Accidents and First Aid Policy

Introduction

Alamiyah Montessori is committed to providing a safe environment for staff, children and visitors and ensuring that a high quality of first aid is administered by fully qualified staff in the case of any accident or incident at the setting. Alamiyah will ensure that preventative measures are employed to minimise the risk of accidents taking place in the first place. However some accidents and incidents are unavoidable, we therefore ensure that we follow national guidance and standards from the HSE regarding the recording and reporting of accidents and incidents on our premises. The setting's policy on emergencies and medication for pupils with long term medical conditions is contained in the '*Long Term Medical Conditions and Administration of Medication Policy'*

Aim

To ensure that the setting has a robust approach to the management of Basic First Aid, Emergency Medical Care and the Recording and Reporting of Accidents and Incidents on Alamiyah premises.

Approach

We will ensure that:

- All core staff working with children are qualified and trained in Paediatric First Aid and at least one office staff member who manages the medical room;
- A list of qualified first aiders is displayed in every classroom and the office;
- First aiders renew their training every 3 years;
- There is a dedicated room for first aid which is fully stocked and fit for purpose;
- There is a timetabled rota of first aiders on site;
- First aid boxes are available and clearly labelled in all key areas of the setting;
- A clear procedure is followed for recording and reporting accidents and incidents;
- Parents are informed at the earliest appropriate time of any accident that occurs on site;
- RIDDOR is adhered to all times.

First Aid Staff

At least one member of staff on the premises, and available at times when children are present, must hold a full paediatric first aid (PFA) certificate in the nursery and must accompany children on outings. The certificate must be for a full 12 hour course consistent with the criteria set out in Annex A of the EYFS. This must be renewed every three years.

In addition to this, all newly qualified entrants to the early years workforce who have completed a level 2 and/or level 3 qualification on or after 30 June 2016, must also have either a full PFA or an emergency PFA certificate within three months of starting work and ongoing in order to be included in the required staff: child ratios at level 2 or level 3. To continue to be included in the ratio requirement the certificate must be renewed every three years.

To meet these regulations and to ensure the safety of the children, all core designated staff will have a current paediatric first aid training certificate (relevant to infants, young children and primary/secondary age). There will always be at least two trained first aid members on the premises (or on outings) at any one time. When arranging our staff rotas our setting will highlight a first aider for every session to be available at all times when our pupils are present.

Our trained first aiders are listed on the noticeboards in each room and office.

First Aid Supplies

Alamiyah Montessori First Aid Kit:

- Complies with the health and safety (First Aid) regulations 1981;
- Is kept clean and regularly checked by a designated member of staff and re-stocked as necessary;
- Is easily accessible to adults;
- Is kept out of reach from pupils.

First aid kits are stored in:

- Setting building: Children's House - centrally located for use at playtime and in both classrooms;
- Office Building: Medical Room (two kits, one in the medical room and one for trips).

A typical first aid kit at the setting will include the following:

- A leaflet with general first aid advice;
- Regular and large bandages;
- Eye pad bandages;
- Triangular bandages;
- Adhesive tape;
- Safety pins;
- Disposable gloves;
- Antiseptic wipes;
- Plasters of assorted sizes;
- Scissors;
- Cold compresses; and
- Burns dressing.

No medication is kept in first aid kits.

Cuts or open sores will be covered with an appropriate dressing or plaster on both adults and children. If necessary gauze and steri-tape can also be used as an alternative.

Plasters are used in accordance with current guidance. The setting must be informed if any child is known to be allergic to plasters.

At the time of admission to the setting, parents provide written permission for emergency medical treatment to be provided and for qualified staff to administer first aid. Parents sign and date their written approval.

Off-site Procedures when taking Pupils off the Premises

Staff will ensure they always have the following:

- A setting mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details
- Risk assessments will be completed by the manager or lead practitioner prior to any educational visit that necessitates taking pupils off setting premises. These are checked by a member of the Senior Leadership Team and signed by the Manager.
- There will always be at least one first aider on setting trips and visits.

