|  |  |
| --- | --- |
| Pavilion Pirates Preschool  Baden-Powell Lodge,  Pavilion Road,  Off Woodhouse Lane,  Botley,  SO30 2EZ  Contact During Session:  07769177701 | ***Registered Charity:1185950***  **2001-2021**  **20 Years**  ***Registered with Ofsted***  ***Supported By***  ***small for partnership publications*** |

**3.4 Staff Medication and Sickness Policy**

**Policy Statement**

It is essential that any staff taking medication seek medical advice as to whether that medication will have any impact on their ability to work with children and advise their line manager accordingly. Staff must disclose on an annual declaration form that they are not taking any medication that may affect their ability to work with children.

All staff to inform the Lead Practitioner of any absence due to sickness by 7.15 am on first day of sickness.

All staff to keep the Lead Practitioner informed of progress and a likely date of return if the period of sickness continues.

**Procedures**

**Staff to sign annual declaration form to confirm that they are not taking any medication that a doctor has advised may affect their suitability to work with young children.**

All staff medication to be kept in secure “staff medication box” in back cupboard – not in handbags or in reach of children.

All staff to complete a self-certification on first day back at work for sickness of up to 7 days. If staff are off longer then pay will be reduced to 75% for a maximum of two weeks in any one year. After this period, they will then get SSP if they are eligible.

Provide a fit note promptly and continue to provide fit note promptly if the period of sickness continues beyond 7 days.

All staff will take part in return-to-work interview with their Line Manager following any period of sickness.

**3.4 Staff Medication Policy**

**This policy was adopted by Pavilion Pirates Preschool CIO**

**On 21.07.2021**

**Date reviewed Every two years or as required**

**Signed on behalf of the provider**

**Name and Role of Signatory Linda Noble (Trustee/NI)**

**Signed on behalf of the provider**

**Name and Role of Signatory Helen Travers (Trustee)**

**REVIEW DATE 21.07.2025**