*Links to Every Child Matters: Staying Safe Links to Early Years Foundation Stage: Safeguarding and Welfare Requirements: Suitable People- Staff taking medication/other substances 3:17*

**Smoking**

Legislation now exist which makes it illegal to smoke in enclosed public spaces. Smoking is therefore strictly prohibited throughout Grove Villa Childcare.

Outside areas have been identified for those who wish to smoke during their lunch break. Whilst it is not a legal offence to smoke e-cigarettes in a public place, given some e-cigarettes do release a vapour or substance of some description, to ensure we maintain an enjoyable and comfortable working environment for all, the Company prohibits the use of all smoking devices on company premises. Anyone wishing to smoke these items must do so in the designated smoking areas, or alternatively off-site in their break.

**Alcohol**

Bringing alcohol or any unlawful drugs to the workplace, is strictly prohibited both during work time and during a period prior to work where the effects carry over to the workplace. If we have reason to believe that a member of staff is under the influence of alcohol or any other substance that may affect their ability to care for children, they will not be allowed to work directly with the children and will be dealt with under the disciplinary procedure and may lead to your summary dismissal.

**Illegal Drugs**

The taking of or possession of illegal substances during working hours constitutes gross misconduct and will result in immediate dismissal.

**Medication**

**Prescribed Medicines**

Medicines should only be taken to nursery when essential; that is where it would be detrimental to a person’s health if the medicine were not administered during the nursery ‘day’.

**If any medication needs to be taken, it should be done so on scheduled breaks or away from the children**.

If a practitioner is prescribed a new medication, they should ask their doctor if this will in anyway affect their ability to care for children. If a practitioner suffers from any side effects from the medication that affects their ability to care for children, the nursery will ask the practitioners to seek medical advice.

If it is necessary to take prescribed drugs during working hours, the nursery manager or senior member of staff should be informed upon arrival at work and the practitioner will complete a form detailing the medication.

**Non- prescribed medicines**

If it is necessary to have non-prescribed drugs on nursery site (such as headache tablets) you should take the responsibility for ensuring that they are out of the reach of children and kept with your personal belongings.

**Storage of medication**

Arrangement should be made for the safe storage out of the reach of children

**Confidentiality**

The nursery manager or senior member of staff will always treat medical information confidentially. The manager will agree with the practitioner, who else should have access to records and other information about them.

**Record keeping**

The nursery will keep written records of all medicines taken by staff in their confidential folders which are located in the office.

**Staff Fitness to Work & Staff Medication**

All nursery staff have a responsibility to work with children only where they are fit to do so.

Staff must not work with children if they are infectious or too unwell to meet children’s needs. This includes circumstances where medication taken by staff affects their ability to care for children, for example, where it makes a person drowsy.

If staff members believe their condition, including any condition caused by taking medication, is affecting their ability to care for children they must inform their line manager immediately. The nursery manager / person’s line manager/registered provider will decide if a staff member is fit to work, including circumstances where other staff members notice changes in behaviour suggesting a person may be under the influence of medication. This decision will include any medical advice obtained by the individual or from an occupational health assessment.

Where staff may occasionally or regularly need medication, any such medication must be kept cupboard or fridge in the main house. If the medication is required to be accessed in an emergency, such as an asthma inhaler, this should be easily accessible but safe from children.

In all cases medication must be stored out of reach of children. It must not be kept in the first aid box. **It MUST be clearly labelled with the name of the member of staff.**

|  |  |  |
| --- | --- | --- |
| **This policy was adopted on** | **Signed on behalf of the nursery** | **Date for the next policy review** |
| 13/04/23 | L Wolstenholme | 13/05/25 |

**This Key Person Policy** Is effective **from: 13/04/23 until further notice**

I have read and been informed about the content, requirements, and expectations of the **Staff taking medication and other substances Policy** for employees at Grove Villa Childcare.

I have received a copy of the **Staff taking medication and other substances Policy** and agree to abide by the policy guidelines as a condition of my employment and my continuing employment at Grove Villa Childcare.

