3.10 Accident and Incident Policy & Accident Reporting Procedure

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3.10 Accident and Incident Policy & Accident Reporting Procedure

Policy Statement

At Miss B's Nursery, the health, safety, welfare and wellbeing of every child is our highest priority. We recognise that children learn through exploration, curiosity and appropriate risk-taking. While minor accidents may occur as children develop confidence and independence, we are committed to reducing avoidable accidents through effective risk management, vigilant supervision, high-quality teaching, continuous staff training and the creation of a safe, stimulating learning environment.

We believe that accidents and incidents should never simply be viewed as isolated events. Every accident, incident and near miss provides an opportunity to review practice, identify hazards, improve procedures and strengthen our provision. Through careful monitoring, reflective practice and continual review, we aim to create an environment where children can safely develop resilience, independence and confidence whilst being protected from avoidable harm.

This policy explains how Miss B's Nursery will prevent accidents wherever reasonably practicable, respond promptly and appropriately when accidents or incidents occur, ensure children receive suitable first aid or emergency treatment, communicate effectively with parents and professionals, comply with statutory reporting requirements and learn from every event to continually improve our practice.

Purpose

The purpose of this policy is to ensure there are clear, consistent and legally compliant procedures for responding to accidents, injuries, illnesses and incidents affecting children, staff, students, volunteers, contractors and visitors.
Specifically, this policy aims to:

- minimise the likelihood of accidents occurring through proactive risk management;
- ensure all children receive prompt, appropriate and compassionate care following an accident or injury;
- provide staff with clear procedures for responding to emergencies;
- ensure accurate recording of accidents and incidents;
- meet the requirements of the EYFS Statutory Framework (2025);
- comply with health and safety legislation;
- promote consistency amongst all practitioners;
- ensure parents are informed appropriately;
- identify trends through accident analysis;

- improve practice through continuous review.

The nursery recognises that effective accident management is not solely about recording injuries after they occur. Instead, it is a continuous cycle of prevention, response, investigation, learning and improvement.

Incident

An incident is:
An event that affects, or has the potential to affect, the health, safety, wellbeing or security of a child, member of staff or visitor but does not necessarily result in injury.
Examples include:

- behavioural incidents
- missing child
- safeguarding concern
- emergency evacuation
- medication error
- security breach
- aggressive visitor
- power failure
- flooding
- gas leak

Near Miss

A near miss is:
An event which could reasonably have resulted in injury or harm but did not do so.
Examples include:
A shelving unit begins to tip but is caught before falling.
A child almost runs through an open gate.
A practitioner slips but does not fall.
A heavy toy narrowly misses another child.
Near misses are extremely valuable learning opportunities.
Miss B's Nursery expects staff to report near misses with the same professionalism as accidents because they frequently identify hazards before someone is injured.

Serious Accident

A serious accident includes, but is not limited to:

- loss of consciousness;
- suspected fracture;
- seizure;
- severe burn;

- serious allergic reaction;
- choking requiring intervention;
- head injury causing vomiting or altered consciousness;
- serious bleeding;
- suspected spinal injury;
- electric shock;
- any injury requiring hospital treatment.

Legal Framework

This policy has been developed in accordance with:

- EYFS Statutory Framework (2025)
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Children Act 1989
- Children Act 2004
- Occupiers' Liability Acts 1957 and 1984
- Health and Safety (First Aid) Regulations 1981
- Food Safety Act 1990 (where relevant)
- Data Protection Act 2018
- UK GDPR

The nursery will also follow current guidance issued by:

- Department for Education
- Health and Safety Executive
- Ofsted
- West Sussex County Council
- West Sussex Safeguarding Children Partnership

----------***Responsibilities***

Creating a safe nursery environment is a shared responsibility.
However, different individuals hold specific responsibilities.

The Registered Provider

The Registered Provider has overall responsibility for ensuring:

- sufficient financial resources are available to maintain a safe environment;
- appropriate insurance is maintained;
- suitable staffing levels are provided;
- statutory duties are fulfilled;
- health and safety systems are monitored;

- accident trends are reviewed.

Nursery Manager

The Nursery Manager is responsible for ensuring:

- this policy is implemented consistently;
- all staff understand emergency procedures;
- accident investigations are completed;
- parents are informed appropriately;
- RIDDOR reports are submitted where required;
- Ofsted notifications are made where necessary;
- corrective actions are implemented following investigations;
- risk assessments are updated after significant accidents;
- equipment is repaired or removed where necessary.

The Manager will review accident records at least monthly to identify patterns and determine whether further preventative action is required.

