



# Drugs, Alcohol and Substance Misuse Policy

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Formally Endorsed By:	Principal
Endorsement Date:	December 2025
Next Review Date:	December 2026

## 1. Policy Statement

At Michael Hall School, we believe that the misuse of any substance is incompatible with both our pedagogical approach and the health and wellbeing of students. We are committed to creating a safe and healthy environment, both within and beyond the school, in which all students can participate free from the risks of substance misuse. We are clear in our expectations: students must not use, possess, or supply drugs, alcohol, or other unauthorised substances at school, on school trips, or while representing the school in any capacity. Any student found to be selling or profiting from the supply of drugs will face the most serious sanctions, which may include permanent exclusion and police involvement, as this behaviour threatens the safety and wellbeing of others. While this policy sets out clear sanctions, our primary focus is safeguarding, education, and support. We aim to respond to incidents consistently and compassionately, ensuring that the best interests of both the individual student and the wider school community are at the centre of decision-making.

The school recognises that substance misuse may be linked to wider wellbeing, mental health, or safeguarding concerns. Our response will therefore take into account each student's individual circumstances and vulnerabilities, ensuring a proportionate, compassionate, and supportive approach.

## 2. Definitions

- **Drugs:** Any substance which alters the way a person feels, thinks, or behaves when taken.
- **Drug misuse:** The use of illegal substances, the inappropriate use of authorised substances (such as alcohol, tobacco, or vapes), or the misuse of prescription or over-the-counter medicines, solvents, or other substances.
- **Illegal drugs:** Substances controlled under the *Misuse of Drugs Act 1971*, such as cannabis, cocaine, heroin, ketamine, and ecstasy.
- **Unauthorised drugs:** Substances not permitted in school, including alcohol, tobacco, vapes, solvents, non-prescribed medication, and substances covered by the *Psychoactive Substances Act 2016*.
- **Supplying:** Selling, sharing, or giving drugs to another person, whether for profit or otherwise.
- **Intoxication:** Being under the influence of drugs or alcohol.
- **Paraphernalia:** Items used in the preparation or consumption of drugs, such as grinders, scales, papers, vape devices, or syringes.
- DSL Designated Safeguarding Lead
- DDSL Deputy Designated Safeguarding Lead
- SLT Senior Leadership Team

## 3. Prevention and Education

Michael Hall School recognises that prevention through education is essential. Drug and alcohol education is delivered primarily through PSHE lessons, supported by the pastoral system and by external agencies where appropriate.

The aims are to ensure that students have accurate knowledge of substances and their effects; can make informed and safe choices; understand the law and its consequences; and know how to access support. Lessons also challenge misconceptions and attitudes, encouraging reflection on risks and pressures. By combining factual education with values-based discussion, we aim to equip students with both the information and the confidence to reject substance misuse.

Staff receive regular training on emerging trends in substance use—including vaping, prescription misuse, and online influences—and on recognising early warning signs.

Parents are supported through information resources to help them talk with their children about drugs, alcohol, and healthy choices, fostering a consistent and informed approach between home and school.

#### **4. Managing Drug-Related Incidents**

We acknowledge that, in line with national statistics, no school can assume it is “drug-free.” Staff at Michael Hall School remain vigilant to the risks posed by drug and alcohol misuse and are trained to identify signs of concern.

Drug-related incidents may include the use, possession, or intoxication from illegal or unauthorised substances, or the supply, sale, or distribution of such substances. Any incident involving alcohol or drugs will be recorded in the school’s safeguarding records, and the Safeguarding Team alerted without delay.

Where a student is suspected of being in possession of, or under the influence of, drugs or alcohol, staff must act calmly and in accordance with safeguarding procedures and protocols. The student should be escorted to the nurse or the Designated Safeguarding Lead (DSL), never left unsupervised, and their safety must remain the first priority. In serious cases, emergency services will be contacted.

Searches and confiscations will be carried out only by authorised staff, with another member of staff present, and in accordance with statutory guidance. Any substances found will be securely stored, documented, and may be passed to the police. Parents will be informed at the earliest opportunity.

Information about incidents will be shared on a strictly need-to-know basis, in line with the School’s **Safeguarding** and **Data Protection Policies**, ensuring that student privacy and welfare are both protected.

