

HINDLE'S SCHOOL OF EXCELLENCE LTD

Drug, Alcohol and Substance Misuse Policy

*Safety, safeguarding, support and fair management | 2026-27***Policy position**

Hindle's is an alcohol-free, drug-free and vape-free education and workplace environment. Safety and safeguarding come first. People who seek help will be treated respectfully, but possession, supply, impairment or unsafe conduct will be managed promptly and fairly.

Policy owner	Miss Joanne C. Hindle, Director
Lead DSL	Joanne C. Hindle
Approved by	Miss Joanne C. Hindle, Director
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1. Purpose and aims

This policy sets out how Hindle's prevents and responds to alcohol, illegal drugs, psychoactive substances, solvents, vaping products, misuse of medication and other intoxicating substances. It balances safety, safeguarding, education, support, confidentiality, employment obligations and proportionate consequences.

- Maintain a safe learning and working environment.
- Prevent possession, use, supply, coercion and impairment.
- Respond consistently to emergencies, concerns and suspected incidents.
- Encourage early help and access to appropriate specialist support.
- Protect children and vulnerable people and meet safeguarding duties.
- Manage staff conduct, capability and health concerns fairly and lawfully.

2. Scope

This policy applies to learners, employees, tutors, trainees, agency staff, volunteers, contractors, visitors and people attending events. It applies on Hindle's premises; during home-based, off-site and online-associated provision; on educational visits; while travelling for authorised duties; and at work-related functions where conduct may affect safety, safeguarding, trust or reputation.

3. Definitions

Term	Meaning
Alcohol	Alcoholic drinks and products containing alcohol where consumption may cause impairment.
Controlled or illegal drug	A substance controlled under the Misuse of Drugs legislation or otherwise unlawfully possessed, supplied or produced.
Psychoactive substance	A substance capable of producing a psychoactive effect, including products sometimes described as legal highs.
Medication misuse	Taking prescription or non-prescription medicine other than as directed, using another person's medicine, unsafe sharing, excessive use or possession with intent to supply.

Substance misuse	Use of alcohol, drugs, solvents, gases, medication or another substance in a way that causes or risks harm, impairment, dependence or unsafe behaviour.
Impairment	A reduction in judgement, coordination, alertness, behaviour or ability to work/learn safely, regardless of whether the substance is lawful or prescribed.

4. Legal and guidance framework

- Health and Safety at Work etc. Act 1974 and Management of Health and Safety at Work Regulations 1999.
- Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2001.
- Psychoactive Substances Act 2016.
- Medicines Act 1968 and Human Medicines Regulations 2012.
- Road Traffic Act 1988 and relevant drug-driving legislation.
- Children Acts 1989 and 2004, Education Act 2002 where applicable, Working Together to Safeguard Children and Keeping Children Safe in Education 2026.
- Equality Act 2010, Employment Rights Act 1996, Data Protection Act 2018 and UK GDPR.
- DfE and local safeguarding guidance relevant to drugs, searching, screening and confiscation where applicable to Hindle's status and provision.

5. Core rules

- No person may possess, consume, use, manufacture, supply, offer, exchange or facilitate illegal drugs or unauthorised intoxicating substances during activities covered by this policy.
- Alcohol must not be brought onto or consumed on the premises or during learner-facing duties. The Director may authorise limited alcohol at an adult-only staff function after a written risk assessment; no person may then work, supervise learners or drive on duty while impaired.
- Smoking and vaping are prohibited within the premises and any designated smoke-free area. Vapes must not be used, shared, sold or supplied during provision.
- No person may attend or remain at work/provision when alcohol, drugs or medication make them unsafe or unfit. Residual effects are included.
- Medication must be used only by the person for whom it was supplied and in accordance with directions and the Medication Policy.
- Possession of legitimate prescribed medication is not misconduct. Safety concerns will be assessed confidentially and reasonable adjustments considered.
- Nobody must drive, operate equipment, supervise learners alone or undertake safety-critical work while impaired.

Medical cannabis and controlled medication

Lawfully prescribed controlled medication, including medical cannabis, will be treated as medication rather than an illegal substance when ownership and prescription are verified. Smoking remains prohibited. Storage, administration, impairment and safeguarding risks require an individual plan and risk assessment.

6. Responsibilities

6.1 Director and management

- Implement this policy, maintain risk assessments and ensure staff know emergency and reporting routes.
- Respond promptly and fairly, separate safeguarding, health, conduct and capability issues, and preserve evidence.
- Arrange appropriate referrals, adjustments, investigations and liaison with commissioners, parents/carers, police or professionals.
- Ensure confidential records and periodic review.