Accidents and Incidents

Procedure

If staff or pupils suffer an accident minor or major whilst at the setting it must be reported as soon as possible to the Manager.

The following procedure must be followed in the event of an accident/incident :

1. The child is comforted and reassured first
2. The extent of the injury is assessed and if necessary, a call is made for medical support or an ambulance
3. First aid procedures are carried out where necessary, by a trained paediatric first aider

   Non latex gloves will be worn when dealing with blood or any other bodily fluids. The wound will be cleaned with sterile cloths or a cold compress applied and/or a plaster applied, if appropriate. No ointments can be used.

4. The person responsible for reporting accidents, incidents or near misses is the member of staff who saw the incident or was first to find the child where there are no witnesses
5. The accident or incident is recorded on an accident/incident form and it is reported to the nursery manager. Other staff who have witnessed the accident may also

countersign the form and, in more serious cases, provide a statement. This should be done as soon as the accident is dealt with, whilst the details are still clearly remembered. It will state the time it happened, the date, how it happened, if first aid was given and it will be signed by the Manager, a member of staff, witness, and parent / carer.

6. Parents are shown the accident/incident form and informed of any first aid treatment given. They are asked to sign it the same day, or as soon as reasonably practicable after.
7. If hospital attention is needed, the Manager will make that decision and dial 999 in order to take the necessary action to take that person to hospital.
8. If the accident has happened to a child, the parents will be informed immediately by the Manager. If the accident happened to an adult their next of kin will be informed so that they can be supported.
9. The nursery manager reports any serious accidents or incidents to the registered person for investigation for further action to be taken (i.e. a full risk assessment or report under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR))
10. The accident forms are kept for at least 22 years
11. Where medical attention is required, a senior member of staff will notify the parent(s) as soon as possible whilst caring for the child appropriately
12. Where medical treatment is required the nursery manager will follow the insurance company procedures, which may involve informing them in writing of the accident
13. The nursery manager or registered provider will report any accidents of a serious nature to Ofsted and the local authority children's social care team (as the local child protection agency), where necessary. The HSE must be notified in certain circumstances, for example if the treatment requires GP or hospital treatment or if the accident/incident resulted in the death of anyone on the setting site (See section on Reporting Accidents and Incidents).

Head injuries

If a child receives a head injury while in the setting then we will follow this procedure:

- Comfort, calm and reassure the child
- Assess the child's condition to ascertain if a hospital or ambulance is required. We will follow our procedures if this is required (see below)
- If the skin is not broken, we will administer a cold compress for short periods of time, repeated until the parent arrives to collect their child
- If the skin is broken, then we will follow our first aid training and stem the bleeding
- Call the parent and make them aware of the injury and if they need to collect their child
- Complete the accident form
- Keep the child in a calm and quiet area whilst awaiting collection, where applicable
- We will continue to monitor the child and follow the advice on the NHS website as per all head injuries https://www.nhs.uk/conditions/minor-head-injury/
- For major head injuries we will follow our paediatric first aid training.

Choking

When a child experiences a choking incident that requires intervention, we will:

- Record details of where and how the child choked
- Make parents aware of the incident.

Transporting children to hospital procedure

The manager or staff member must:

- Call for an ambulance immediately if the injury is severe. We will not attempt to transport the injured child in our own vehicles**
- Whilst waiting for the ambulance, contact the parents 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. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. Staff may also require additional support following the accident.

Food Safety and Play

Children are supervised during mealtimes and food is adequately cut up to reduce the risk of choking. The use of food as a play material is discouraged. However, as we understand that learning experiences are provided through exploring different malleable materials the following may be used:

- Playdough
- Cornflour
- Dried pasta, rice and pulses.

These are risk assessed and presented differently to the way it would be presented for eating.