#### **5. Right to Search and Confiscation**

If a student is suspected of being in possession of alcohol or drugs—based on their actions, behaviour, or language—Michael Hall School reserves the right to search the student’s bag and/or locker in line with statutory guidance and school policy. Confiscated alcohol, drugs, or paraphernalia will be kept securely under the supervision of a member of the School Leadership Team until advice is sought from the police and the items are suitably disposed of. Where significant quantities are found, where possession with intent to supply is suspected, or where the sale of illegal drugs is witnessed, the school will seek police advice and possible action. Parents will be notified of any police involvement. The school will inform the police of possession, consumption, or supplying of an illegal substance where deemed appropriate.

#### **6. Drug Testing**

##### **6.1 Overview**

Michael Hall School recognises that any testing for drugs or alcohol must be handled sensitively, lawfully, and solely for safeguarding purposes. Testing will never be compulsory, punitive, or used as a disciplinary measure, but may be offered as part of a safeguarding or support plan where there are documented concerns about possible drug or alcohol misuse.

**Any decision to proceed with testing will be made jointly by the Principal and DSL, ensuring proportionality and that full parent and student consent has been obtained.**

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### *6.2 Parental Awareness and Consent in Principle*

At the point of enrolment into Middle or Upper School, or when a student transitions from Lower to Middle School, parents and carers will be asked to sign a consent statement confirming their understanding that voluntary drug testing may be offered if safeguarding concerns arise regarding a student's possible misuse of drugs or alcohol.

This consent gives permission for the school to offer testing as part of a safeguarding plan, but any actual testing will only take place with the student's own informed consent at the time.

The consent remains valid for the duration of the student's enrolment in Middle and Upper School but may be reviewed or withdrawn at any time by written request. Parents will be reminded of this policy and their right to update or withdraw consent as part of the school's annual safeguarding communication.

For students already enrolled in Middle or Upper School at the time this policy is introduced, the school will issue consent forms to all parents and carers to ensure that written consent in principle is on record. This will align existing students with the same safeguarding and consent procedures as new entrants.

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### *6.3 Parent and Student Consent for Testing*

Any drug or alcohol testing undertaken by Michael Hall School will occur only with the informed, written consent of the student and, where the student is under 16, their parent or carer. The purpose of any test is to safeguard the wellbeing of the student and the wider school community, not to impose disciplinary sanctions. Testing will not be conducted on a random basis or without reasonable cause, and will never proceed without voluntary consent.

Before any test is agreed, the student and parents will be provided with written information outlining:

- the reason for the proposed test and the concerns prompting it;
- the type of test to be used and how it will be administered;
- who will have access to the results and how they will be stored;
- how long results will be retained and when they will be securely destroyed; and
- the support options available regardless of the outcome.

Testing will only proceed where both the parents or carers and student have given voluntary written consent. It may include **periodic testing within an agreed timeframe**, where this forms part of an ongoing support or monitoring plan.

Refusal to consent will not automatically be treated as an admission of substance misuse, but will prompt further safeguarding discussion and possible referral for wellbeing or external support.

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### *6.4 Confidentiality and Record-Keeping*

Drug test results will be treated as special category data under UK GDPR and stored securely within the school's safeguarding system, accessible only to the DSL, Principal, or authorised health personnel.

**All records will be managed, retained, and securely destroyed in line with the School's Data Protection Policy.**

All drug-related incidents, whether suspected or confirmed, must be reported to the DSL or DDSL and recorded appropriately. The School's response will always prioritise the student's safety, wellbeing, and access to appropriate support, while maintaining clear expectations for behaviour and community standards.

**The outcome of any test will not, by itself, determine disciplinary action without full safeguarding consideration.**

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#### *6.5 Grounds for testing*

If there are ongoing concerns that a student may be misusing drugs or alcohol, the Principal and DSL may, with the consent of the student and their parents, request a drug test as part of a safeguarding plan. Testing will never be random or used punitively but only as a supportive measure where there are documented concerns, with a clear rationale recorded in safeguarding files.

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## **7. Consequences and Support**

Sanctions will be applied proportionately, taking into account the nature and seriousness of the incident, the individual student's welfare, their disciplinary record, and statutory guidance (DfE: *Drugs Guidance for Schools*, 2012).