Designated First Aiders

Qualified First Aiders are responsible for:

- responding immediately to accidents;
- remaining calm and reassuring children;
- assessing injuries safely;
- administering appropriate first aid;
- deciding whether emergency medical assistance is required;
- monitoring the child's condition;
- accurately documenting treatment provided;
- handing over information to parents and healthcare professionals where appropriate.

They must always work within the limits of their training and never attempt procedures for which they are not competent.

Accident Prevention

Miss B's Nursery recognises that the most effective way to protect children is to prevent accidents from occurring wherever reasonably practicable. Accident prevention is embedded within every aspect of nursery practice and is viewed as a continuous process rather than a series of isolated tasks.

The nursery promotes a positive safety culture in which every member of staff understands that they have both individual and collective responsibilities to identify hazards, take appropriate action, and report concerns immediately. Preventive measures begin before children arrive each day and continue throughout each session through active supervision, dynamic risk assessment, and reflective practice.

Preventing accidents does not mean eliminating every challenge from children's play. Children need opportunities to develop resilience, confidence, physical competence and risk awareness. Practitioners therefore balance the developmental benefits of activities against potential hazards, ensuring that risks remain proportionate, well managed and appropriate to the age, stage and abilities of the children participating.

Children are encouraged to develop independence by learning how to:

- climb safely;
- use steps correctly;
- carry equipment appropriately;
- pour drinks;
- tidy resources;
- use age-appropriate tools;
- negotiate obstacles;
- understand simple safety rules.

Staff support children by modelling safe behaviour, explaining why certain rules exist and helping children make safe choices rather than relying solely on adult intervention.

Daily Safety Checks

Before children arrive each day, the designated member of staff will complete a thorough inspection of the nursery environment.

These checks form part of the nursery's wider health and safety procedures and include, but are not limited to:

Indoor Environment

Staff will ensure that:

- entrances and exits remain unobstructed;

- fire exits are clear;
- flooring is clean, dry and free from trip hazards;
- rugs are secure;
- furniture is stable;
- shelving is securely fixed;
- electrical sockets are safe;
- trailing cables are removed;
- windows and doors operate safely;
- radiators remain protected;
- cleaning products are securely stored;
- medicines remain locked away;
- first aid equipment is fully stocked.

Any defects identified during inspection will be reported immediately.

Equipment presenting a risk will be removed from use until repaired or replaced.

Outdoor Environment

Before children access outdoor provision staff will inspect:

- gates
- fencing
- climbing equipment
- play surfaces
- sand pit
- water play
- mud kitchen
- bicycles
- scooters
- planting areas
- outdoor storage
- loose equipment

Staff will also consider environmental factors including:

- ice
- standing water
- excessive heat
- strong winds
- damaged branches
- insect nests
- animal fouling

Outdoor play will only proceed where the environment can be maintained safely.

Risk Assessment

Practitioners continually undertake dynamic risk assessments throughout the day.

Risk assessments involves continuously asking:

What has changed?
What could happen?
What action is needed now?

Dynamic assessments are made within seconds and require professional judgement.

Staff are expected to adapt activities immediately where risk increases. Our risk assessments are then continuously updated.

Responding to an Accident

Every accident should be approached calmly, methodically and professionally. Children often take emotional cues from adults. Remaining calm helps reduce distress and allows practitioners to make clear decisions. Whenever an accident occurs practitioners should follow this sequence.

1. Make the Area Safe

The practitioner should immediately consider whether any continuing danger exists.

For example:

- moving equipment
- other children nearby
- broken glass
- electricity
- traffic
- water hazards
- fire
- chemical spill
- If necessary:
- stop the activity;
- move other children away;
- remove hazards;
- request assistance.

The safety of everyone present must be considered before treating injuries.

2. Assess the Child

The first aider should quickly assess:

- Level of consciousness.
- Airway.
- Breathing.
- Circulation.
- Visible injuries.
- Pain.
- Bleeding.

- Any obvious deformity.

The child should not be moved unnecessarily where spinal injury or fracture is suspected.

3. Reassure the Child

Practitioners should:

- remain calm;
- use reassuring language;
- stay with the child;
- maintain dignity;
- offer comfort appropriate to the child's age.

The nursery recognises that emotional reassurance is often as important as physical first aid.

4. Administer First Aid

Only staff holding appropriate first aid qualifications should administer treatment, which Miss B's Nursery ensures the majority of staff have a Paediatric First Aid Qualification. Treatment must remain within the limits of staff training.

