected to render them unable to self-medicate. Requests to treat any conditions that require medical interventions such as suppositories, injections or enforced oral administration must be accompanied by a form to authorise the administration of medical treatment. If a pupil has sickle cell, which needs instant access to medication, the necessary arrangements will be made upon entry to the school or diagnosis.

The authorisation form must be accompanied by a health plan clearly detailing the following:

- Whom the medication is for (name, DOB, address).
- What the medication is for.
- The dosage to be administered.
- How the medication is to be administered.
- When the medication is to be administered.
- What adverse effects may occur.
- What to do if the adverse effects occur.
- How the medication is to be stored.
- The expiry date.

This form must be completed or endorsed by a member of the primary care trust (PCT). Whenever the school is advised of a newly diagnosed medical condition of an existing pupil the school will arrange for the necessary

forms to be completed at the earliest opportunity by contacting the school nursing team. If training is needed this may be obtained for key staff to ensure that there is at least one member of staff on site whenever the pupil is at school.

Medication on school journeys or residential visits

Every effort will be made to ensure pupils that require administration of medicines can go on school journeys or residential visits. If a pupil requiring administration of medicine cannot be accompanied by a trained member of staff their needs will be discussed with a school nurse to identify whether there is any other practical way of resolving the problem should it arise while off site.

If a pupil is able to self-medicate on school journeys or residential visits consideration will be given to the best way of the transporting and storing of the medicines. This will be dependent on the number of pupils requiring access to medication and how quickly it must be accessed. The expiry date and storage instructions will be noted at this time.

Regardless of the amount of medicine needed it must always be accompanied by a monitoring sheet to be completed by one individual at the time of medicating. At no time will medication take place without the administrator checking records of previous issuing of medicine. All medicine will be clearly labelled and wherever needed appropriate dispensers will be carried.

Responsible behaviour

School staff should act at all times as responsible role models and set a good example of drug related behaviour. Therefore this policy with reference to unauthorised drugs will apply to any person on the school premises.

Confidentiality

Young people wishing to disclose drug use by their parents/carers, themselves or their peers to teaching staff will be informed that staff cannot guarantee secrecy and may have to take the issue further for the pupil's safety. Any information will be recorded and treated sensitively in line with the school's confidentiality policy. If it becomes necessary to forward information on to others to benefit the pupil every effort must be made to secure the pupils involvement in decisions that affect them. If there is any evidence that the pupil's safety is at risk the person providing support will work in partnership with the pupil to ensure that they are given appropriate support or intervention. This will be carried out in consultation with the designated DCPO or the attendance and welfare service. Child protection procedures supersede any confidentiality agreement.

No disclosure

The main purpose of drug education is to explore young people's attitudes and values and not their personal drug use. For this reason this point must be addressed within the first lesson so that neither staff nor pupils will discuss their own drug use. This corresponds to the ground rules attached to SRE and need to be reinforced frequently. Everybody should have the opportunity to share their opinions and have them valued. Disclosure from staff or pupils within the school drug education programme should be avoided at all times. At the start of any drug education pupils and staff will include this as one of the ground rules. If any staff member is asked about their own drug use they will draw pupil's attention back to the contract.

Drug education

To be effective drug education will be taught throughout the curriculum although the main vehicle will be science and personal social health education (PSHCE) 'drugs education' schemes of work for Reception-Year 6 classes. (see also PSHE policy).

The statutory provision of drug education will be taught in science and PSHCE lessons including:

- Year 4- smoking and alcohol within the PSHCE curriculum.
- Year 6 Science curriculum alcohol, tobacco and other drugs can have harmful effects.

Reviewed by:

Date:

Appendix 2:

LUNCHTIME /BREAKTIME APPLICATION OF CREAM TO PUPILS WITH EXCEMA

Please date and sign name when done, Thanks.