**Decisions regarding sanctions will consider contextual safeguarding factors such as special educational needs, mental health, or other vulnerabilities. Permanent exclusion will only be considered as a last resort, after supportive or restorative interventions have been explored.**

- Use of unauthorised drugs may result in fixed-term exclusion or permanent exclusion, depending on severity or repetition.
- Use of illegal drugs may result in fixed-term exclusion or permanent exclusion, depending on severity or repetition.
- Supplying or profiting from drugs will result in permanent exclusion and may involve police action.

Alongside disciplinary measures, Michael Hall School will provide support for students and families, which may include: ongoing monitoring by the Safeguarding Team; personalised interventions from staff with pastoral duties (such as Guardians, Tutors, or Class Teachers); health advice from First Aid staff; referral to GPs/medical services for specialist substance misuse support; and access to counselling for substance misuse or broader wellbeing needs.

**Additional support measures include:**

- Referral to local specialist services, such as East Sussex Young People's Substance Misuse Service, FRANK, or CAMHS, as appropriate.
- Where appropriate, restorative conversations and reintegration plans to help rebuild trust and responsibility.

## **8. Safeguarding Principle**

At the heart of this policy is our safeguarding duty to protect all students. A student who is suspected of being under the influence must never be left alone and must always remain in the care of a responsible member of staff until the situation is resolved.

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### *8.1 Staff Responsibilities and Training*

All staff must remain vigilant for indicators of substance misuse and report concerns immediately to the DSL or DDSL. Staff receive annual safeguarding updates, including

specific training on identifying and responding to substance misuse safely, lawfully, and sensitively.

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## **9. Monitoring and Review**

This policy will be reviewed annually by the Safeguarding Team and approved by the Board of Trustees. Data on drug-related incidents, sanctions, and support interventions will be monitored to identify trends and strengthen preventive education.

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## **10. Links to Other Policies**

This policy should be read alongside:

- Positive Relationships (Behaviour) Policy
- Exclusion Policy
- Physical Restraint Policy
- Safeguarding and Child Protection Policy

## ANNEX A: Grounds and Procedures for Drug or Alcohol Testing

### Purpose

This annex provides detailed operational guidance to support **Section 6** of the *Michael Hall School Drugs, Alcohol and Substance Misuse Policy*.

It should be read by staff in conjunction with the *Search and Confiscation Policy*, *Safeguarding and Child Protection Policy*, and relevant DfE and *Keeping Children Safe in Education (KCSIE25)* guidance.

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### A. Establishing Reasonable Suspicion

Testing may only be proposed where there are specific, observable, and documented indicators that a student may have used or be under the influence of drugs or alcohol. Suspicion must be based on evidence, not rumour or assumption.

Reasonable suspicion may arise from one or more of the following categories:

#### 1. Physical indicators

- Noticeable smell of cannabis, alcohol, or solvents on breath, hair, or clothing
- Bloodshot or glazed eyes; markedly dilated or constricted pupils
- Unsteady gait, loss of coordination, slurred speech, or tremors
- Unexplained drowsiness, agitation, sweating, or excessive laughter
- Sudden changes in appetite, sleep pattern, or energy level

#### 2. Behavioural or emotional changes

- Abrupt deterioration in behaviour, concentration, or attendance
- Paranoia, excessive anxiety, or unexplained mood swings
- Unusual secrecy or isolation from peers
- Risk-taking or unsafe behaviour inconsistent with age or context
- Loss of interest in normal activities or significant personality change

#### 3. Evidence or possession

- Discovery of unidentified substances, paraphernalia, packaging, or equipment linked to drug use
- Discovery of containers suggesting alcohol consumption on school premises
- Attempt to conceal or dispose of suspected substances

#### 4. Reliable information or disclosure

- A credible disclosure by the student or another person suggesting recent use or possession
- A staff member witnessing use, supply, or signs of intoxication
- Information from parents, peers, or external professionals raising genuine safeguarding concern

#### 5. Repeated or escalating concerns

- Ongoing or escalating patterns of behaviour suggesting potential misuse despite prior pastoral intervention
  - Accumulation of incidents or reports indicating increased risk to self or others
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## B. Decision-Making and Authorisation

### Initial concern

Any member of staff may report concerns to the Designated Safeguarding Lead (DSL) or Deputy DSL, who will review the information promptly.