Food items may also be incorporated into the practical life area to enrich the learning experiences for children, e.g. fruits and vegetables. Children will be fully supervised during these activities.

Food that could cause a choking hazard, including raw jelly, is not used. Food that contains allergens will not be used.

Accident and Incident Records

At Alamiyah Montessori, **Accident and Incident Forms** are used to record any accidents or incidents that have occurred whilst at the setting or on a trip off site. The forms should be used for both pupils and adults including staff and visitors. On the forms it should be marked clearly whether the person who had the accident is a pupil or adult. Forms for people at

work (staff and volunteers) and people not at work (pupils and visitors) will be filed separately.

The accident and incident records:

- are kept safe and accessible at all times;
- are reviewed at least half termly to identify any potential hazards.

All staff and volunteers know where they are kept and how to complete them.

Parents must inform the setting of any accident or incident that takes place out of hours and record this on the **Accident and Incident Form.**

The **ASC Temperature Log** is used when a child is presenting with a high temperature and their temperature needs to be monitored over regular intervals. It is signed by the parent at pick up so that the parent is aware of the recorded temperatures and the last temperature and time taken.

RIDDOR Records

Records for more serious incidents are also required under RIDDOR and will be stored in a separate section of the accident and incident file, these incidents are:

- any reportable death,
- specified injury,
- disease
- dangerous occurrence;
- all occupational injuries where a worker is away from work or incapacitated for more than three consecutive days. there is no requirement to report over-three-day injuries, but accident and incident records must be kept. records must be kept for at least three years after the incident.

The First Aid Officer will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7). The Manager will report these to the Health and Safety Executive as soon as is

reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
    - Fractures, other than to fingers, thumbs and toes
    - Amputations
    - Any injury likely to lead to permanent loss of sight or reduction in sight
    - Any crush injury to the head or torso causing damage to the brain or internal organs
    - Serious burns (including scalding)
    - Any scalping requiring hospital treatment
    - Any loss of consciousness caused by head injury or asphyxia
    - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done.
- Examples of near-miss events relevant to settings include, but are not limited to:
- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

How to make a RIDDOR report, HSE

http://www.hse.gov.uk/riddor/report.htm

Reporting Accidents and Incidents RIDDOR

Under RIDDOR there are different duties for 1) People at work including staff and volunteers and 2) People not at work like pupils and visitors.

1. **Injuries and ill health to people at work**

   Under RIDDOR, the Manager must report the following work-related accidents, including those caused by physical violence, if an employee is injured, wherever they are working:

   - accidents which result in death or a specified injury must be reported without delay (see section on 'Reportable Specified Injuries' below);
   - accidents which prevent the injured person from continuing their normal work for more than seven days must be reported within 15 days of the accident. (the seven days does not count the day of the accident, but includes weekends and other rest days)
   - any case of a work-related disease, specified under RIDDOR, that affects an employee and that a doctor confirms in writing (see section below on 'Reportable Diseases').

   You can find detailed guidance about RIDDOR reporting and online reporting procedures at www.hse.gov.uk/riddor/ report.htm.

   Self Employed Contractors Working on Site

   We are required to report any work-related deaths and certain injuries (see below) to self-employed people that take place while they are working at the premises.

   Reportable specified injuries

   These include:

   - fractures, other than to fingers, thumbs and toes;
   - amputations;
   - any injury likely to lead to permanent loss of sight or reduction in sight;

- any crush injury to the head or torso causing damage to the brain or internal organs;
- serious burns (including scalding), which: – cover more than 10% of the body; or – cause significant damage to the eyes, respiratory system or other vital organs;
- any scalping requiring hospital treatment;
- any loss of consciousness caused by head injury or asphyxia;
- any other injury arising from working in an enclosed space which: – leads to hypothermia or heat-induced illness; or – requires resuscitation or admittance to hospital for more than 24 hours.

