

# Promoting Health and Hygiene



GLEBE HOUSE  
SCHOOL & NURSERY  
HUNSTANTON

*This policy was updated in September 2025.*

*Review is due for the beginning of September 2026.*

*All changes from previous documents and sections have been highlighted yellow.*

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*This policy initiated* - 2023  
*Policy written by* - Head  
*Policy to be updated on an annual basis.*

## Change Log – for 2025/2026

Sections which have changes from the previous First Aid & Medicines Policy.

# Promoting Health and Hygiene

## 1.16 Administering Medicines

### Policy

- We do not care for sick children who should remain at home, but we administer prescribed medicines when required to maintain health. Medicines containing aspirin are only given if prescribed. Medicines are only administered where failure to do so would be detrimental to health. New medicines should be trialled at home for 48 hours before use in the setting.
- Procedures are in line with EYFS and KCSIE 2025 safeguarding duties. The key person or Head's PA oversees administration; in their absence, the room lead/reception teacher ensures compliance. DSL oversight ensures safeguarding links are maintained.

### Procedures

- Only prescribed, in-date medicines are administered.
- Exception: paracetamol may be given with parental verbal consent for a high temperature, to prevent febrile convulsions, if a parent is en-route to collect the child.
- Parents provide written consent detailing child's details, medicine information, dosage, storage, expiry, possible side effects, and last dose time.
- Administration recorded in Medication Folder, signed by two staff, and verified by parents.
- Medicines stored securely (locked cupboard or fridge, in labelled containers).
- Long-term medication checked routinely for expiry; out-of-date items returned to parents.
- Training provided where specific medical knowledge is required.
- Rectal diazepam requires two staff members present and co-signing records.
- Children do not self-administer; staff remain vigilant even for self-aware conditions such as asthma.

### Children with Long-Term Conditions

- Risk assessment carried out with parents and professionals.
- Staff training arranged as required.
- Health care plans drawn up with parents, including emergency measures; reviewed at least every six months.
- Copies of plans shared with relevant staff.

### Trips and Outings

- Accompanying staff include child's key person or trained colleague.
- Medication carried in sealed, labelled box with consent form and record card.
- Records stapled into Medication Folder and signed by parents afterwards.
- Hospital transfer: medication box and consent/record taken with child.
- Children do not eat while travelling.

### Legal Framework

- Human Medicines Regulations 2012 (as amended)

### Further Guidance

- GOV.UK: Health protection in schools and childcare facilities
- BMA: Prescribing and over-the-counter medicines in nurseries and schools

### Safeguarding and Training (Cross-reference to KCSIE 2025)

- The setting complies fully with **Keeping Children Safe in Education 2025** and EYFS welfare requirements.
- All staff, volunteers, and trainees receive safeguarding training on induction, including online safety, filtering/monitoring, safer eating, intimate hygiene, and medical/emergency care. Refresher training occurs annually.
- The DSL ensures compliance, records concerns, monitors incident logs (first aid, illness, choking, medicines), and escalates as required.
- All records are reviewed termly and reported to management and, where necessary, Norfolk County Council or Ofsted.

### Other Useful Publications

- Early Years Alliance: *Medication Record (2006)*; *Retention Periods for Records*
- NDNA guidance on record retention (accidents until 21 years + 3 months; safeguarding until 25 years).
- Norfolk County Council: *Safer Eating* guidance; *Health and Safety* resources

## 1.17 Managing children with allergies, or who are sick or infectious

(Including reporting notifiable diseases)

### Policy

We provide care for healthy children and promote health through identifying allergies and preventing contact with the allergenic substance and through preventing cross infection of viruses and bacterial infections. We strongly recommend that all children in our setting have the appropriate NHS childhood immunisations, unless they are advised otherwise by NHS. We also promote good oral health to parents or carers and children, through emails, external agencies visiting the setting and through daily conversations with the children to try and be as proactive as possible in encouraging healthy lifestyles for everyone. *Please also refer to our Infection Control and Sickness and Illness Policies for more detailed information on these topics.*

### Procedures for children with allergies

At **Glebe House School and Nursery** we are aware that children may have or develop an allergy resulting in an allergic reaction.