The concern must be recorded in the safeguarding system with factual, objective notes.

### Assessment of grounds

The DSL and Principal will jointly determine whether there are reasonable and proportionate grounds to offer testing.

This decision must consider:

- The age and capacity of the student
- The severity and immediacy of risk
- The potential benefit of testing to clarify facts or inform support
- The least intrusive approach available

### Consent and parental involvement

Testing may only proceed with written informed consent from both the student and, if under 16, their parent or carer.

Parents and the student will receive written explanation of:

- the reason for the proposed test and the concerns prompting it;
- the type of test to be used and how it will be administered;
- who will have access to the results and how they will be stored;
- how long results will be retained and when they will be securely destroyed; and
- the support options available regardless of the outcome.

The student may refuse consent; refusal must not be treated as an admission of use but should trigger further pastoral and safeguarding discussion.

### Proportionality

Testing must be the least intrusive and most supportive option available.

It should not be used where other interventions (conversation, wellbeing support, or pastoral monitoring) could resolve the concern.

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## C. Legal and Safeguarding Framework

The school's approach is guided by the *DfE Drugs Guidance for Schools (2012)* and *Keeping Children Safe in Education (2025)*.

Testing is not a "search" under the *Education and Inspections Act 2006*, and therefore requires consent, not compulsion.

Testing without consent would breach a student's rights under *Article 8 of the Human Rights Act 1998* and the *UK GDPR (2021)*.

The lawful basis for processing test results is "vital interests" and "safeguarding of children and individuals at risk" under *Article 9(2)(g)* of the UK GDPR.

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## **D. Documentation and Review**

Every decision to offer or carry out testing must be fully recorded in the safeguarding file, including:

- The reason for testing
- The authorising persons (DSL and Principal)
- Confirmation of parental and student consent
- Date, type, and result of any test
- Supportive follow-up or referrals made

The DSL will review all testing cases annually to ensure consistency, fairness, and proportionality.

Testing data and outcomes will never be used for any purpose other than safeguarding and student support.

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## **E. Staff Guidance (for Training)**

When training staff, emphasise that:

- Staff should never accuse a student directly of drug use. They should describe observations (e.g. “You seem unsteady” not “You’re high”).
- Staff must report, not investigate – all concerns go to the DSL immediately.
- Testing is a last-resort, supportive step, authorised only by the DSL and Principal.
- Any physical evidence (e.g. a found substance) must be secured, labelled, and handed to the DSL; never tested or disposed of by staff.
- Confidentiality is essential – information must only be shared on a need-to-know basis.

## **ANNEX B: Drug and Alcohol Paraphernalia Reference Guide**

### **Purpose**

This annex supports staff in recognising items or behaviours that may indicate substance misuse, enabling timely and accurate safeguarding action.

If any items listed below are discovered on school premises, they must be secured and passed immediately to the DSL or DDSL – staff must not test, taste, or dispose of them.

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### **1. Cannabis Indicators**

- Small plastic zip-lock bags with residue or smell of cannabis
- Rolling papers, roach cards, lighters, grinders
- Empty tobacco pouches used to conceal cannabis
- Homemade smoking devices or “bongs” (e.g. plastic bottles with holes melted into them)

### **2. Vaping and E-Cigarette Misuse**

- Vapes with unlabelled or flavoured cartridges (may contain THC oil)
- Loose pods or bottles labelled “CBD” or “THC”
- Devices disguised as pens or USB sticks

### **3. Alcohol Indicators**

- Empty miniature bottles, cans, or hip flasks
- Breath mints, perfume, or deodorant used to mask smell
- Mouthwash bottles filled with coloured liquid

### **4. Prescription or Over-the-Counter Misuse**

- Blister packs with pills missing or unlabelled
- Pill bottles with altered or removed labels
- Crushed tablets, straws, or rolled notes (suggesting insufflation/snorting)

### **5. Other Substances (e.g. Nitrous Oxide or Solvents)**

- Small silver “whippit” canisters (nitrous oxide)
- Balloons or empty party-balloon packets
- Aerosol cans, glue tubes, or chemical-soaked cloths
- Plastic or paper packets with white, brown, or crystalline residue