When to Call 999

Emergency services must be contacted immediately where a child:

- is unconscious;
- is difficult to wake;
- stops breathing;
- has severe breathing difficulties;
- experiences anaphylaxis;
- has a seizure lasting longer than expected;
- has a serious head injury;
- suffers significant burns;
- has severe bleeding;
- has suspected spinal injuries;
- has suspected fractures affecting major bones;

- is choking and unconscious;
- has fallen from significant height;
- has swallowed poisonous substances;
- or where staff are unsure whether emergency treatment is required.

Where doubt exists, practitioners should always err on the side of caution.

Contacting Parents

Parents or carers should be informed as soon as reasonably practicable following any accident.

Immediate telephone contact will be made where:

- an ambulance has been called;
- hospital treatment is required;
- a head injury has occurred;
- the child appears significantly distressed;
- the injury may require medical assessment.

Where parents cannot be contacted, emergency contacts will be telephoned in the order recorded on the child's registration form.

All attempts to contact parents must be documented.

If emergency hospital treatment is required before parents arrive, a suitably authorised member of staff will accompany the child if necessary until a parent, carer or other authorised adult assumes responsibility.

Serious Injuries

Certain injuries require additional caution due to the potential for deterioration.

Examples include:

- head injuries;
- fractures;
- burns;
- electric shock;
- choking;
- anaphylaxis;

- seizures;
- significant allergic reactions;
- eye injuries;
- deep wounds.

These incidents will always be reviewed by the Nursery Manager to determine whether:

- safeguarding procedures should be considered;
- RIDDOR reporting is required;
- Ofsted notification is required;
- risk assessments require amendment;
- further staff training is necessary.

Head Injuries

Head injuries will always be treated with particular caution regardless of how minor they initially appear.

Children sustaining a bump to the head will receive immediate first aid and close observation throughout the remainder of the session.

Parents will always be informed on the day of the injury and also a telephone call or email to inform them and give signs to watch out for at pick up time.

Emergency medical assistance will be sought immediately if the child experiences:

- loss of consciousness;
- repeated vomiting;
- seizure activity;
- increasing drowsiness;
- confusion;
- unequal pupils;
- persistent severe headache;
- fluid from the ears or nose;
- unusual behaviour.

Staff must never assume that because a child appears well immediately after a head injury that medical deterioration cannot occur later.

Burns and Scalds

Burns and scalds can occur quickly and require prompt treatment to reduce tissue damage and minimise pain. Common causes within an early years environment include hot drinks, hot food, radiators, heated equipment, hot water and exposure to sunlight.
If a burn or scald occurs, practitioners will:

- remove the child from the source of danger immediately;
- cool the affected area under cool running water for at least 20 minutes where appropriate;
- remove jewellery or restrictive clothing if this can be done safely;
- avoid applying creams, butter, oils or adhesive dressings;
- cover the burn with a sterile non-fluffy dressing or clean cling film where appropriate;
- reassure and closely monitor the child.

Emergency medical assistance will be sought immediately if:

- the burn is larger than the child's hand;
- the burn affects the face, neck, airway, hands, feet or genital area;
- blistering is extensive;
- electrical or chemical burns are suspected;
- the child shows signs of shock.

Parents will always be informed on the day of any burn or scald regardless of severity.
Following every burn, the Nursery Manager will review whether environmental controls, supervision or risk assessments require amendment.

Choking Incidents

Miss B's Nursery recognises choking as one of the most serious medical emergencies likely to occur within an early years setting.
To minimise risk:

- children will always remain seated whilst eating;
- staff will supervise children throughout meals and snacks;
- foods will be prepared in accordance with current NHS choking guidance;
- children will never be encouraged to rush meals;
- practitioners will model safe eating behaviours.

If a child begins choking, practitioners will quickly determine whether the airway is partially or completely blocked.

Effective Cough

If the child can:

- cough;
- cry;
- speak;
- breathe.

Staff will encourage the child to continue coughing whilst monitoring closely.
The child should not receive back blows unless the cough becomes ineffective.

Ineffective Cough

If the child:

- cannot cough effectively;
- cannot cry;
- cannot breathe;
- becomes silent;
- turns blue.

A trained first aider will immediately begin age-appropriate choking first aid in accordance with current Resuscitation Council UK guidance.
Emergency services will be called immediately.
If the child becomes unconscious, paediatric CPR will commence without delay until emergency services arrive.
Every choking incident, regardless of outcome, will be recorded and reviewed.
The Nursery Manager will consider whether:

- food preparation procedures require review;
- staff training requires updating;
- supervision arrangements should change.

