**Hull Training and Adult Education Service Drugs Incident Record**

1. For help and advice, telephone the DSL
2. In the absence of the DSL contact the centre DDSL
3. Send the electronic copy as soon as possible to the DSL via uploading onto CPOMS and alerting the DSL/DDSL. In the absence of the DSL/DDSL please alert via CPOMS to the senior lead performance funding and Finance Manager
4. Add the learner’s name and print the form, with relevant spaces signed.
5. Keep the hard copy and store securely.

Check to indicate category: X

Drug or paraphernalia found ON Service premises. EMERGENCY/INTOXICATION

Learner in possession of unauthorised drugs. Learner supplying unauthorised drugs.

Learner disclosure of drugs misuse. Disclosure of parent/carer drug misuse. Parent/carer expresses concern.

Incident occurring OFF Service premises.

Name of learner:

Name of centre:

Age: Gender: Male Female

Date of incident: Time of incident:

Check box if second or subsequent incident involving the same learner:

First aid given? Yes No If yes, given by:

Ambulance/Doctor called?

Called by: Time called:

Drug involved (if known)

Drug found/removed? Yes No Where found

|  |  |
| --- | --- |
| Name of witness: |  |
| Signature of witness: |  |  |  |
| Disposal arranged with police/parents/other: At time:Name of parent/carer informed: Informed by:Names of all staff involved: | Yes | No | Police number:Date and time: |

Brief description of incident, including any physical symptoms:

Other action taken: (e.g. other agencies involved, police/GP or sanctions taken?