### **6. Indicators of Supply or Dealing**

- Unexplained cash or valuables
  - Multiple phones or SIM cards
  - Scales, grip-seal bags, or unused wraps
  - Frequent hand-to-hand exchanges or visits from outsiders near the school
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## Staff Actions

1. **Do not confront or accuse.** Focus on safety and observation.
    - Use phrasing such as “You seem unwell” rather than “You’re high.”
  2. **Report immediately** to the DSL or DDSL.
  3. **Record factual observations** only – no speculation – in the safeguarding system.
  4. **Do not search** students without authorisation (follow the *Search and Confiscation Policy*).
  5. **Preserve confidentiality** – share information strictly on a need-to-know basis.
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## Key Messages for Staff

- Testing is a **safeguarding tool**, not a punishment.
- Every concern must be recorded factually and referred to the DSL.
- All decisions must be **proportionate, evidence-based, and consent-driven**.
- Parental awareness and cooperation are central to the process.
- Respect student dignity at all times.

## **ANNEX C: Michael Hall School Protocol; Students Under the Influence of Drugs or Alcohol**

### **Purpose**

This protocol outlines the **mandatory steps** staff must take if they suspect a student is under the influence of drugs or alcohol while on school premises. The **safety and well-being** of the student and the wider school community are the **top priorities**.

### **1. Identifying a Student Under the Influence**

A student may be under the influence if they exhibit any of the following signs:

- **Physical Signs:** Slurred speech, impaired coordination, unsteady movement
- **Eye Changes:** Red or glazed eyes, dilated or constricted pupils
- **Unusual Behaviour:** Drowsiness, lethargy, hyperactivity, confusion, irrational behaviour, or extreme mood swings
- **Odour:** The smell of alcohol, cannabis, or other substances

If a **member of staff has concerns**, they **must not** accuse the student or make assumptions. Instead, they **must follow the steps below**.

### **2. Immediate Actions (First Responder)**

#### **a. Remove the Student from Class or Public Areas**

- The student **must be immediately accompanied** by a member of staff to the school nurse's office or the DSL for observation.
- The student **must never be left alone at any point**.

#### **b. Assess the Student's Condition**

- If the student is **unconscious, drowsy, or showing signs of overdose** (e.g., difficulty breathing, vomiting, seizures), staff must:
  - Call **999 immediately**.
  - Inform **DSL and SLT** without delay.
- If the student is **responsive but impaired**, they **must remain under constant supervision** while being assessed in the nurse's office.

### **3. Reporting and Safeguarding Response**

- The **first responder must immediately** report the concern to **DSL or SLT**.
- The **DSL or SLT** will conduct a **brief, non-accusatory conversation** with the student to assess the situation.
- If the student **admits to using a substance or possession is suspected**, the **DSL must follow the search and confiscation procedure** (see below).

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### **4. Search and Confiscation Procedure**

- **Only the DSL, SLT, or a Safeguarding Team member** may conduct a **search** if there are **reasonable grounds** to suspect possession of illegal substances.
  - A **search must be conducted with two members of staff present** and in line with school policy.
  - If a **substance is found**:
    - It **must be secured in a sealed bag and documented**.
    - **Parents must be contacted immediately** and asked to **collect their child**.
    - The **police may be informed** if possession of illegal substances is confirmed.
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## **5. Parental Contact and Next Steps**

- **Parents/guardians must be informed immediately** and required to collect their child.
- **A meeting must be arranged** with the DSL and Principal to discuss next steps.
- **A safeguarding log entry must be completed** to ensure accountability.

## **6. Consequences and Support**

### **First Incident:**

- **Likely suspension** (length determined by severity).
- **Loss of privileges**, including **check-in/check-out** permissions. Only relevant for classes 11+12
- **Parental agreement to further drug testing** (costs covered by parents).

### **Repeated Incidents or Serious Breach:**

- **Expulsion may be considered** for serious or repeated offences.

### **Wellbeing Support:**

- The student may be referred for **counselling** or **external drug intervention programs**.

## **7. Review and Follow-Up**

- **A follow-up meeting with parents** will be scheduled to monitor progress.
- **If further concerns arise**, additional **safeguarding interventions** will be put in place.

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### **Key Safeguarding Principle:**

**The student must never be left alone at any point during the process. A responsible adult must be with them at all times to ensure their safety and well-being.**

## ANNEX D: Urine Dip Drug Testing Procedure Protocol

### Purpose

To outline the step-by-step procedure for conducting a urine dip drug test in a **safe, respectful, confidential, and legally compliant manner**.