I understand that if I have questions, at any time, regarding the **Staff taking medication and other substances Policy**, I will consult with my immediate manager / supervisor.

Please read the **Staff taking medication and other substances Policy** carefully to ensure that you understand the policy before signing this document.

|  |  |  |
| --- | --- | --- |
| Full Name | Signature | Date |
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Staff Details and Health Declaration

**(Please note: this information is required in order to confirm your suitability to work with children at Grove Villa Childcare. It will be held in the strictest confidence, in accordance with The Data Protection Act 1998 and is for the company records and use in emergency situations only).**

Staff Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| First Name in full: | | Surname: | |
| Date of birth: | |  | |
| Home address: | | | |
| Telephone Numbers: Home | Work | | Mobile |
|  | | | |

Emergency contacts

|  |  |  |  |
| --- | --- | --- | --- |
| Contact 1: | | | |
| Name: | | Relationship: | |
| Home Address: | | | |
| Telephone Numbers: Home | Work: | | Mobile: |
|  | | | |

Contact 1

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Name: | | Relationship: | |
| Home Address: | | | |
| Telephone Numbers: Home | Work: | | Mobile: |
|  | | | |

Family doctor:

|  |  |  |
| --- | --- | --- |
| Doctor’s Name: | | |
| Surgery Address: | | |
| Telephone Number: | | |
| Health Declaration |  | |
| Are you up to date with the following immunisations? | Yes | No |
| Tetanus: (every 10 years) | Yes | No |
| Hepatitis B | Yes | No |
| Are you currently in good health? | Yes | No |
|  |  | |

|  |
| --- |
| Are you currently attending a doctor for any reason? Please give details |

|  |  |  |
| --- | --- | --- |
| Are you taking any medication or having any other treatment regularly prescribed by a doctor or hospital?  If yes, please give details on a separate sheet. | Yes | No |
| Have you now, or in the past, had any disease or complaint, other than normal childhood illness, colds or flu? Please give details | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever had any of the following? | | | |
| * Asthma | | | |
| * Depression, anxiety or similar | | | |
| * Diabetes | | | |
| * Eczema | | | |
| * Hepatitis B | | | |
| * Thrombosis | | | |
| * Back problems | | | |
| * Blackouts, epilepsy, fits or faints | | | |
| * tuberculosis | | | |
| * heart disease or disorder | | | |
| * Contact with anyone who has had tuberculosis | | | |
| * An illness which causes problems with mobility | | | |
| * Have you been admitted to hospital in the last 2 years | | | |
| * Have you suffered any serious illness in the last 5 years | | | |
| * Any other illness which we should know about | | | |
|  | | | |
| If you have answered yes to the any of the above, please give details: | | | |
| Do you have any other illness or allergy that we should be aware of | Yes | | No |
| Please give details: | | | |
| Are you currently, or have you previously, suffered from alcoholism or any other kind of substance misuse? | | Yes | No |
| Any other information that we should be aware of? | | | |

Declaration

* I declare that all the information I have provided with this Health Declaration is true to the best of my knowledge and belief, and that I have not withheld any relevant information.
* I understand my responsibility to safeguard children and am aware that I must notify my manager of anything that may affect my suitability.
* I am aware that if I am taking medication on a regular basis, I must notify my manager, and must keep the medication in a safe place, out of reach of children.
* I will ensure I notify my manager if I experience any health concerns which could impact upon my ability to work with children

|  |  |  |
| --- | --- | --- |
| Printed Name; | Signed: | Date: |

Staff taking long term medication

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | **Medication** | **Dosage** | **Times** |
| **Side Effects** | | | |

**On having the medication prescribed, I asked the doctor whether taking this medication would affect my ability to work with children.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** | | **Date:** | |
| **Any notes:** | **Risk assessment needed** | **Yes** | **No** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | **Medication** | **Dosage** | **Times** |
| **Side Effects** | | | |

**On having the medication prescribed, I asked the doctor whether taking this medication would affect my ability to work with children.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** | | **Date:** | |
| **Any notes:** | **Risk assessment needed** | **Yes** | **No** |