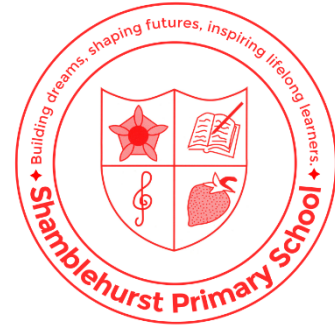


Shamblehurst Primary School

Drugs Policy



(Also see Safeguarding, Child Protection, Behaviour and Discipline; Health, Safety and Welfare; PSHE)

1. Introduction

At Shamblehurst Primary School, pupils have opportunities to learn about keeping themselves healthy and safe through PSHE and Science programmes. This policy reflects DfE guidance on drugs; it also accords with advice in the Healthy Schools Programme, guidance from the LA, and the DfE and ACPO drug advice for schools document DfE September 2012.

2. Aims and objectives

The aims of this policy are to:

- clarify the school's approach to drugs, for staff, pupils, governors, parents or carers, and to clarify the legal requirements and responsibilities;
- give guidance to staff on the school's drugs education programme;
- safeguard the health and safety of pupils and staff in our school;
- enable staff to manage drug-related incidents properly.

3. Terminology

- The term 'drugs' is used throughout this policy to refer to all drugs;
- all illegal drugs (those controlled by the Misuse of Drugs Act 1971);
- all legal drugs, including alcohol and tobacco, and also volatile substances (those giving off a gas or vapour which can be inhaled);
- all medicines, whether over-the-counter or on prescription.

4. Shamblehurst Primary School believes that the presence of unauthorised drugs in our school is not acceptable. We want our school to be a safe place for us all to work, and the presence of unauthorised drugs represents a threat to our health and safety and that of our pupils.

5 Responsibilities

5.1 The Head Teacher will:

- ensure that staff are informed about this drugs policy;
- *Ensure parents are informed about this policy by publishing it on our website
- ensure that the policy is implemented effectively;
- manage any drug-related incidents;
- ensure that staff are given sufficient training, so that they can teach effectively about drugs, and handle any difficult issues with sensitivity;
- liaise with external agencies regarding the school drugs education programme;

- monitor the policy on a day-to-day basis, and report to governors, when requested, on the effectiveness of the policy.

5.2 The governing body will:

- designate a governor with specific responsibility for drugs education;
- establish general guidelines on drugs education;
- support the Head Teacher in following these guidelines; inform and consult with parents and carers about the drugs education policy;
- support the Head Teacher in any case conferences, or in appeals against exclusions.

6. Objectives of drugs education

Drugs education should enable pupils to develop their knowledge, attitudes and understanding about drugs, and to appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions. It should:

- build on knowledge and understanding;
- provide accurate information, and clear up misunderstandings;
- explore attitudes and values, and examine the risks and consequences of actions relating to drugs;
- develop pupils' interpersonal skills, their understanding of rules and laws, and their self-awareness and self-esteem;
- ensure that all children are taught about drugs in a consistent manner, following guidelines that have been agreed by parents/carers, governors and staff.

7. Drugs education

We regard drugs education as a whole-school issue, and we believe that opportunities to teach about the importance of a healthy lifestyle occur naturally throughout the curriculum, but especially in science, PSHE and citizenship, RE and PE.

Teaching about drugs will begin in Key Stage 1, when pupils are taught about seeing the doctor, visiting the chemist, and the importance of medicines and their safe handling. We use the SCARF PSHE scheme on the first drug related lesson begins in Year 2.

SCARF stands for: Safety Caring Achievement Resilience Friendship

In Key Stage 2, pupils will learn that alcohol is the most widely used drug, and that its dangers can sometimes be overlooked. We will ensure that our pupils are aware of the risks associated with drinking. We teach pupils that smoking is a minority habit, and encourage them to consider its effects and risks. We also teach pupils about the dangers of volatile-substance abuse, because of the high risk of accidental death, especially for first-time and occasional abusers. There are SCARF lessons throughout Key Stage 2.

We acknowledge that by the time pupils are in Year 6, some of them may have had some experiences with drugs already, so we must help to equip pupils to handle risky situations, before they actually meet them.

We recognise that learning is most effective when it addresses the development of knowledge, attitudes and skills together and when teaching and learning are participative and active. We use a variety of teaching styles that are characterised by active learning. We find out what the children know already, we pose dilemmas, and we get the children to discuss choices. Wherever possible, the information we give is visually reinforced. We might use drama, role-play or IT to demonstrate various strategies and scenarios. In short, we seek to engage our pupils. We give them the opportunity to talk to groups or to the whole class. We encourage them to listen to the views of others, and we ask them to explore why drugs are such a problem for society.