6.2 Designated safeguarding leads

The Lead DSL is Joanne C. Hindle. Additional/deputy DSLs are Julie Helm, Jade McFarlane and Aman Javed. They assess safeguarding risk, coordinate referrals and information sharing, and ensure the learner's welfare remains central.

6.3 Staff, volunteers and contractors

- Report concerns and incidents promptly; do not investigate, search, test or dispose of substances independently.
- Model safe conduct and never encourage, normalise or joke about substance misuse with learners.
- Tell management confidentially if medication or a health condition may affect safe work.
- Follow instructions on supervision, evidence, confidentiality and emergency action.

6.4 Learners and families

- Learners must follow the core rules, seek help and report immediate danger.
- Parents/carers should provide accurate health and medication information and cooperate with safeguarding and support plans.
- Nobody should handle or taste an unknown substance or keep another person's medication.

7. Education and prevention

- Age-appropriate, factual education about alcohol, drugs, vaping, medicines, peer pressure, exploitation, consent, risk and help-seeking.
- Clear messages that legal status does not mean safe and that contamination/unknown strength can be fatal.
- Staff awareness of county lines, criminal exploitation, grooming, debt, coercion and safeguarding indicators.
- Promotion of protective factors, trusted adults, emotional regulation, healthy coping and access to specialist advice.

8. Immediate response to suspected intoxication or overdose

1. Check danger, responsiveness and breathing. Keep the person under appropriate supervision.
2. Call 999 immediately for unconsciousness, abnormal breathing, seizure, chest pain, severe confusion/agitation, suspected overdose, serious injury or any doubt about immediate danger.
3. Give first aid within training. Place an unconscious breathing person in the recovery position and monitor. Do not induce vomiting, give food/drink or attempt to make them walk.
4. Tell ambulance staff everything known about the substance, quantity, timing, packaging and other medication. Preserve containers safely.
5. Remove other learners from risk and secure the area. Do not put staff at risk by handling needles, powders or volatile substances.
6. Inform the Director and DSL. Contact parents/carers for a child unless this would increase risk or delay emergency treatment.
7. Record actions, advice and handover. Initiate safeguarding and incident procedures.

Emergency advice

If someone needs urgent help after taking drugs or drinking, call 999 for an ambulance and give responders honest information. Seeking emergency help will not be delayed by disciplinary considerations.

9. Discovery of an unknown substance or paraphernalia

- Do not taste, smell, test, flush, discard or carry the item unnecessarily.
- Prevent access, keep people away and notify the Director/DSL immediately.
- Sharps must not be handled by hand; use the approved sharps procedure and specialist support.
- Where safe and authorised, preserve the item in place and record where, when and by whom it was found.
- The Director will decide whether police should attend or advise on seizure, storage and disposal.
- Staff will not take suspected controlled drugs home, store them with medication or dispose of them in ordinary waste.

10. Suspected learner possession, use or supply

8. Protect immediate health and safety and obtain first aid or emergency help.
9. Inform the Director and DSL and maintain proportionate supervision.

10. Listen without leading questions, threats or promises of secrecy. Record the learner's own words and factual observations.
11. Follow the applicable lawful searching, screening and confiscation procedure.
Hindle's staff must not improvise a personal or intimate search.
12. Contact the parent/carer unless safeguarding advice indicates this may increase risk.
13. Consider police involvement, particularly for supply, exploitation, weapons, serious quantities or immediate danger.
14. Complete a safeguarding assessment and agree proportionate educational, support, risk-management and behaviour action.

11. Searching, confiscation and evidence

Any search must have a lawful basis, be necessary, proportionate, respectful and undertaken only by people authorised under the relevant policy and law. The learner's age, SEND, trauma, sex and privacy will be considered. Intimate searches are never undertaken by Hindle's staff. Suspected controlled drugs and associated items will be handled in accordance with police advice and an auditable record. CCTV and witness evidence will be preserved lawfully.

12. Safeguarding and criminal exploitation

- Substance use or possession may indicate exploitation, trafficking, neglect, abuse, self-harm, coercion or unmet SEND/mental-health needs.
- Staff must report signs such as unexplained money, debt, multiple phones, missing episodes, older associates, threats, injuries, sudden behaviour changes or carrying packages.
- A child should not be treated solely as an offender where they may be exploited.
- Safeguarding referrals and information sharing may proceed without consent where necessary and lawful.
- Where a learner discloses parental substance misuse, the impact on care and safety will be assessed sensitively.

