



## Accidents and Incidents Policy and Procedures

Last Review: 27/10/2025

Next Review: 21/08/2026

### 1.0 Policy Statement

Children's safety is paramount. Shooting Stars responds promptly and calmly to accidents and incidents, gives appropriate first aid, informs parents the same day or as soon as reasonably practicable, keeps clear records, and uses what we learn to prevent recurrences. Patterns that suggest risk or harm are treated as safeguarding concerns.

### 2.0 Our Legal Obligations

**EYFS Statutory Framework (2025):** first aid; suitable premises/equipment; supervision; required records; inform parents the same day; notify Ofsted of defined serious incidents within required timescales.

**Health & Safety at Work etc. Act 1974 / Management of H&S Regs:** safe systems of work; incident investigation.

**RIDDOR 2013:** report certain injuries, illnesses and dangerous occurrences (staff and others).

**UKHSA infection control guidance:** hygiene, body-fluids, sharps.

**UK GDPR & Data Protection Act 2018:** secure, proportionate recording and retention of accident data.

### 3.0 Procedures

#### **3.1 Definitions (plain English)**

- **Accident:** unplanned physical injury (e.g., trip, bump, cut).
- **Incident:** behaviour or event that causes distress or risk (e.g., biting, discriminatory language, near-miss, property damage, missing child).
- **Near-miss:** a hazardous event with the potential for injury but none occurred.

#### **3.2 Immediate response**

1. **Make safe:** stop the activity, secure the area, reassure others.

2. **First aid:** a **Paediatric First Aider** assesses and treats within their training; call **999** for any serious concern.
3. **Senior informed:** Room Lead/Manager notified at once; **DSL** informed if there are safeguarding indicators (injury pattern, unclear cause, inconsistent explanation).
4. **Supervision maintained:** ratios maintained; redeploy staff as needed.

### 3.3 Head injuries (extra caution)

- Treat, phone parents promptly, and agree collection/monitor plan (we normally request collection for any head injury).
- Observe closely (level of alertness, vomiting, unusual sleepiness, behaviour change, worsening headache, balance/vision concerns).
- Provide a Head Injury Information sheet and record advice given; instruct parents to seek medical help if symptoms develop/worsen.
- Record and flag head injuries for trend review.

### 3.4 Other specific scenarios

- **Bites:** treat both children; record separately for each; maintain confidentiality; follow our Biting Policy.
- **Body fluids/bleeding:** use PPE, clean/disinfect per infection-control; bag and dispose safely.
- **Dental/eye injuries, burns/scalds, suspected fracture, allergic reaction:** follow first-aid protocols, call **999** where indicated, attach product/food labels if relevant.

### 3.5 Informing parents/carers

- Parents are informed the same day by phone for significant events (e.g., head injury, facial injury, bite that breaks skin, emergency treatment).
- A written record is shared the same day for all accidents/incidents. Parent/guardian signs electronically (Famly) or on paper. If the signature cannot be obtained that day, we document why and seek it at the next attendance.

### 3.6 Recording (children)

Each record states: child's name and DOB; date/time/place; who was present; what happened; injury/area (use **body map**); first aid given; advice to parents; whether external services were involved; staff names/signatures; manager review; parent signature. Photos are **not** used for injuries. Records are stored securely and retained per our retention schedule.

### 3.7 Recording (staff/visitors)

Staff/visitor accidents are entered in the **Staff Accident Book** with the same detail and reviewed by the Manager. Consider RIDDOR where applicable.

### 3.8 RIDDOR & notifications

- The Manager assesses whether an event is reportable under RIDDOR (e.g., specified injuries, hospital treatment, dangerous occurrences) and reports within legal timescales.
- We notify Ofsted of defined serious incidents within required timescales and cooperate with any enquiries.
- Where a child has a serious accident/illness/injury on site or on an outing, we also consider whether to inform Children's Social Care (DSL decision) and our insurers.

### **3.9 Near-miss reporting**

Near-misses are recorded briefly (what happened/what prevented harm/what we changed). Trends are reviewed termly and after any significant event.

### **3.10 Investigation and learning**

The Manager (with Room Lead/DSL as appropriate) reviews significant events within 5 working days: What happened? Why? What controls failed or were missing? What changes are needed (environment, equipment, staffing, training, procedures)? Actions are assigned, dated and followed up. Learning is fed back in team meetings/briefings.

### **3.11 Links to other policies**

First Aid; Health & Safety; Infection Control/Illness & Exclusion; Managing Behaviour (including physical intervention); Biting; Allergy/Medication; Outings; Safeguarding; Data Protection; Risk Assessment.

### **3.12 Contingency if Family is unavailable**

Use paper accident/incident forms and obtain a wet signature; back-enter to Family (or file digitally) on site while staff are clocked in once systems are restored, keeping the paper original.

## **4.0 Roles and Responsibilities**

**Nursery Manager (H&S Lead):** ensures first-aid cover and supplies; reviews and signs significant records; decides on RIDDOR/Ofsted notifications; leads investigations; ensures actions are completed.

**Designated Safeguarding Lead (DSL):** reviews injuries/incident patterns for safeguarding concerns; advises on information sharing/referral.

**Paediatric First Aiders:** provide first aid, document treatment, advise colleagues/parents appropriately.

**All staff:** make safe, call for help, support first aid, record accurately the same day, inform parents, and report near-misses; follow infection-control measures.

**Parents/Carers:** provide up-to-date emergency contacts; read and sign records; seek medical advice where recommended; share outcomes of any medical assessment relevant to the child's care.