We aim to teach all pupils about drugs, however different their attainment levels, and however diverse their requirements. We recognise that pupils with special educational needs may be more vulnerable, that different communities have different attitudes towards drug abuse, and that some pupils may have drug-abusing parents or carers.

Drugs education takes place during normal lesson time. Sometimes, a class teacher will seek support from the school nurse or another health professional.

8. Drugs at school

Whilst at school, it may be necessary for the school to administer over-the-counter products to ease a child's illness. The medications authorised to be administered in school are:

- Paracetamol

This is given in a medical emergency only.

Annually we gain a written permission to administer paracetamol. If we require to administer before 1pm we always ring home to ensure that there is a four hour window since the child might have last been administered. If we have no authority then we contact the parent and ensure that we are actually talking to the parent. Parents can email their consent. If no authority is held it will not be administered if we cannot contact the parent.

Paracetamol is kept in a locked cupboard in the school office.

When a child starts the school and every October the form in Appendix A must be completed.

Pupils on short term prescription drugs may have them administered by school personnel. The parents should complete the form in Appendix B and hand it in to the office. The school will only administer the dose that has been prescribed on the medication unless accompanied by a letter from the GP stating a change of dose.

The label has to be clear.

Where children have long term health needs, parents and carers must give us details of the child's condition and medication. Parents and carers will bring the medication to school in a secure, labelled container. Records will be kept of all medication received and given. Emergency medication may be stored securely in the classroom (for anaphylaxis or asthma); other drugs will be stored securely in the school office. All affected pupils will have a care plan appropriate to their condition produced and stored in the office.

If medication is required by pupils whilst on a residential trip with the school, this will be handed to the designated member of staff. This will also be accompanied with the form in Appendix B and will only be administered in accordance with the prescription label unless accompanied by a GP letter. All medication must be labelled with the child's name and stored in a locked box./bag.

Solvents and other hazardous chemicals must be stored securely, to prevent inappropriate access, or use by pupils. Teachers are cautious with older, solvent-based products, with aerosols, with glues and with board-cleaning fluids.

Legal drugs are legitimately in school only when authorised by the Head Teacher. Members of staff who smoke must keep their tobacco and matches or lighters secure. Smoking and use of e-cigarettes is not permitted anywhere in the school.

Alcohol to be consumed at community or parents' events, will be stored securely beforehand. To sell alcohol we must be licensed under the Licensing (Occasional Permissions) Act 1983. Occasionally, for social events out of school hours, members of staff may consume limited amounts of alcoholic drinks in the staff room if sanctioned by the Head Teacher.

9. Drugs incidents

An incident involving unauthorised drugs in school is most likely to involve alcohol, tobacco or volatile substances, rather than illegal drugs.

The first priority is safety and first aid, i.e. calling the emergency services and placing unconscious people in the recovery position. Usually an intoxicated pupil does not represent a medical emergency, unless unconscious.

Pupils suspected of being intoxicated from inhaling a volatile substance will be kept calm; chasing can place intolerable strain on the heart, thus precipitating sudden death. First aiders and 999 should be immediately called.

Any drug suspected of being illegal will be confiscated and stored securely, awaiting disposal; these precautions must be witnessed and recorded. Staff should not taste unknown or confiscated substances.

Where unknown substances/paraphernalia are found on the school site, the priority is making the situation safe for pupils and staff. See Appendix C

Legal but unauthorised drugs or medicines will also be confiscated, and will be returned to parents or carers; the school may arrange for the safe disposal of volatile substances.

Where a pupil is suspected of concealing an unauthorised drug, staff may search pupils' bags, trays, etc. The Headteacher is the only person permitted to carry out a search of the pupils and this will be in line with all guidance found in 'Searching, Screening and Confiscation – Gov 2018'

The Head Teacher will decide whether the police need to be called, or whether the school will manage the incident internally.

A full record will be made of any incident, either using CPOMS if a child is involved or by filling in the form on appendix C

The Head Teacher will conduct an investigation into the nature and seriousness of any incident, in order to determine an appropriate response.

10. The role of parents and carers

The school is well aware that the primary role in children's drugs education lies with parents and carers. We wish to build a positive and supporting relationship with the parents/carers of our pupils, through mutual understanding, trust and cooperation. To promote this objective, we will:

- inform parents or carers about the school drugs policy;
- invite parents and carers to view the materials used to teach drugs education in our school should they request it;
- answer any questions that parents and carers may have about the drugs education that their child receives in school;
- take seriously any issue which parents and carers raise with teachers or governors about this policy, or about arrangements for drugs education in the school;
- inform parents and carers about the best practice known with regard to drugs education, so that the parents/carers can support the key messages being given to children at school.