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## 1. Pre-Test Requirements

### 1.1 Staff Involved

- A minimum of **two trained staff members** must be present:
  - **Supervisor:** School Nurse, Medical Officer, DSL, or designated trained staff member.
  - **Witness:** Member of the Safeguarding Team to ensure confidentiality and procedural integrity.

### 1.2 Consent

Written consent must be obtained:

- From the **student** (always).
- From the **parent/guardian** if the student is **under 16**.

The student must be provided with clear information regarding:

- the reason for the proposed test and the concerns prompting it;
- the type of test to be used and how it will be administered;
- who will have access to the results and how they will be stored;
- how long results will be retained and when they will be securely destroyed; and
- the support options available regardless of the outcome.

### 1.3 Testing Kits

- **AYDMED Kit (Urine Test 7-in-1):** Detects Cocaine, Opiates, Methadone, Amphetamines, Cannabis, Ecstasy (MDMA), and Benzodiazepines.
- **ALL TEST Kit:** Urine test for Ketamine.
- **ONE STEP Kits:** Urine test for Synthetic Cannabis and Cotinine (marker for nicotine use).

Before use:

- Check **expiry date** of all kits.
  - Ensure **manufacturer's instructions** are available and followed exactly.
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## 2. Test Environment Setup

- **Location:** First Aid Room - sample collection in Lower School staff toilets.
- **Privacy:** The student must be able to urinate **unobserved**.
- **Tamper Prevention:**

- Remove bags, jackets, and unnecessary items.
    - Turn off water taps during collection.
  - **Collection Pot:** Provide a **single-use, sealed plastic collection bag** for urine sample.
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### 3. Test Procedure Steps

#### *Step 1: Preparation*

- Ensure no other students are present in the First Aid Room.
- Re-explain the procedure to the student.
- Ask the student to **complete and sign the consent form**.
- Maintain **dignity and respect** at all times.

#### *Step 2: Urine Sample Collection*

- Escort the student to the Lower School staff toilets.
- Provide the collection bag.
- Ask the student to **wash hands before and after** collection.
- Student urinates **unsupervised** while staff wait outside.
- Minimum **30 mL** of urine is required.
- Student returns the **sealed container** to staff immediately.

#### *Step 3: Conducting the Dip Test*

- Both staff members **put on disposable gloves**.
- Check **expiry dates** on test strips in the presence of the witness.
- Open a **new test strip** in front of the student and label it with:
  - Student's name
  - Date and time

#### **Testing steps:**

1. Immerse the dipstick into the urine up to the marked line for **10-15 seconds** (as per kit instructions).
2. Remove and lay flat on a clean, non-absorbent surface.
3. **Read results** after the specified time (usually 5 minutes).
4. Compare to control/test lines as per kit instructions.

#### **Interpretation:**

- **Two lines** → Negative
- **One line (control only)** → Presumptive Positive
- **No control line** → Invalid test → Repeat test

#### *Step 4: Documentation*

Record the result immediately on the **back of the signed consent form**, including:

- Student name
- Date and time of test
- Test strip batch number

- Substances tested
  - Test result (Negative / Presumptive Positive / Invalid)
  - Signatures of both staff members
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## 4. After the Test

### 4.1 If Result is Negative

- DSL/School Nurse/Medical Officer to inform the student and parents (if appropriate).
- Offer support if needed.
- Store results securely.

### 4.2 If Result is Presumptive Positive

- Inform the student **privately** in a **calm and supportive** manner.
- Explain that the DSL will be informed.
- DSL to notify the parent/guardian (unless there is a safeguarding concern).

The DSL will consider:

- Referral for **confirmatory laboratory testing**.
  - **Safeguarding referral**, if required.
  - **Pastoral support** and/or referral to external services.
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## 5. Biohazard Disposal

All urine samples, gloves, and test kits must be treated as **clinical waste** and disposed of in the **yellow clinical bin** located in the First Aid Room.  
Follow the school's **clinical waste disposal procedures**.