We aim to ensure allergic reactions are minimised or, where possible, prevented and that staff are fully aware of how to support a child who may be having an allergic reaction.

- All staff are made aware of the signs and symptoms of a possible allergic reaction in case of an unknown or first reaction in a child. These may include a rash or hives, nausea, stomach pain, diarrhoea, itchy skin, runny eyes, shortness of breath, chest pain, swelling of the mouth or tongue, swelling to the airways to the lungs, wheezing and anaphylaxis
- We ask parents/carers to share all information about allergic reactions and allergies on their child's registration form and to inform staff of any allergies discovered after registration
- We share all information with all staff and keep an allergy register in each relevant year group as well as the nursery office, which is shared at regular room and whole staff meetings by the Senior Management Team within the nursery.

- Where a child has a known allergy, the nursery manager will carry out a full Allergy Risk Assessment Procedure with the parent/carer prior to the child starting the nursery and/or following notification of a known allergy and this assessment is shared with all staff. This may involve displaying photos of the children along with their known allergies in the kitchen/nursery rooms, where applicable. The risk assessment form is completed to detail the following:
  - 
  - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
  - The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
  - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
  - Control measures – such as how the child can be prevented from contact with the allergen.
  - Review.
  - This form is kept in the child's personal file and a copy is displayed where staff can see it.
  - Community Nurses and Parents train staff in how to administer special medication in the event of an allergic reaction.
- All food prepared for a child with a specific allergy is prepared in an area where there is no chance of contamination and served on equipment that has not been in contact with this specific food type, e.g. nuts are not used within the setting
- Parents and staff are made aware so that no nut or nut products are accidentally brought in, for example to a party or in packed lunches or teas from home.
- The manager, nursery cook and parents/carers work together to ensure a child with specific food allergies receives no food at nursery that may harm them. This may include designing an appropriate menu or substituting specific meals on the current nursery menu
- Seating is monitored for children with allergies. Where deemed appropriate, staff will sit with children who have allergies and where age/stage appropriate staff will discuss food allergies with the children and the potential risks
- If a child has an allergic reaction to food, a bee or wasp sting, plant etc. a paediatric first-aid trained member of staff will act quickly and administer the appropriate treatment, where necessary. We will inform parents/carers and record the information in the incident book and on the allergy register
- If an allergic reaction requires specialist treatment, e.g. an EpiPen, then at least two members of staff working directly with the child and the manager will receive specific medical training to be able to administer the treatment to each individual child.

### Food Information Regulations 2014

- We incorporate additional procedures in line with the Food Information Regulations 2014 (FIR) including displaying our weekly menus on the Parent Information Board/website/online system identifying any of the 14 allergens that are used as ingredients in any of our dishes.

**In the event of a serious allergic reaction and a child needing transporting children to hospital, the nursery manager/staff member will:**

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- Call for an ambulance immediately if the allergic reaction is severe. Staff will not attempt to transport the sick child in their own vehicle
- Ensure someone contacts the parents/carers whilst waiting for the ambulance, and arrange to meet them at the hospital
- Arrange for the most appropriate member of staff to accompany the child, taking with them any relevant information such as registration forms, relevant medication sheets, medication and the child's comforter
- Redeploy staff if necessary to ensure there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together
- Inform a member of the management team immediately
- Remain calm at all times and continue to comfort and reassure the child experiencing an allergic reaction. Children who witness the incident may also be well affected by it and may need lots of cuddles and reassurance. Staff may also require additional support following the incident
- Where a serious incident occurs and a child requires hospital treatment, Ofsted will be informed.

### Insurance requirements for children with allergies and disabilities

- The insurance will automatically include children with any disability or allergy but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from your insurance provider must be obtained to extend the insurance.

**At all times the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in the below links from Public Health and BMA.**

### Oral Medication

Asthma inhalers are now regarded as "oral medication" by insurers and so documents do not need to be forwarded to your insurance provider.

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- Parents must provide us with clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- We must always gain parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to your insurance provider.
- Life saving medication & invasive treatments - adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).
- We must have:
  - a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
  - written consent from the parent or guardian allowing staff to administer medication; and
  - proof of training in the administration of such medication by the child's GP, a district nurse, children's' nurse specialist or a community paediatric nurse.
  - Copies of all three letters relating to these children must be stored in the child's file and sent to the Insurance Company if necessary. Confirmation may then need to be



issued in writing confirming that the insurance has been extended.

Key person for special needs children - children requiring help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.

- Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- Key person to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.
- Copies of all letters relating to these children may need to be sent to our Insurance Company for appraisal. Written confirmation that the insurance has been extended will be issued by return.

If you are unsure about any aspect, contact the Bursar or Head who will contact the School's Insurance Company, Travers Insurance Company Limited.

### Procedures for children who are sick or infectious

- During initial visits to nursery parents are made aware of the importance of keeping children at home when they are ill and the need to refer to the communicable disease guidance
- If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the manager/head of room calls the parents and asks them to collect the child, or send a known carer to collect on their behalf.
- Please see health and safety policy 3.2 regarding safe disposal of body fluids.
- If a child has a temperature, they are kept cool, by following the latest advice from current paediatric training.
- Temperature is taken using a 'fever scan' or 'ear probe' kept near to the first aid box or in the nursery kitchen
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent or emergency contact person will be informed, as soon as possible by the senior member of staff on duty
- Parents are asked to take their child to the doctor before returning them to nursery; the nursery can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from the links below and includes common childhood illnesses such as measles.
- Communicable Disease Guidance Sheets are displayed on the parents notice board and given to all new parents/carers for guidance
- Signs are placed on the door/walls notifying parents/carers/visitors of any health concerns so if their children or family members are not appropriately immunised or have low immune systems, they can make the choice whether to enter nursery or not.

### Reporting of 'notifiable diseases'

- If a child or adult is diagnosed suffering from a notifiable disease under the Health Protection(Notification) Regulations 2010, the GP will report this to the Health Protection Agency.
- When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the Health Protection Agency.



### HIV/AIDS/Hepatitis procedure

- HIV virus, like other viruses such as Hepatitis, (A, B and C) are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.
- Single use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning/sluicing clothing after changing.
- Soiled clothing is rinsed and either bagged for parents to collect or laundered in the nursery.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with the clinical waste.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

### Nits and head lice

- Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

### Further guidance

- Guidance on health protection in schools and other childcare facilities which sets out when and for how long children need to be excluded from settings, when treatment/medication is required and where to get further advice can be found at <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>
- Non-prescription medicines can include those that can be purchased from pharmacies (including some over the counter medicines which can only be purchased from a pharmacy), health shops and supermarkets. See also BMA advice: <https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/prescribing-over-the-counter-medicines-in-nurseries-and-schools>
- Supporting pupils at school with medical conditions (December 2015)
- Communicable health disease guidance sheet –
- <https://www.publichealth.hscni.net/publications/guidance-infection-control-schools-and-other-childcare-settings-0>
- A link to health protection agency as above
- Statutory Framework for Early Years Foundation Stage –
- [https://assets.publishing.service.gov.uk/media/657aed70095987000d95e0e6/EYFS\\_statutory\\_framework\\_for\\_group\\_and\\_school\\_based\\_providers.pdf](https://assets.publishing.service.gov.uk/media/657aed70095987000d95e0e6/EYFS_statutory_framework_for_group_and_school_based_providers.pdf)
- <https://www.food.gov.uk/safety-hygiene/food-allergy-and-intolerance>
- [Early Childhood and Family Service \(ECFS\) - Norfolk County Council](#)
- Health advice and support <https://www.justonenorfolk.nhs.uk/>
- [Health matters: child dental health - GOV.UK \(www.gov.uk\)](#)
- <https://www.nhs.uk/live-well/healthy-body/taking-care-of-childrens-teeth/>
- <https://www.norfolk.gov.uk/care-support-and-health/health-and-wellbeing/childrens-health-and-wellbeing>

## 1.19 No-smoking and Vaping

### Policy

Glebe House School comply with health and safety regulations and the Safeguarding and Welfare Requirements of the EYFS in making our setting a no-smoking/vaping environment - both indoor and outdoor.