LifeVac Emergency Choking Device

The nursery has a LifeVac airway clearance device available as an additional emergency measure only.
The presence of a LifeVac does not replace appropriate supervision, choking prevention, paediatric first-aid training, recognised choking first-aid procedures, CPR or contacting the emergency services.
LifeVac must only be used as a LAST RESORT when recognised choking first-aid procedures have failed to clear a life-threatening airway obstruction, and its use must be in accordance with the manufacturer's current instructions.
The nursery will only retain and authorise the LifeVac for emergency use where its use has been disclosed to and accepted by the nursery's insurance provider.

First-Line Treatment

LifeVac is **NOT the nursery's first-line treatment for choking**.
Staff must follow their current paediatric first-aid training and recognised UK choking guidance.
If a child is coughing effectively, encourage them to continue coughing and continuously monitor them.
If the cough is ineffective and the child has a severe airway obstruction, staff must immediately initiate the appropriate choking procedure for the child's age and summon assistance.

For an infant under 1 year

Follow current paediatric first-aid guidance, including:
5 back blows → 5 chest thrusts
Continue as directed by current paediatric first-aid guidance and the emergency services.
Abdominal thrusts must NOT be performed on an infant.

For a child over 1 year

Follow current paediatric first-aid guidance, including:
5 back blows → 5 abdominal thrusts
Continue as directed by current paediatric first-aid guidance and the emergency services.
If the child becomes unconscious/unresponsive, staff must follow the current paediatric Basic Life Support procedure and instructions from the emergency call handler.

999 must be called in accordance with the emergency choking procedure.

When LifeVac May Be Used

LifeVac may only be considered where:

- the casualty has a life-threatening foreign-body airway obstruction**;**
- recognised age-appropriate choking first-aid measures have been attempted and have failed to remove the obstruction, or cannot be effectively performed;
- emergency assistance has been summoned;
- the member of staff considers immediate further intervention necessary to protect life;
- the device can be used in accordance with the manufacturer's instructions; and

Staff must never delay recognised choking first aid, CPR or contacting 999 in order to obtain or use the LifeVac.

In an emergency, one member of staff should continue to provide appropriate first aid while another member of staff, where available, calls 999 and obtains the LifeVac.

Using the LifeVac

Where the above criteria have been met:

1. Select and attach the correct size mask in accordance with the manufacturer's instructions.
2. Position the mask over the child casualty's mouth and nose to create an effective seal.
3. Hold the mask securely in position.
4. Push the LifeVac handle/plunger down.
5. Pull the handle upwards firmly and swiftly to create suction.
6. Check whether the obstruction has been removed.
7. Follow the instructions given by the 999 emergency services.

If the Child Becomes Unresponsive

If the child becomes unresponsive:
CALL 999 / confirm that 999 has been called.
Staff must immediately follow their paediatric first-aid training. CPR must not be unnecessarily delayed while locating, assembling or attempting to use the LifeVac.
Where a mobile telephone is available, the call should be placed on speaker so that the emergency call instructions can be followed.

After LifeVac Has Been Used

Following any use of the LifeVac:

- the child must receive appropriate medical assessment by a medical professional;
- staff must follow the instructions of the ambulance service/emergency medical professionals;
- the child's parent/carer must be informed as soon as reasonably practicable;
- the Nursery Manager must be informed immediately;
- the incident must be fully documented;
- the choking incident and first aid provided must be recorded;
- the use of the LifeVac must specifically be recorded, including why its use was considered necessary;
- the sequence of first-aid interventions should be documented as accurately as possible;
- the time 999 was called should be recorded where known;
- the child's condition following the incident should be recorded;
- any required Ofsted, safeguarding, insurance or other statutory notifications must be considered by the Nursery Manager; and
- the incident should be reviewed to identify whether any changes are required to the nursery's risk assessments, food preparation, mealtime supervision or staff practice.

Parents/carers should be informed that the LifeVac was used and that medical assessment following a significant choking incident is important.

Single Use and Replacement

A LifeVac that has been used in a genuine choking emergency must be treated as single-use.
It must be removed from operational use immediately after the incident and must not simply be cleaned and returned to its emergency location.
The Nursery Manager will arrange replacement of the device and/or relevant components in accordance with the manufacturer's instructions.
A replacement operational device must be installed as soon as reasonably practicable.

Staff Training

All staff who may be expected to use the LifeVac should:

- hold appropriate paediatric first-aid knowledge/training relevant to their role;
- understand that recognised choking first aid is the first-line response;
- know where the LifeVac is stored;
- read the manufacturer's Instructions for Use;
- receive instruction/training in the correct use of the LifeVac, which can be referred to next to the device;
- understand the appropriate mask selection;
- understand that the LifeVac is a last-resort additional measure;
- know the nursery's emergency reporting procedure.