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## 6. Confidentiality and Record Keeping

- School Nurse or Medical Officer to:
    - **Photograph** test kits after use.
    - **Scan** the signed consent form and attach it to a **CPOMS safeguarding post**, labelled "Safeguarding".
    - Upload photos and documentation to the **student's safeguarding profile**.
  - Original consent forms must be **stored securely** in the locked cabinet in the First Aid Room.
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## Materials Checklist

- **Disinfectant/Wipes:** To clean area before and after procedure.
- **Urine Collection Bag:** Single-use, sealed.
- **Urine Dipstick Test Kits:**



- AYDMED Kit
  - ALL TEST Kit
  - ONE STEP (Synthetic Cannabis)
  - ONE STEP (Cotinine)
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- **Disposable Gloves:** For safe sample handling.
  - **Timer/Watch:** For accurate reading of results.
  - **Clinical Waste Bin/Bag:** For biohazard disposal.
  - **Consent Forms:** Must be completed and signed before testing.
  - **Testing Logbook:** For confidential record keeping.

### DRUG TESTING: STUDENT CONSENT FORM

Student's Name:	Class:
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Please list any medication taken in the last 3 weeks (include self-administered). Include any over-the-counter medication, e.g. for headaches, coughs, colds, i.e. nasal sprays, etc.

1.	
2.	
3.	
4.	

#### **STUDENT STATEMENT:**

I hereby consent to the following screening tests for the detection of drugs and/or their metabolites from a sample of my urine/saliva.

I am fully aware of the Michael Hall School policy of the Drugs and Substance Misuse should a positive result be detected.

I accept the interpretation of my test results by the Assessor and Co-assessor, provided their interpretation match identically.

I have been given a leaflet explaining:

- the reason for the test,
- the type of test and the drugs being tested for,
- who will have access to the results, how they will be stored and for how long,
- what the available support options regardless of the test outcome are for me.

Signed: ..... Date: .....

## TEST DETAILS AND RESULTS

Test Start time: ..... (am/pm)

Test read at: ..... (am/pm) (NB: Should be 5 minutes)

### Results in the test area are as follows:

#### Interpretation:

- 2 lines = Negative
- 1 line (control only) = Presumptive Positive
- No control line = Invalid test → Repeat

<u>Assessor's Interpretation</u>		<u>Co-Assessor's Interpretation</u>	
C) All Control Lines		C) All Control Lines	
1) Amphetamine		1) Amphetamine	
2) Benzodiazepines		2) Benzodiazepines	
3) Cocaine		3) Cocaine	
4) MDMA		4) MDMA	
5) Methadone		5) Methadone	
6) Opioid		6) Opioid	
7) Cannabis		7) Cannabis	
8) Ketamine		8) Ketamine	
9) Synthetic Cannabis		9) Synthetic Cannabis	
10) Cotinine		10) Cotinine	

Assessor's Name:	Co-Assessor's:
Signature:	Signature:

For the test results to be valid, the control lines for any given drug must form.

For the interpretation of the test results, the Assessor and Co-assessor must agree on all results. Therefore, if both Assessors agree that all magenta lines have formed (both the control and test lines), the student can be considered negative for the classes of drugs listed above.

Where magenta lines do not form, the result will be considered presumptive positive and DSL will be immediately informed.

## DRUG TESTING - PARENTAL CONSENT FORM

STUDENT'S NAME:	CLASS:
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As a parent of Michael Hall School, I understand that the use of drugs, alcohol and other controlled substances creates a safety and wellbeing concern for the school community. In the interest of creating a safe and healthy learning environment, I hereby give my consent to Michael Hall School to conduct any drug tests it considers necessary as outlined in the DRUGS, ALCOHOL AND SUBSTANCE MISUSE Policy.

I fully understand that as a parent, my child may be subject to drug testing for the reasons outlined in the policy. A copy of this policy has been made available to me, and I hereby acknowledge that I understand its terms and provisions.

My signature serves as a parental consent:

- a) For my child to undergo drug testing and to submit a urine/saliva sample for that purpose;
- b) For my child to be drug tested in accordance with the terms of the Drug and Substance Misuse policy;
- c) For the School Nurse/Medical Officer under the supervision of a member of the Safeguarding Team, to administer the drug test.

I release MICHAEL HALL SCHOOL from any liabilities, claims and causes of action, known and unknown, contingent or fixed, that may result from this test.

Parent/Carer's Name:	Signature:	Date: