



BUGLE SCHOOL

DRUGS EDUCATION (PSHE)

Autumn 2010

PSHE (Personal, Social and Health Education) is one of the subjects in the National Curriculum which pupils have an entitlement to experience throughout their education. Drugs and HIV Education are major components of a comprehensive programme of PSHE.

All teachers involved in this work do not necessarily have to be 'experts' on HIV and AIDS. However, they do require sensitivity to the needs of the group, an ability to deal with questions openly/honestly and knowledge of where to get help if necessary. The following aims reflect those of the school and the general aims of PSHE.

Specific Aims

1. To develop positive pro-active attitudes, patterns of behaviour, lifestyles, values and skills in the pupils towards their personal Health and Safety, e.g. those appropriate to inform decision making.
2. To approach Drugs and HIV Education by a process of enquiry and investigation through practical projects and surveys – to include observation and analysis.
3. To give pupils knowledge and understanding of the following in order for them to make informed choices:-
 - a) The use/misuse and dangers of drugs such as alcohol, tobacco, medicines etc.
 - b) The safety of the individual in different environments, e.g. at home, at school, at work, during leisure activities etc.
 - c) Relevant terminology and information on how the HIV virus is and is not transmitted.
4. To endow pupils with responsibility to themselves and others particularly in relation to drug practices.
5. To give parents knowledge and understanding of the following:-
 - a) Signs of the use/misuse of drugs such as alcohol, tobacco and medicines, etc.
 - b) The physical, emotion and social aspects of Drugs and HIV issues.
 - c) The value and importance of the family as a social institution; its contribution to the development of attachment, love, concern and caring for others.

For sections on the following please refer to the policy on 'Sex Education' which can easily be adapted to Drugs and HIV:

- Informing and involving Parents;
- Offering advice;
- Confidentiality;
- Using visiting speakers and others;
- Equal Opportunities Issues and Special Needs;
- INSET;

- Withdrawing pupils from the programme;
- Monitoring, Evaluating and Reviewing the Programme.

Other Benefits

Drugs and HIV education can also contribute to the School via display work, assembly themes, the School Council and the School/Parent/Community partnership.

There is a need to deliver Health Education through a cross-curricular approach and the ethos of the School needs to promote a Healthy School. There should be events such as:-

- Visits by the Police Liaison Officer;
- Visits by professionals and others concerning drug education and AIDS education.

Less Obvious Signs That May Indicate Drug Taking

N.B. All of the following signs can be caused by many other psychological and behavioural changes in addition to an involvement with drugs, e.g. growing up, bullying, etc.

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| • the keeping of secret and private places; | • unexplained drowsiness/tiredness; |
| • the keeping of friends belongings for 'safe keeping'; | • unusual, sudden or regular changes in mood; |
| • the loss of interest in school, hobbies, sport, friends; | • unexpected or excessive aggressiveness; |
| • association with a new group of friends; | • the loss of appetite. |
| • the loss of money or other objects from the home; | • the presence of unusual stains, marks or smells on the body, clothes or around the home; |
| • the uncharacteristic telling of lies. | |

The HIV Protocol

Minimising the Risk of HIV Transmission in School

Those involved in educating and caring for HIV+ children should be sensitive to their need for confidentiality and their right to privacy. Both the parents and the child may need support as may the teachers and others involved in the direct care of the child at school. The number of people who are aware that a child is infected is, therefore, confined on a 'need to know' basis. Although most HIV+ children show no symptoms of infection, if the measures outlined in this policy are put into practice then the 'need to know' is largely eliminated.

Good Hygiene Practice

In all cases of normal 'First Aid' the use of an apron and disposable gloves should be employed. After use the gloves and aprons should be incinerated. When work is completed wash and dry your hands. In an emergency, direct mouth-to-mouth resuscitation should not be withheld. 'Fluid proof' mouth masks are now available for mouth-to-mouth resuscitation and are strongly recommended – 'rigid resuscitation airways' may only be used by specially trained first aiders. All staff and pupils should have minor cuts, open or weeping skin lesions and abrasions covered with waterproof dressings. If staff have cuts or abrasions they should not administer first aid if another member of staff can provide it. The burning/incineration of all used disposable gloves, aprons or soiled linen/clothes etc., should be done after 'double bagging' the contaminated items in yellow plastic bags bearing the 'Biohazard' symbol.

When administering of First Aid is finished then an accident report form should be completed to afford a level of protection to staff and pupil.

Personal Hygiene

Razors, toothbrushes or other items which could become contaminated with blood must not be shared. Sanitary towels/tampons must be disposed of in the sanitary bins provided.

Treading Splashes of Blood from Another Individual

- Wash the wound or splashes of blood immediately and copiously with soap and water. If the splashes of blood are in the eyes or mouth then wash out immediately with copious amounts of water;
- Apply a suitable dressing and pressure pad if needed;
- Seek medical advice as soon as possible.

Cleaning Up Deposits of Blood/Vomit from Furniture.

Clean liberally with household bleach, freshly diluted 1:10 in cold water. If possible the bleach solution should be left for 30 minutes before being wiped up with disposable towels. Individual paper towels may be discarded down the toilet but if a lot have been used then they should be incinerated.

NB: Bleach must never be used on the skin and must never be diluted in hot water as this can cause toxic fumes of chlorine to be produced.

Clothes and Linen

If stained with blood or semen wash in a machine at a temperature of at least 60°C for at least 10 minutes. Only hand wash after thoroughly boiling the clothes or linen.

Crockery and Cutlery

These can be cleaned effectively by hand washing with hot soapy water or in a dishwasher/steriliser.

Accidents Involving the Deposition of Urine or Faeces

Urine and faeces should be disposed of via the toilet. Soiled nappies and pads from a child known to be infected should be disposed off in the nappy bin in the disabled toilet.

Children's games and Social Practices that we Discourage

- Sometimes pupils cut or prick the skin and mingle their blood so as to become 'blood brothers/sisters';
- Ear piercing and tattooing
- Biting

Subject Specific Considerations

Music

If wind instruments must be shared, the following precautions should be observed:

- brass and reed mouthpieces must not be shared and should be regularly removed and washed in hot water/detergent or cleaned in diluted spirit;
- on instruments where lips touch wood or those with tipples/wind caps, the contaminated section should be removed and wiped with a spirit-soaked swab.

Science

Pupils should not give blood for any reason. However, staff may use a fresh sterile lancet on themselves to demonstrate the structure of fresh human blood.

Samples of 'cheek epithelial cells' may be taken by the pupils if they use a cotton bud to gently remove the cells.

Human saliva should not be collected for enzyme experiments and amylase of bacterial or plant origin e.g. diastase should be used.

Adopted Autumn 2015

Chair of Governors

Headteacher

To be reviewed Spring 2018