



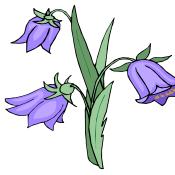
# Ghanshyam Nursery School

'laying the foundations for life'

We strive to provide the highest quality childcare facilities and personnel for the social, personal, cultural and religious advancement of the child

## September 2022 Newsletter

### Bluebell Room



This month we will be focusing on the topic "All About Me," talking about ourselves, and learning different body parts through singing and everyday play. We will also be looking at our golden rules and read books from the "Golden Rules" series.

Parental Involvement - Help reinforce the golden rules at home.

### Tulip Room



We will continue to learn about sea life, carrying out different activities to help the children with their gross and fine motor skills. We will also be focusing on the book called, "The Rainbow Fish" which explores the sea and teaches children about sharing.

Parental Involvement - Take a trip to the local garden center or aquarium. Talk about size, color and even allow the children to feed fishes if you can.

### Sunflower 1



We are going to be talking about "Myself." We will explore different families, our bodies and our senses. We will learn how to look after ourselves and about stranger danger. We will be able to make comparisons between others and myself and understand their feelings.

Parental Involvement - Send in family photos and pictures of the children as babies and them now.

### Sunflower 2

We will be getting to know our new friends in the room with us and learn about them and ourselves. We will be introducing new words related to the "All about me" topic, providing children with more vocabulary to allow the children to express themselves with deeper meaning.

Parental involvement - Allow time for children to make their own choices and express their likes and dislikes. Look at the pictures of different celebrations at home and talk about other cultures and how they are different to ours.



**Makaton of the month:**  
**"Me"**



### Staff News

Kastur will be taking a career break from 1st September.

Lata has decided to move to another nursery, therefore she is no longer with the Ghanshyam Nursery School.

Talia has decided to pursue other career options, therefore her last day will be on 9th September 2022.

Congratulations to Ushma who is an expectant mother, and will be going on maternity in January 2023.

### Inset days 2022

Thursday 27th October



## **Emergency contacts:**

**Can I remind all parents to ensure that you are providing the nursery with the correct contact numbers and names for all the adults who can pick up your child in an emergency. We are unable to send the children home with anyone that you have not authorised us to do so.**

## **Children's clothing**

**Please ensure that all of your child's clothing is clearly labelled with their name as the clothing items are getting mixed up.**

**We would like to welcome all the new children and parents to our Ghanshyam Nursery family.**

**Thank you so much for choosing our nursery to look after your precious treasures.**



**We will also sadly be saying good bye to the children who will be leaving us. We wish them all the best and ask that they keep in touch.**



## **The policy of the month is:**

**Administering Medicines Policy (Please see attached sheet)**

## **Health & Safety**

**A reminder to all parents/carers not to park on the Disabled Bays. Parents/carers should use the main car park when dropping off and picking up their children. The cars parked in the front reverse out and it is often very difficult for the driver to see the children.**

## **Nursery Contact**

**Please can all parents ensure they have the nursery mobile number stored in their phone**

**The number is /020 8909 9389 opt 1**

**All emails to the nursery should go to [enquiries.gns@sksst.org](mailto:enquiries.gns@sksst.org)**



**Dhyan - 3**

**Jaiden - 3**



## 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. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

In many cases, it is possible for children's GPs 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 been given medicine by the doctor, they will need to stay at home for the first 3 days of the course.

Children who have been given any Calpol, paracetamol or any other medication from a temperature should stay off for at least 24 hours.

If a child has had a temperature for more than 3 days, the nursery will refuse them to return if they have not been seen by a doctor.

Our staff are responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

### Procedures

Children taking prescribed medication must be well enough to attend the setting.

We only usually administer medication when it has been prescribed for a child by a doctor. It must be in-date and prescribed for the current condition.

Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, **may be** administered, but only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication.

NOTE: We may administer children's paracetamol (un-prescribed) for children with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.

Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the

Parents must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:

- the full name of child and date of birth;
- the name of medication and strength;
- who prescribed it;
- the dosage and times to be given in the setting;
- the method of administration;
- how the medication should be stored and its expiry date;
- any possible side effects that may be expected; and
- the signature of the parent, their printed name and the date.

The administration of medicine is recorded accurately each time it is given and is signed by the person administering the medication or the witness. Parents are shown the record at the end of the day and asked to sign to acknowledge the administration of the medicine. We record:

- name of the child;
- name and strength of the medication;
- name of the doctor that prescribed it;
- date and time of the dose;
- dose given and method;
- signature of the person administering the medication and a witness and
- parent's signature.

If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant member of staff, or ideally all of the team by a health professional.

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.

We monitor the medication records to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

When administering medication, a member of the management team must be present and either administer the medication or witness this.

## *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.

The child's key person is 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. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

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

*When a child enrolls at the setting with a medical condition, or if a child develops a condition that is already in our care, we will arrange a meeting with the child's parents so that we can create a care plan.*

We carry out a risk assessment for each child with a long term medical condition that requires on-going medication. This is the responsibility of our 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.

We will need written permission from the child's doctor to confirm this medical condition

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.

An individual health plan for the child is drawn up with the parent; outlining [the key person's/my] role and what information must be shared with other adults who care for the child.

The individual health plan should include the measures to be taken in an emergency.

We review the individual health plan 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 individual health plan and each contributor, including the parent, signs it.

Parents can request for a paper copy of this policy.

# September Events

Thursday 8<sup>th</sup> September - International Literacy Day  
- Let your child bring in their favourite book to read to their friends, or the teacher read to them (please label the book)



Monday 19th September - Talk like a pirate Day - Dress like a pirate.