Physical violence

Some acts of non-consensual physical violence to a person at work, which result in:

i) death,

ii) a specified injury or a person being incapacitated for over seven days, are reportable.

iii) In the case of an over-seven-day injury, the incapacity must arise from a physical injury, not a psychological reaction to the act of violence.

Examples of reportable injuries from violence include an incident where a teacher sustains a specified injury because a pupil, colleague or member of the public assaults them while on setting premises. This is reportable, because it arises out of or in connection with work.

Reportable occupational diseases

Employers must report occupational diseases when they receive a written diagnosis from a doctor that their employee has a reportable disease linked to occupational exposure. (See www.hse.gov.uk/riddor for details of the reporting arrangements for self employed people.) These include:

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;

- occupational dermatitis, eg from work involving strong acids or alkalis, including domestic bleach;
- hand-arm vibration syndrome;
- occupational asthma, eg from wood dust and soldering using rosin flux;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

Stress

Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR. To be reportable, an injury must have resulted from an 'accident' arising out of or in connection with work. In relation to RIDDOR, an accident is a discrete, identifiable, unintended incident which causes physical injury. Stress-related conditions usually result from a prolonged period of pressure, often from many factors, not just one distinct event

1. **Incidents to pupils and other people who are not at work**

Injuries to pupils and visitors who are involved in an accident at setting or on an activity organised by the setting are only reportable under RIDDOR if the accident results in:

- the death of the person, and arose out of or in connection with a work activity; or
- an injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

The lists of specified injuries and diseases described in Section 1 only apply to employee.If a pupil injured in an incident remains at the setting, is taken home or is simply absent from the setting for a number of days, the incident is not reportable.

How do I decide whether an accident to a pupil 'arises out of or is in connection with work'?

The Manager must consider whether the incident was caused by:

- a failure in the way a work activity was organised (eg inadequate supervision of a field trip);
- the way equipment or substances were used (eg lifts, machinery, experiments etc); and/or
- the condition of the premises (eg poorly maintained or slippery floors). So, if a pupil is taken to hospital after breaking an arm following a fall over a trailing cable, the incident would be reportable.

If a pupil is taken to hospital because of a medical condition (eg an asthma attack or epileptic seizure) this would not be reportable, as it did not result from the work activity. This means that many of the common incidents that cause injuries to pupils at the setting tend not to be reportable under RIDDOR, as they do not arise directly from the way the setting undertakes a work activity.

Remember, in all these cases, only consider reporting where an accident results in a pupil's death or they are taken directly from the scene of the accident to hospital for treatment. There is no need to report incidents where people are taken to hospital purely as a precaution, when no injury is apparent.

What about accidents to pupils during sports activities?

Not all sports injuries to pupils are reportable under RIDDOR, as organised sports activities can lead to sports injuries that are not connected with how the setting managed the risks from the activity. The essential test is whether the accident was caused by the condition, design or maintenance of the premises or equipment, or because of inadequate arrangements for supervision of an activity. If an accident that results in an injury arises because of the normal rough and tumble of a game, the accident and resulting injury would not be reportable. Examples of reportable incidents include where:

- the condition of the premises or sports equipment was a factor in the incident, eg where a pupil slips and fractures an arm because a member of staff had polished the sports hall floor and left it too slippery for sports; or

- there was inadequate supervision to prevent an incident, or failings in the organisation and management of an event.

What about accidents to pupils in a playground?

Most playground accidents due to collisions, slips, trips and falls are not normally reportable. Incidents are only reportable where the injury results in a pupil either being killed or taken directly to a hospital for treatment. Either is only reportable if they were caused by an accident that happened from or in connection with a work activity. This includes incidents arising because:

- the condition of the premises or equipment was poor, eg badly maintained play equipment; or
- the setting had not provided adequate supervision, eg where particular risks were identified, but no action was taken to provide suitable supervision.

Physical violence

Violence between pupils is a setting discipline matter and not reportable under RIDDOR, as it does not arise out of or in connection with a work activity.

