



Ladybirds Newsletter  
Term 3 Week 5 w/c 29th January 2018

**Our topic... 'The Gruffalo'**

This week the children have been focusing on the snake from the 'Gruffalo' story. They have been making snakes to go on our wall display using a range of different materials such as soft fabrics, and googly eyes. They have also been making the snakes log pile house to be displayed. Linking with this we have been encouraging the children to try and draw wavy snake lines when they have been practicing their mark making. We have also had a recording of the 'Gruffalo' story for the children to listen to. The letter of the week is 'Q', quite a tricky letter but an interesting one to talk about with the children.

**Water Wall:**

This week we are going to be making a start with building our water wall, thank you for all the donations we've already received for this, if anyone has any recycled plastic pots that they could bring in for us to use it would be greatly appreciated. Many Thanks

**Job Vacancy:**

We are currently advertising for a new Pre-school Assistant. 26hrs per week on a rota basis, all applicants must be NVQ level 3 qualified. If you know of anybody who would be interested then please either pass our phone number or e-mail over. Alternatively you or they can come and pick an application form up from Avril in the office.

**Outside Play:**

Could we please ask that all children have a **named** pair of wellies in pre-school please.

Whilst the cold weather still remains could you also make sure your child has a named hat and a pair of gloves in pre-school.

**Snack time:**

We welcome any healthy snack donations you are able to give – eg. fruit, breadsticks, raisins, are all extremely helpful. There is a bowl in our foyer for any donations.

**Policy Of The Week:**

Please could you spare 5 minutes to review our policy of the week, we would encourage any feedback which you have. Many Thanks

Please remember that our door is always open and if you have any issues or concerns, we are always happy to speak with you. Thank You, From the Ladybirds team.

**Policy of the week:**

## **6.1 Administering medicines**

### **Policy statement**

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

These procedures are written in line with current guidance in *Managing Medicines in Schools and Early Years Settings*; the manager is responsible for ensuring all staff understand and follow these procedures.

A named person is responsible for the correct administration of medication to children. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. The manager is responsible for the overseeing of administering medication.

## Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor).
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
  - full name of child and date of birth;
  - name of medication and strength;
  - who prescribed it;
  - dosage to be given in the setting;
  - how the medication should be stored and expiry date;
  - any possible side effects that may be expected should be noted; and
  - signature of the parent, their printed name and the date.

Insert details here of who receives the child's medication and asks the parent to complete a consent form. State how staff will be aware of this.

**ALL PERMANENT STAFF: BARBARA DEFEO, LOUISE COLLINS, MARIA VILLENA TOUS, FRAN LING**

**STAFF ARE MADE AWARE THROUGH READING THE PROCEDURE AND VERBALLY AT STAFF MEETING ON 10<sup>TH</sup> JULY 2015**

- The administration of medicine is recorded accurately in our medication book each time it is given and is signed by the key person/manager. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the:
  - name of the child;
  - name and strength of the medication;
  - the date and time of dose;

- dose given and method;
- signature of key person/manager; and
- parent signature.

### *Storage of medicines*

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- Staff are responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when-required basis. The manager will check that any medication held in the setting is in date and return any out-of-date medication back to the parent.

Insert details here of how and where medicines are stored in your setting. State how staff are informed of this  
 MEDICINES ARE STORED IN THE KITCHEN, IN A HIGH CUPBOARD, OR IN THE FRIDGE.  
 STAFF ARE INFORMED BOTH VERBALLY AND BY READING THIS PROCEDURE.

- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- If rectal diazepam is given, another member of staff must be present and co-signs the record book.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

### *Children who have long term medical conditions and who may require on ongoing medication*

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions, key staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs for staff form part of the risk assessment.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.

- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

#### *Managing medicines on trips and outings*

- If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles.
- This procedure is read alongside the outings procedure.

#### **Legal framework**

- The Human Medicines Regulations (2012)

#### **Further guidance**

- Managing Medicines in Schools and Early Years Settings (DfES 2005)

#### **Other useful Pre-school Learning Alliance publications**

- Medication Record (2010)
- Daily Register and Outings Record (2012)

This policy was adopted at a meeting of	_____	name of setting
Held on	_____	(date)
Date to be reviewed	_____	(date)
Signed on behalf of the management committee	_____	
Name of signatory	_____	
Role of signatory (e.g. chair/owner)	_____	