When an incident concerning unauthorised drugs has occurred in school, and a pupil is involved, we will inform the parents or carers, and explain how we intend to respond to the incident.

Staff will be cautious about discharging a pupil to the care of an intoxicated parent, and should seek the support from a member of SLT or a DSL. If a parent appears intoxicated and suggests they are driving school staff must intervene and suggest that we will see the parent and child gets home safely. This might mean the school funding a taxi, walking home with the parent and child or providing a lift with another member of staff supporting. If the parents refuses then the police must be informed and Children's Services will be notified. The focus will always be on the pupil's welfare and safety. Where the behaviour of an intoxicated parent repeatedly places a child at risk, or the parent or carer becomes abusive or violent, the Head Teacher should consider whether the circumstances of the case are serious enough to invoke child protection procedures, and possibly the involvement of the police, even if they are not driving.

11. Monitoring and Review

The Safeguarding Governor will monitor this policy, at least yearly. If the policy appears to need modification, then that Governor will report their findings and recommendations to the full Governing body. Governors take into serious consideration any representation from parents and carers about the drugs education programme, and comments will be recorded.

Date: October 2019 Review Date: September 2021

Appendix A



Shamblehurst Primary School, Wildern Lane, Hedge End,
Southampton, Hampshire SO30 4EJ

Telephone: (01489) 782342

Email: adminoffice@shamblehurst.co.uk

Headteacher: Anna Jones

Deputy Headteacher: Sally Mohamed

Dear Parent

Consent Form: Use of Emergency Paracetamol (Calpol)

The school holds Paracetamol to use when a child becomes unexpectedly unwell. From time to time children may suffer discomfort due to headaches, toothache, muscular pain or other minor ailments. Should a parent be unable to come to the school to administer medication, it would be helpful for a child to be given Paracetamol as a **one-off emergency dose** in school. As the school will be unaware if your child has already had a dose that day, we will not administer any Paracetamol until after 1pm unless we have made contact with you first. If the school has administered any Paracetamol, we will advise you of the time that this has been given.

PLEASE NOTE: We will only administer Paracetamol if there is valid parental guardian consent (no more than 12 months old).

If you would be happy for your child to receive Paracetamol in school as a one-off dose, please return the attached consent form. **If the form is not returned, it will be assumed that consent is not given.**

Yours sincerely

A handwritten signature in black ink that reads 'Anna Jones'.

Anna Jones

Headteacher



Shamblehurst Primary School, Wildern Lane, Hedge End, Southampton,
Hampshire SO30 4EJ
Telephone: (01489) 782342

Email: adminoffice@shamblehurst.co.uk

Website: www.shamblehurst.co.uk

Headteacher: Anna Jones

Deputy Headteacher: Sally Mohamed

Parental Permission for the Emergency Administering of Paracetamol in School

Child's Name.....Class.....

I consent to my child being given a one-off emergency dose of Paracetamol at the discretion of the school.

I can confirm that Paracetamol does not interact with any other medicines my child currently takes, and will advise you immediately if this changes in the future. I will confirm this by checking with a pharmacist.

Signed.....Date.....

Name.....Relationship to Child.....

Appendix B

Shamblehurst Primary School

Parental Agreement for School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Staff notes: PLEASE ENSURE IF MEDICINE IS APPROVED TO BE TAKEN BY HEADTEACHER OR DEPUTY HEADTEACHER A NOTE IS MADE. IF DOCTORS LETTER ON FILE PLEASE NOTE BELOW.

Shamblehurst Primary School

Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Appendix C

Handling Drug Related Incidents Flow Chart

Finding a suspected substance or drug related paraphernalia on or close to the school premises

Unknown Substance/paraphernalia found on school premises.



Inform the Headteacher, Deputy Headteacher, Admin Manager or Site Manager.



Make the situation safe for pupils or staff.



Arrange for the removal of items using protective gloves.



Bring the substance and any related paraphernalia to the Headteacher to be stored in a secure place.



Contact the Police and hand over the substance for analysis ensuring feedback will be provided to the school.



Record actions taken on CPOMs if related to a child or on the form attached.



Investigate and record how the substance came to be on the school premises.



Follow appropriate sanctions/support. Follow Police advice. Follow health advice.



Report incident to the Chair of Governors.

DRUG INCIDENT FORM

Description of the Incident:

Actions taken:

Incident form completed by:

Signed:.....

Countersigned by Headteacher: