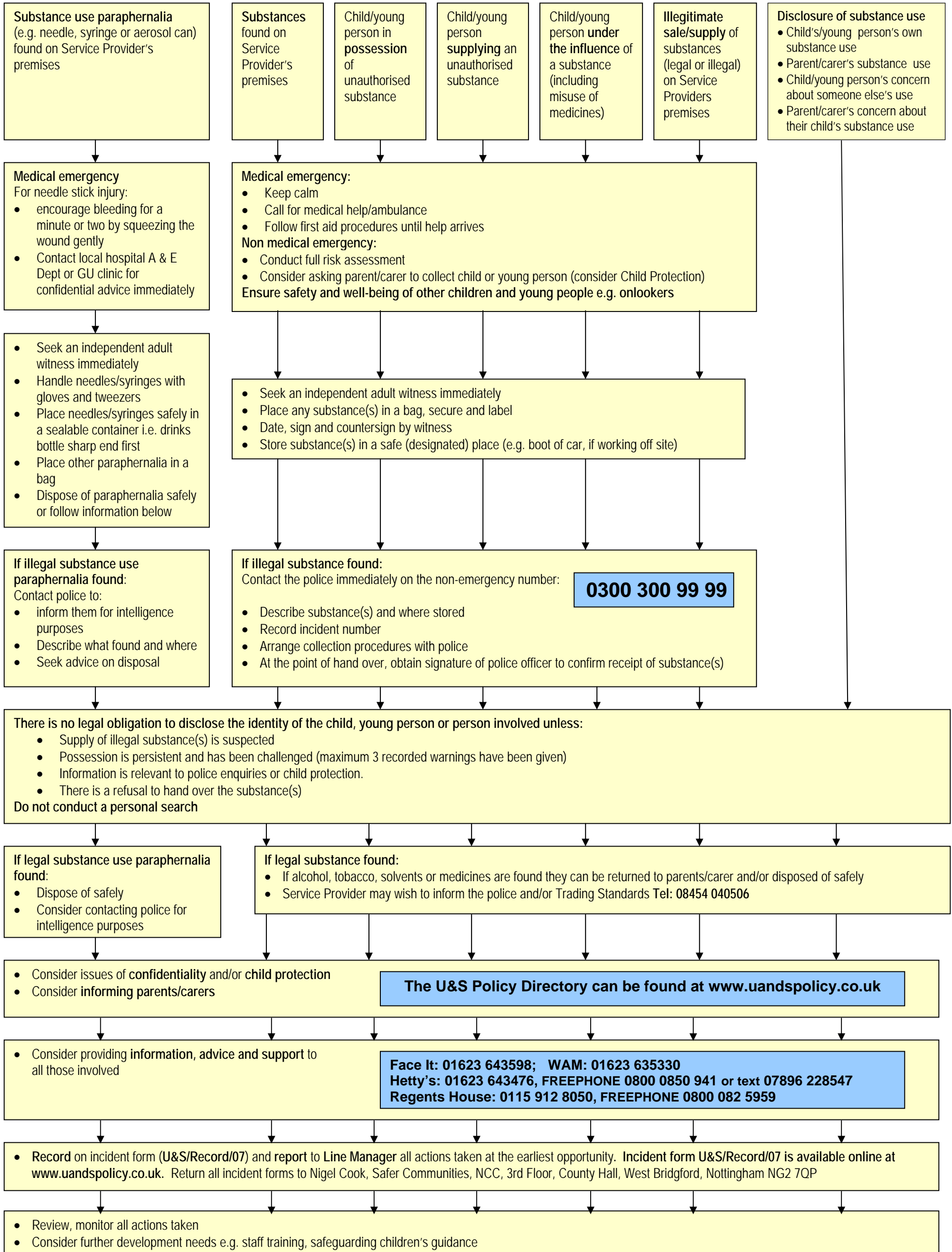


Children and Young People's Substance Use Policy Responding to incidents involving substances





Children and Young People's Substance Use Policy

Record of Incident Involving Substances

Tick to indicate the category

- | | | | |
|--|--------------------------|--|--------------------------|
| Substance or paraphernalia found on the premises | <input type="checkbox"/> | Disclosure of parent/carer's substance use | <input type="checkbox"/> |
| Possession of unauthorised substance | <input type="checkbox"/> | Emergency intoxication | <input type="checkbox"/> |
| Supplying unauthorised substance on premises | <input type="checkbox"/> | Parent/carer expresses concern | <input type="checkbox"/> |
| Disclosure of substance use | <input type="checkbox"/> | Incident occurring off premises | <input type="checkbox"/> |

Name (optional*)		Time of incident	
Age	Male/Female	Date of incident	
Ethnicity **		Postcode (for Statistical Monitoring)	
Child Looked After <input type="checkbox"/>	Full/part time education/excluded from education/employment		
Disability		Tick box if second or subsequent incident involving same child/young person <input type="checkbox"/>	
Report form completed by		Signature	

- | | | | | | |
|--------------------------|------------------------------|-----------------------------|-------------------------|------------------------------|-----------------------------|
| First Aid given | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Ambulance/doctor called | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| First Aid given by | | | Called by | Time | |

Substance involved (if known)	Substance found? <input type="checkbox"/>
E.g. alcohol/paracetamol/ecstasy	Where found
Senior staff involved	Name and signature of witness:
Name of parent/carer informed	
Informed by	Time

- | | | | | | |
|------------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|
| Police contacted | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Child protection issue identified | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Police Incident Number | | | | | |

Brief description of incident # (including any physical symptoms, child protection issues, geographical location and setting etc)
.....
.....
.....

Other action taken # (include information; advice and support given; contact with other service e.g. Police: 0300 300 99 99; Face It: 01623 643 598; WAM: 01623 635330; Hetty's 01623 643476, FREEPHONE 0800 0850 941 or text 07896 228547; Regents House 0115 91 28050, FREEPHONE 0800 082 5959)
.....
.....
.....

*For service records only #Continue on blank sheet if necessary

** Categories: British, Irish, other white, white and black Caribbean, white and black African, white and Asian, other mixed, Indian, Pakistani, Bangladeshi, other Asian, Caribbean, African, other black, Chinese, any other, not stated