

DRUG STRATEGY POLICY

Drug Incident Management Policy

Authority

This policy is consistent with the DECS (2004) policy document *Intervention Matters: A policy statement and procedural framework for the management of suspected drug-related incidents in schools*. This policy was developed by our Drug Strategy Core Team at Bellevue Heights Primary School in consultation with students, staff and parents and endorsed by the staff and the Governing Council on 29th November, 2005. To ensure continuous improvement, school procedures will be reviewed after every drug-related incident, whilst the policy will be reviewed at least every two years.

Policy Statement

Bellevue Heights Primary School is an R-7 school in the Southern Metropolitan area of Adelaide which consists of mainstream and New Arrivals students. Our school is committed to maintaining a safe, secure and supportive environment for its community. This policy is part of our Whole School Drug Strategy that includes a range of curriculum; policies and procedures; and positive school environment initiatives. Our school takes action to prevent drug use by students and to intervene if it occurs by taking a whole of school approach. The use, possession and/or distribution of illicit drugs and the unsanctioned use and distribution of drugs such as alcohol, tobacco and prescription drugs, are not accepted.

This policy covers incidents on school grounds as well as other school related activities (eg camps, sport, excursions).

Links to other school initiatives

This policy also relates to our school's medication management (see "Medical Action Plan" and "Request to Administer Medication" forms at end of policy), OHS&W and curriculum policies, and our school's behaviour code.

Drug education is taught as part of a sequential and developmentally appropriate curriculum. Partnerships are made with parents and community agencies to assist our school to address drug issues.

Student resiliency and well-being are promoted.

Within our school these are further supported by:

Working with and using

- Program Achieve
- Coaching Clinics, Jump Rope
- International Baccalaureate program
- Community Links program
- Life Education Van
- LAP R-7 program
- Student Representative Council
- Protective Behaviours
- Health / PE curriculum

Principles and rationale

The principles of natural justice and procedural fairness will apply in the management of suspected drug-related incidents, as outlined in Appendix D of *Intervention Matters*. Our school will implement these in the following way:

The student/s will be informed of:

- when and where a formal meeting will take place to discuss this, as soon as possible, and who will be present (staff, child and advocate)
- their right to be represented by an advocate
- what has been alleged
- their right to put forward their point of view and ask questions at the meeting (these may be written or verbal)
- their right to impartial adjudication
- their right to privacy and information will be handled respectfully
- their right or their advocate's right to appeal regarding the process or the consequence of the behaviour.

If suspected drug-related incidents occur and drug issues arise, they will be managed and responded to in ways that:

- minimise the harm to all members of the school community
- ensure the well being, educational careers and ongoing support for the students involved
- are both firm and fair.

Procedures for both school and extra curricular activities

Overview

Involvement with drugs, including illicit and unsanctioned drugs, means that school personnel have reason to believe that:

- drugs have been or are being used
- students are in possession of drugs or instruments used with drugs
- students are present when drugs are being used by others, such as adults or students from other schools.

In the event of a suspected drug-related incident:

- The safety and wellbeing of students will be considered paramount: they may need to be treated as unwell in accordance with the school's health plan and/or emergency procedures.
- Parents will be contacted in instances of possession, use or distribution of illicit drugs or the use and/or illegal distribution of unsanctioned drugs.
- Police will be informed in instances of possession, use or distribution of illicit drugs and/or the illegal distribution of unsanctioned drugs.
- Consequences may vary and will depend on the nature of the situation, its potential for harm and the circumstances of the individual students involved. This may involve suspension or exclusion.
- Follow-up support for student wellbeing will be implemented, which might include:
 - counselling
 - school / family liaison
 - DECS / police.

School procedures

If a student/s is/are suspected of possessing, distributing or using a drug, including being drug affected, the following procedures will be followed.

Initial procedures

- The intervening staff member will calmly, objectively and firmly intervene ensuring the safety and health of the student/s and will utilise Occupational Health, Safety and Welfare principles in caring for themselves. Another staff member will accompany them, if possible. Support may be needed if staff have teaching commitments.
- If the intervening person is not a staff member, a staff member should be called to the scene at the earliest opportunity.
- Seek medical support if necessary and make a first aid assessment. Contact family and/or ambulance if necessary.
- Inform student/s of suspicion and seek their cooperation.
- Note incident details-who, what, when and where.
- Safely collect any suspected drugs and paraphernalia, label and give substances to Principal/ delegate to store securely.
- Escort student/s to Principal/ Teacher in charge with incident details.

Initial interview

Conducted with students individually, intervening staff member and Principal/teacher in charge.

- Continue to monitor student health and safety.
- Evidence presented.
- Make initial assessment of the seriousness of the incident.
- Inform students of the proceedings and their rights.
- Determine and contact participants as appropriate – student/s, student/s advocate, parents/caregivers and procedural observer (staff member not involved in the incident)
- Ensure all participants understand proceedings and roles.
- Interview student/s to collect and document facts about the incident.
- Determine next level of involvement.

Assessment

1. Use/possession/distribution of illegal or unidentified substances **then** suspend interview and contact police to investigate/identify.
2. Use/possession/distribution of legal substance but illegal behaviour **then** may need to contact police for clarification or notification.
3. Use/possession/distribution of legal substance but unsanctioned behaviour **then** use professional judgement; in consultation with leadership, to determine whether police need to be informed.
4. No substance, no confession of drug use but unusual behaviour and circumstances may suggest drug use **then** treat the student/s as being unwell according to the Health Support guidelines. Contact parents/caregivers to collect unwell student.

Searches

Both bag and body searches are best done by Police. The Principal, or authorised delegate may ask students to show what is in their bag.

Following actions

This could include a combination or all of the following

- Make decisions about consequences, including educative, punitive and deterrent **then** when necessary, organise and implement student development plan/s as part of the consequence.
- Ongoing educational support.
- Counselling.
- Re-entry planning if student has been suspended.
- Review school policy and procedures.

Responsibilities

School Management

- Maintain a safe learning environment.
- To cooperate with and contact local police when required.
- In every incident keep parents/caregivers informed of.
 - procedures
 - likely outcomes
 - appropriate actions.
- Leadership staff and/or District Director to deal with any media as appropriate.
- Must notify, via critical incident report, DEO/DECS if illicit substances are involved.
- Provide support for staff members involved in incident if necessary.
- Maintain confidentiality.
- Access outside support as required.
- To provide the "Drug Strategy Policy" to parents/caregivers.
NB Translation of relevant information may be needed.

Teaching Staff

- Maintain a safe learning environment for all students.
- Follow Drug Incident Management Policy.
- Maintain confidentiality.
- Act fairly and exercise duty of care.

Parents/Caregivers

- To provide information, through a 'Medical Action Plan' so that the wellbeing of their child is maintained.
- To ensure the medical plans are current and updated.
- To inform the school/teachers of necessary drug usage by the student ,eg: Panadol, with clear instructions as to how it needs to be administered.

Students

- To cooperate with staff when requested.
- To provide information that may add to the safety/welfare of other students.
- To act in a manner that keeps themselves and others safe.

Designated Staff

Principal/Principal's delegate: Michael Papps.

Policy Management Committee Leader: Tracy Wallis.

Staff Delegate: Chris Purdie.

First Aid Support Staff / Admin. SSO: Yvonne Anderson.

Other relevant student support officers: Veronica Sullivan, Birgit Lucas.

Designated staff will need to be reviewed annually.

Policy Review Date: Term 3, 2007.



REQUEST TO ADMINISTER MEDICATION

All information on this form is confidential.

Child's Name: _____ Class Teacher: _____

Short term medication YES / NO

If short term medication then administer from / / to / /

Long term medication YES / NO

If long term medication have you provided the school with a Medical Action Plan for this child? YES / NO

NOTE FOR SCHOOL STAFF: If YES, copy and attach to this form.

If the child is 8 years or older, is the child able to self medicate? YES / NO

Medication is to be administered according to the following instructions:

Section A:

Prescribed Medication

To be stored in administration

Please note: All medication must be supplied in the original container with the child's name, dosage and medication expiry date clearly marked on the container.

Name of medication	Prescribed by	Dosage	Times to be given

Section B:

Non-prescribed Medication

To be stored and administered in class.

Name of medication	Dosage	Times to be given

I give permission for a staff member to administer the medication stated above to my child.