13. Learner support and consequences

Responses will be individual, proportionate and consistent, considering safety, intent, supply, exploitation, age, SEND, previous incidents and willingness to engage. Sanctions alone will not replace safeguarding or support. Possible actions include an individual risk plan, increased supervision, curriculum work, restorative work, referral to specialist services, commissioner review, suspension from an activity or placement review under relevant agreements.

Emergency treatment and safeguarding support will never be withheld because a rule may have been broken. Exclusion from provision will not be automatic and will be considered alongside education duties, contractual arrangements, risk and the learner's welfare.

14. Staff fitness for work

- A worker must tell the Director if they believe they are impaired or medication may create a safety risk. They should not begin or continue learner supervision, driving or other safety-critical duties.
- A manager who reasonably suspects impairment will remove the person from immediate safety-critical duties and arrange a private welfare discussion.
- The worker will not be allowed to drive home. Safe transport, emergency care or support contact will be considered.
- Observations will be factual; managers do not diagnose dependence or rely only on smell, appearance or hearsay.
- The matter may proceed through health, capability, disciplinary, safeguarding or police routes depending on evidence and risk.

15. Prescription and non-prescription medication

Staff are not normally required to disclose a diagnosis or every medicine. They must disclose functional effects relevant to safety, such as drowsiness, impaired coordination or a warning not to drive, so risks and adjustments can be considered. Medical information will be handled confidentially. Staff must not share medicines or bring excessive quantities without a legitimate need.

16. Voluntary disclosure and early help

A staff member who seeks help before a conduct or safety incident will be treated supportively and confidentially so far as possible. Hindle's may encourage GP, occupational-health or specialist assessment; consider temporary adjustments, authorised leave or altered duties; and agree review arrangements. The employee controls access to clinical detail, but Hindle's may require sufficient fitness-for-work advice to manage safety and capability.

17. Support is not conditional on a particular diagnosis

Management will not require a formal diagnosis before listening, signposting or taking temporary safety measures. Treatment is provided by qualified external services, not Hindle's. Cooperation with reasonable assessment and safety arrangements may be necessary, but relapse or unsuccessful treatment will not automatically result in dismissal; the individual circumstances and fair procedures will be considered.

18. Conduct, capability and disciplinary action

Being impaired at work, using or possessing an unauthorised substance, unsafe conduct, supply, dishonesty or refusal to follow safety instructions may constitute misconduct or gross misconduct. However, summary dismissal is not automatic. Hindle's will investigate fairly, provide the allegation and evidence, allow representation and consider health, disability, mitigation, consistency, safeguarding and proportionality before deciding action.

- A health problem does not excuse serious misconduct, but it may affect support, adjustments and sanction.
- Disciplinary action does not have to be suspended automatically while treatment occurs; management will decide what is fair and safe.
- Capability procedures may apply where health affects reliable performance and reasonable support has been explored.
- Suspension is a neutral precaution, not a disciplinary penalty, and will only be used where necessary and reviewed regularly.
- Police action and internal action have different tests; management may act on available evidence without waiting indefinitely for criminal proceedings.

19. Equality, dignity and reasonable adjustments

Alcohol or drug dependence itself is generally excluded from the Equality Act 2010 definition of disability, but an underlying or resulting physical or mental impairment may be protected. Hindle's will avoid discrimination, obtain appropriate advice and consider reasonable adjustments where the legal test is met. Everyone will be treated with dignity and without stereotyping.

20. Drug and alcohol testing

Hindle's does not operate routine or random testing under this policy. Testing would only be introduced or requested where there is a clear lawful and contractual basis, necessity, proportionality, informed procedure, data-protection assessment, chain-of-custody safeguards and specialist advice. Refusal will not automatically prove misuse; the surrounding evidence and any contractual duty will be considered.

21. Confidentiality and records

- Health and treatment information is special-category personal data and will be restricted to those who need it for a lawful purpose.
- Managers will normally receive fitness, restrictions and adjustment advice rather than unnecessary clinical details.
- Confidentiality cannot be guaranteed where there is safeguarding risk, immediate danger, serious misconduct, legal duty or necessary professional disclosure.
- Incident, safeguarding, employment and medical records will be kept separately where appropriate and retained under the Records Retention Schedule.
- Staff must not discuss rumours or disclose a person's circumstances informally.

22. Police, commissioners and information sharing

The Director/DSL will decide whether and what to share with police, commissioning schools, local authorities, health professionals, parents/carers and other agencies. Decisions will be necessary, proportionate, accurate, securely communicated and recorded. Consent is not required where another lawful basis applies, particularly for safeguarding or serious risk.

23. Educational visits, transport and lone working

- Risk assessments will consider access to substances, medication, local laws, emergency care, supervision and known individual needs.
- No worker may transport learners or drive for work while impaired.
- Staff must not drink alcohol while responsible for learners, including overnight visits.

- Lone workers will have rapid escalation and check-in arrangements and must not manage a volatile intoxicated person alone where safety is at risk.
- Incidents away from the premises follow the same emergency, safeguarding and reporting procedures.

24. Visitors, contractors and events

Visitors and contractors suspected of impairment or breaching this policy may be refused entry or required to leave when safe arrangements exist. Their employer, police or emergency services may be contacted. At any adult-only event where alcohol is exceptionally authorised, a written event risk assessment will cover supervision, transport, safeguarding, licensing, quantities and conduct; learners must not be present.

25. Training and monitoring

- Staff induction and refresher training will cover signs of emergency, safe response, safeguarding, exploitation, reporting, medication and boundaries.
- DSL and first-aid training will address overdose, self-harm and information sharing.
- The Director will review incidents, near misses, attendance/performance themes, referrals, equality impacts and policy effectiveness without using unsupported profiling.
- Support contacts and legal references will be checked at each review.

26. Complaints and review

Concerns may be raised through the Complaints, Grievance, Whistleblowing or Safeguarding procedures. This policy will be reviewed by 1 September 2027 or earlier following an incident, legislative or guidance change, service change or identified risk.

Appendix A - Immediate Incident Record

Field	Record
Person involved / status / age	
Date, time and exact location	
Reporter and witnesses	
Observed behaviour or symptoms - facts only	
Substance / packaging / paraphernalia	
First aid, 999 or clinical advice	
Immediate safety and supervision action	
Parent/carer contact or reason not contacted	
Director / DSL informed and time	
Police / commissioner / service contact	
Evidence handling / reference	
Safeguarding assessment / CPOMS	
Follow-up owner and deadline	
Reporter signature / date	Manager review / date

Appendix B - Management Fitness-for-Work Discussion

Use this as a fair, factual prompt. It is not a medical diagnosis or automatic disciplinary finding.

Prompt	Record
Immediate safety concerns and duties paused	
Factual observations and employee response	
Medical emergency or safe transport required	
Medication / health effects voluntarily disclosed	
Support person / representation offered	
Temporary adjustments or alternative duties	
GP / occupational-health / specialist advice	
Safeguarding, driving or legal concerns	
Next review, contact and expectations	
Capability / conduct process, if applicable	
Confidential record location	

Appendix C - Current Support Contacts

Service	Contact / purpose
Emergency services	999 - unconsciousness, abnormal breathing, seizure, serious injury, suspected overdose or immediate danger.
NHS 111	Urgent medical advice where the situation is not life-threatening.
Achieve Bury	0161 271 0020 achieve.referrals@gmmh.nhs.uk - local adult drug and alcohol information, referral and recovery support.
Achieve Young People's Service	0161 723 3880 info@earlybreak.co.uk - support for young people up to age 21 in Bury, Salford and Trafford.

Drinkline	0300 123 1110 - confidential national alcohol helpline.
FRANK	0300 123 6600 text 82111 talktofrank.com - 24/7 drug information and advice.
Alcoholics Anonymous GB	0800 9177 650 alcoholics-anonymous.org.uk - peer support.
Narcotics Anonymous UK	0300 999 1212 ukna.org - peer support.
Al-Anon Family Groups	0800 0086 811 al-anonuk.org.uk - support for families and friends.
Nacoa	0800 358 3456 nacoa.org.uk - support for children and others affected by a parent's drinking.
GP / NHS services	Assessment, treatment advice, fit notes and referral to specialist support.

Contact details and opening times can change. Check the provider's official website before issuing a non-emergency referral. Immediate danger always requires 999.

Appendix D - Staff Quick Response

1. Emergency?

Check breathing and responsiveness. Call 999 for suspected overdose, unconsciousness, seizure, serious symptoms or immediate danger.

2. Make safe

Supervise appropriately, remove others from danger, preserve packaging and do not taste, test or dispose of substances.

3. Report

Tell the Director and DSL promptly. Give facts, not assumptions. Record exact words, observations, time and actions.

4. Safeguard

Consider exploitation, coercion, self-harm, neglect, health needs and whether parent/carers contact could increase risk.

5. Follow through

Use the correct learner, staff, disciplinary, capability, medication, first-aid and safeguarding procedures. Offer appropriate support.