### Procedures

- All staff, parents and volunteers are made aware of our no-smoking/vaping policy.
- We display no-smoking/vaping signs.
- The no-smoking/vaping policy is stated in our information brochure for parents.
- We actively encourage no-smoking/vaping by having information for parents and staff about where to get help to stop smoking/vaping if they are seeking this information.
- Staff who smoke/vape do not do so during working hours. Unless on a break and off the premises.
- Staff who smoke/vape during their break make every effort to reduce the effect of the odour and lingering effects of passive smoking for children and colleagues, preferably by changing top clothing.

### Legal framework

- The Smoke-free (Premises and Enforcement) Regulations 2006
- The Smoke-free (Signs) Regulations updated October 2012
- Public Health England advice in 'Use of e-cigarettes in public places and workplaces' can be found at <https://www.gov.uk/government/publications/use-of-e-cigarettes-in-public-places-and-workplaces>
- NHS - <https://www.nhs.uk/live-well/quit-smoking/take-steps-now-to-stop-smoking>

## 1.20 Food and Drink (inc. Safer Eating)

### Policy

We view meals and snacks as important social and learning opportunities. Food provided is nutritious and meets children's individual needs. Staff hold Food Safety Certificates and comply with Norfolk County Council's **Safer Eating guidance**, which requires a PFA-qualified staff member to be present at all mealtimes.

### Procedures

- Dietary needs recorded and updated regularly; displayed for staff.
- Named placemats used to reinforce dietary information.
- Children receive only food consistent with their needs and parental wishes.
- Menus planned in advance, displayed, and include cultural variety.
- Nut-free policy observed.
- Allergen lists displayed; staff trained in anaphylaxis awareness.
- Food prepared with choking risk reduction in mind; staff supervise closely.
- Children encouraged to feed themselves with age-appropriate utensils.
- Fresh water always available.
- Parents informed of safe storage for packed lunches (e.g. cool blocks).
- Staff sit and eat with children, ensuring supervision and social interaction.
- **Two or more cases of food poisoning** reported to Ofsted within 14 days and to Environmental Health.

## Promoting Health and Hygiene

- Records of any choking incidents maintained and reviewed by DSL.

### Legal Framework

- GOV.UK: Example menus for early years settings in England
- Food Standards Agency (FSA)

## 1.21 First Aid

### Policy

- At Glebe House School, all staff—including permanent, temporary, volunteers, students, and trainees—hold valid **Paediatric First Aid (PFA)** certificates *before* they are included in staff:child ratios, as required by EYFS 2025. At least one member of staff with a current PFA qualification is always present on the premises and on outings.
- Training is accredited by the local authority or equivalent, and covers infants and young children. Staff renew their qualifications every three years. Newly recruited staff and volunteers must achieve their PFA qualification before being included in ratio numbers.
- Safeguarding training, including emergency first aid responses, is provided at induction and refreshed annually. The Designated Safeguarding Lead (DSL) monitors compliance with KCSIE 2025 and EYFS welfare requirements.

### Procedures

#### First Aid Kits

Our first aid kits comply with the Health and Safety (First Aid) Regulations 1981 and contain:

- Sterile triangular bandages – 6
- Sterile wound dressings: medium (10×8 cm) – 6; large (13×9 cm) – 3; extra large (28×17.5 cm) – 3
- Assorted sterile plasters – 20
- Sterile eye pads – 2
- Safety pins – 6
- HSE guidance card – 1
- Resuscitation face shield – 1

#### Each kit also includes:

- Disposable gloves – 2 pairs
- Disposable apron – 1
- Children's thermometer
- Sterile water containers
- Micropore tape
- Sterile non-alcohol wipes
- Sterile non-adhesive dressing pads

#### Location and carriage:

- Main boxes in each year group room (accessible to adults, out of children's reach).
- Top-up supplies in the nursery kitchen and main office.
- Portable kits on all trips, containing individual children's medication (e.g. adrenaline auto-injectors, inhalers).

### Consent:

- Parents provide signed permission on admission for emergency treatment and for staff to accompany their child to hospital if required.