Parent's name: _____

Parent's Signature: _____



BELLEVUE HEIGHTS PRIMARY SCHOOL – STUDENT INFORMATION

<i>Student Details</i>	
Last Name: _____ First Name: _____	Enrolment Year Level: ____
Home Address: _____ _____	Teacher: _____
	Birth Date: / /
	Home Phone: _____

<i>Mother / Guardian Information</i>	<i>Father / Guardian Information</i>
Name: _____	Name: _____
Occupation: _____	Occupation: _____
Work No: _____	Work No: _____
Mobile No: _____	Mobile No: _____
Main language spoken at home: _____	Main language spoken at home: _____
Needs interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>	Needs interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this child subject to a custody order? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the school sighted the custody order? Yes <input type="checkbox"/> No <input type="checkbox"/>

Emergency Contacts if Parent / Guardian is uncontactable		
<i>(This section must have at least 1 contact)</i>		
Name	Relationship to student	Phone
1. _____	_____	_____
2. _____	_____	_____

<i>Medical Information</i>			
DOES YOUR CHILD HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS?			
ALLERGIES (eg Bee Sting, Penicillin)	Yes <input type="checkbox"/> No <input type="checkbox"/>	CONVULSIONS/SEIZURES (e.g. Epilepsy)	Yes <input type="checkbox"/> No <input type="checkbox"/>
ASTHMA or other BREATHING DISORDERS	Yes <input type="checkbox"/> No <input type="checkbox"/>	DIABETES	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If you have answered YES to any of the above please complete the Medical Action Plan on the back of this form</i>			
Has your child received their normal immunisation shots? Yes <input type="checkbox"/> No <input type="checkbox"/> Are they current? Yes <input type="checkbox"/> No <input type="checkbox"/>			

<i>Permission to participate in local excursions</i>
I consent to my child taking part in local excursions during the school year for educational purposes e.g walks around the school, Blackwood local area etc during the year.

<i>Permission to be photographed</i>
I give permission for my child to be photographed (by still or video camera) whilst attending Bellevue Heights Primary School, either individually or in groups, whether the photograph be taken for school purposes e.g. school assembly, camps, excursion, class activities, intranet (school only based website), or by a commercial photographer selected by the school. I understand that this general consent does not commit me to accept, with a view to purchase, any photograph that may be subsequently taken of my child. At times we wish to showcase students' work and school activities on the school web pages accessible on the internet. I give my permission for any of the above photos and my child's work to be used on the school web page. No names or other identifying information will be included.

I certify that the above information is correct and give permission for photographs and local excursions as stated.

PARENT/GUARDIAN SIGNATURE: **DATE:** / /

MEDICAL ACTION PLAN

Please complete this only if you have answered YES to the questions concerning Allergies, Asthma or other Breathing Disorders, Convulsions/Seizures or Diabetes

Student Name: _____ MedicAlert Number (if relevant) _____

Identified Medical Condition: _____ Medication kept at school: Yes No

Symptoms to watch for:

ACTION TO BE TAKEN IN "STEP-BY-STEP" DETAIL

Parent to list action they want the school to take in case of an emergency. Please list any specific medication and dosages.

Is there any other medical information you feel the school should know to help provide your child with protection?

ASTHMA ACTION PLAN (Asthma sufferers only)

DESCRIPTION OF THE CONDITION

- | | | | |
|-----------------------|---|----------------------------------|--|
| Symptoms/Signs | <input type="checkbox"/> Difficulty breathing | Frequency & severity: | <input type="checkbox"/> Occasionally (less than 5 x per year) |
| | <input type="checkbox"/> Wheeze | | <input type="checkbox"/> Frequently (more than 5 x per year) |
| | <input type="checkbox"/> Cough | | <input type="checkbox"/> Daily / most days |
| | <input type="checkbox"/> Tightness in chest | | |
| | <input type="checkbox"/> Other (please specify) | | |

Triggers (eg exercise, chalk dust, animals, food, pollens, chemicals, weather, grasses, lawn mowing)

Curriculum considerations (eg physical activity, camps, excursions, kitchen, interrupted attendance)

EMERGENCY FIRST AID (Asthma sufferers only)

If a child has an asthma attack, staff will administer the following basic asthma first aid:

- | | |
|-----------------|---|
| A ssess | Is it mild, moderate or severe? |
| S it | Upright, stay calm and reassure |
| T reat | 4 separate puffs of blue/grey reliever medication with a spacer if available
Repeat in 4 minutes if no improvement |
| H elp | Call for an ambulance if no improvement or when in doubt. |
| M onitor | Observe person. Repeat medication every 4 minutes as required. |
| A ll OK | Resume activity if free of symptoms. STOP activity if treatment was repeated or symptoms persist. |

I have read and understood this information.

I approve the release of this information to school staff and emergency personnel.

I understand it is my responsibility to ensure this information is up-dated as required.

I give permission for any prescribed medication be given to the child, if the need arises, and if unable to contact parents in case of emergency, school staff to act in the way they consider fit.

PARENT / GUARDIAN SIGNATURE: DATE: / /