Other scenarios

Injuries to pupils while travelling on a setting bus If another vehicle strikes the setting bus while pupils are getting on or off and pupils are injured and taken to hospital, this is normally reportable under RIDDOR.

However, the setting does not have to report deaths and injuries resulting from a road traffic accident involving a setting vehicle travelling on the public highway under RIDDOR. These are classed as road traffic incidents and are investigated by the police.

Dangerous occurrences

These are specified near-miss events, which are only reportable if listed under RIDDOR. Reportable dangerous occurrences in settings typically include:

- the collapse or failure of load-bearing parts of lifts and lifting equipment;

- the accidental release of a biological agent likely to cause severe human illness;
- the accidental release or escape of any substance that may cause a serious injury or damage to health;
- an electrical short circuit or overload causing a fire or explosion.

Non fatal and non specified incidents (not mentioned by HSE) must be reported online and there is a telephone service for reporting fatal and specified injuries only. Reporting details for out of hours incidents are available from HSE's out of hours web page at www.hse.gov.uk/contact/ contact.htm.

For incidents on setting premises involving members of staff, pupils or visitors, HSE is the enforcing authority and reports will be submitted to them.

Reporting to other Agencies

The Manager will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the setting's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Manager will also notify local authority child protection agencies (MASH team) of any serious accident or injury to, or the death of, a pupil while in the setting's care.

Specific Illnesses *(Please see Long Term Medical Conditions and Administration of Medication Policy)*

Personal protective equipment (PPE)

The nursery provides staff with PPE according to the need of the task or activity. Staff must wear PPE to protect themselves and the children during tasks that involve contact with bodily fluids. PPE is also provided for domestic tasks. Staff are consulted when procuring PPE to ensure all allergies and individual needs are supported and this is evaluated on an ongoing basis.

Spillage, Cleaning and Disposal of Bodily Fluids

All staff must ensure that cuts and abrasions are covered with a plaster. First Aiders must wear gloves and appropriate PPE when tending to an injured or sick child. This will ensure that there is no cross contamination during the administration of first aid. If bodily fluids such as blood or urine are spilt, then hands should be washed thoroughly using the 20 second hand washing procedure before and after cleaning the spillage. An apron, sleeves and scrubs should be worn if there is a large spillage. When cleaning a spillage of bodily fluids, only disposable cloths can be used to clean up, not cleaners cloths or mops. All disposable cloths that have been used along with the PPE used during cleaning bodily fluids should be placed in a bag and tied up before disposing in the clinical waste bin in the medical room.

Dealing with Blood

We may not be aware that any child attending the nursery has a condition that may be transmitted via blood. Any staff member dealing with blood must:

- Always take precautions when cleaning wounds as some conditions such as hepatitis or the HIV virus can be transmitted via blood
- Wear disposable gloves and wipe up any blood spillage with disposable cloths, neat sterilising fluid or freshly diluted bleach (one part diluted with 10 parts water). Such solutions must be carefully disposed of immediately after use.

Needle punctures and sharps injury

We recognise that injuries from needles, broken glass and so on may result in blood-borne infections and that staff must take great care in the collection and disposal of this type of material. For the safety and well-being of the employees, any staff member dealing with needles, broken glass etc. must treat them as contaminated waste. Parents of children requiring needles as part of managing a medical condition should supply the nursery with an approved sharps box for safe disposal. Full boxes will be returned to the parents. If a needle is found, e.g. in the nursery grounds, the local authority must be contacted to deal with its disposal.

Review

This policy will be reviewed annually or sooner or if there is any change in statutory guidance or legislation. See ‘Policy Review Schedule’.

Last Reviewed: 04/09/2026

Adopted in a meeting at Alamiyah Montessori on 08/09/2025

Signed by Nasim Bobat (Manager) and S Motara (Nominated Person)

on behalf of Alamiyah Montessori

Legal Framework

With reference to -
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)