### Emergency Procedure

1. **Nominate roles:** One staff member acts as the first aider, another calls emergency services if required and supports communication.
2. **Provide care:** Depending on severity, care is given on site with accident/incident forms completed, or emergency services are called.
3. **Hospital transfer:** A familiar staff member accompanies the child/adult with medical notes and contact details if parents are not yet present.
4. **Reporting:** The first aider briefs emergency responders; accident/incident forms are signed by parents/carers.
5. **Notifications:** The Manager/Head informs Ofsted and RIDDOR of any notifiable incidents.  
**Review:** Records are analysed termly for patterns; findings are shared with the DSL and management to identify improvements.

### Legal Framework

- Health and Safety (First Aid) Regulations 1981

### Further Guidance

- HSE: First Aid at Work – Your Questions Answered
- HSE: Basic Advice on First Aid at Work
- DfE: First Aid in Schools, Early Years and Further Education

## 1.22 Sun Protection All Year

### Policy

- Glebe House School complies with health and safety regulations and EYFS welfare requirements to promote year-round sun safety outdoors. We acknowledge the importance of sun protection in all seasons and want staff and children to enjoy the sun safely.

### Education

- Regular **Sun Safe story times** before and during summer term.
- Sun Safe activities (games, songs, pictures).
- Promotion of hydration and drinking water.
- Information letters to parents at the start of summer.
- Staff training and resources on sun safety.

### Protection

- **Shade:** Encourage children to play in shaded areas such as Forest School sheds and playhouses.
- **Timetabling:** Prioritise outdoor play before 11am and after 3pm.
- **Clothing:** Hats covering the face, ears, and neck are required; spares are available.
- Sunglasses are recommended. Staff model good practice.
- **Sunscreen:** Parents provide labelled, in-date SPF 30+ / 4-star UVA sunscreen. Emergency supply is available subject to consent. Sunscreen is applied 30 minutes before outdoor play, reapplied every 2 hours and after water play.

### References

## Promoting Health and Hygiene

- Cancer Research UK: SunSmart Guidelines
- NHS: Sunscreen and Sun Safety

### 1.23 Infection Control

#### Policy

- We promote good health by maintaining high hygiene standards and reducing infection risk. Guidance is taken from *Health protection in schools and other childcare facilities* and Norfolk County Council Public Health advice.

#### Procedures

- **Catch it, bin it, kill it** approach with tissues and handwashing.
- PPE used when changing nappies or dealing with bodily fluids.
- Cleaning of toilets, changing areas, toys, and resources regularly and as required.
- Individual storage of dummies, toothbrushes, bedding.
- Parents/visitors to remove outdoor shoes in rooms where children crawl.
- Children and staff follow exclusion times for illness per PHE guidance.
- Manager may refuse entry to anyone deemed contagious.
- Periodic deep cleans, with additional action during outbreaks.
- Stocks of tissues, cleaning materials, and handwashing supplies maintained and increased in winter months.
- DSL oversight ensures infection control links with safeguarding under KCSIE 2025.

#### Reference

- GOV.UK: Health protection in schools and childcare facilities

### 1.24 Sickness and Illness

#### Policy

We promote children's health, including oral health, by:

- Asking unwell children, staff, and visitors to stay at home.
- Providing balanced nutrition and regular outdoor access.
- Following infection control policy and maintaining ventilation.
- Sharing immunisation programme guidance and advice on vitamin supplements.
- Providing safe rest and sleep opportunities.

#### Procedures

- Parents contacted to collect ill children promptly; children cared for quietly until collection.
- Exclusion periods followed (e.g. 48 hours clear of sickness/diarrhoea).
- Parents informed of contagious illness cases; affected equipment thoroughly cleaned.
- Ofsted notified within 14 days of any food poisoning incident affecting two or more children.
- Antibiotic courses: children stay home for first 48 hours (unless part of ongoing plan).
- Manager may refuse admission to unwell children.
- Information on head lice shared with families.

#### Meningitis Procedure

- Manager contacts Local Area Infection Control and follows guidance.
- Relevant authorities (including Ofsted) are informed.
- Hospital transfer procedures followed (see below).

#### Transporting Children to Hospital

## Promoting Health and Hygiene

1. Inform management team immediately.
2. Call 999 if severe illness.
3. Follow instructions from the call handler.
4. Contact parents to meet at hospital.
5. Redeploy staff to maintain safe ratios.  
end staff member with child, medication, forms, and comforter.
6. Provide reassurance and aftercare to children/staff.