Storage and Checks

The LifeVac will be:

- stored in a clearly identified and readily accessible location;

- accessible to staff without being freely accessible to children;
- stored with the manufacturer's Instructions for Use;
- kept with the appropriate masks supplied/approved for the device; and
- included in the nursery's regular first-aid equipment checks.

Kayleigh Botha (as the nominated person) will periodically check:

- the device is present;
- packaging and components are intact;
- the correct masks are present;
- mask expiry dates have not passed;
- the manufacturer's instructions remain with the device; and
- staff know its location.
- Any expired or damaged component must be replaced.

Prevention of Choking

The availability of LifeVac does not reduce the nursery's responsibility to prevent choking.

Miss B's Nursery will continue to:

- supervise children appropriately while eating;
- ensure children are seated appropriately for meals and snacks;
- prepare food in an age-appropriate manner;
- consider individual developmental and additional needs;
- manage identified choking risks;
- ensure staff understand common choking hazards;
- maintain appropriate paediatric first-aid provision; and
- follow current EYFS requirements, which are incorporated in our policies, and relevant food-safety and safer-eating guidance.

Consent

LifeVac is held as emergency first-aid equipment intended for use in a potentially life-threatening situation.
The nursery will inform parents/carers through its policies that an airway clearance device is available as an additional emergency measure.
Its availability does not alter the nursery's obligation to provide immediate emergency first aid and summon emergency medical assistance where a child's life is at risk.

Allergic Reactions and Anaphylaxis

Some children attending Miss B's Nursery may have known allergies.
Before admission, the nursery will obtain:

- medical information;
- allergy care plans;
- emergency medication;
- consent forms to administer Pirton from a sealed, in-date bottle that the child's parents have brought in
- healthcare professional advice where appropriate.

All practitioners working with the child will familiarise themselves with the child's allergy management plan.
Possible symptoms of an allergic reaction include:

- rash;
- swelling;
- itching;
- vomiting;
- abdominal pain;
- wheezing;
- coughing;
- difficulty breathing.

Where anaphylaxis is suspected:

- emergency medication will be administered immediately by appropriately trained staff in accordance with the child's care plan;
- 999 will be called without delay;
- parents will be contacted immediately;
- the child will remain under constant supervision until emergency services arrive.

The nursery recognises that delays in treating anaphylaxis can be life-threatening.

Asthma Emergencies

Children with diagnosed asthma will have an individual healthcare plan.
Emergency inhalers will only be administered in accordance with parental consent and healthcare guidance.
If a child experiences severe breathing difficulty:

- the child will be reassured and encouraged to remain calm;
- medication will be administered if prescribed;

- emergency services will be called where symptoms fail to improve, worsen rapidly or the child becomes exhausted.

Staff will never leave a child experiencing breathing difficulties alone.

Seizures

Where a child has an epilepsy care plan, staff will follow the agreed procedures.
During a seizure practitioners will:

- remain calm;
- protect the child from injury;
- remove nearby hazards;
- time the seizure;
- avoid restraining the child;
- never place anything into the child's mouth.

Emergency services will be contacted if:

- the seizure lasts longer than specified within the care plan;
- it is the child's first seizure;
- repeated seizures occur;
- breathing difficulties develop;
- recovery is unusually prolonged.

Parents will always be informed immediately.

Fractures and Suspected Spinal Injuries

Where a fracture or spinal injury is suspected:

- the child should not be moved unless immediate danger exists;
- emergency services will be contacted immediately;
- practitioners will reassure the child;
- movement will be minimised;
- other children will be calmly moved away from the area.

Staff will never attempt to straighten limbs or relocate joints.

Dental Injuries

Falls occasionally result in injuries to children's mouths or teeth.
If a tooth is chipped, loose or displaced:

- bleeding will be controlled using sterile gauze where appropriate;
- parents will be contacted immediately;
- emergency dental advice will be sought where required.

If a permanent tooth is completely knocked out (for older children), practitioners should avoid touching the root, place the tooth in milk or saline if possible, and seek urgent dental treatment. As nursery-aged children typically have primary (baby) teeth, a baby tooth should **not** be replanted.

Eye Injuries

Eye injuries require prompt assessment.
Where a foreign body enters the eye:

- practitioners will encourage blinking;
- clean water may be used to irrigate the eye if appropriate;
- the eye will not be rubbed.

Where a chemical enters the eye:

- immediate irrigation with clean running water will commence;
- emergency medical advice will be sought.

Objects embedded within the eye must never be removed by nursery staff.

Severe Bleeding

Where significant bleeding occurs:

- direct pressure will be applied using a sterile dressing;
- gloves and appropriate PPE will be worn;
- the injured limb may be elevated where appropriate;
- emergency services will be contacted if bleeding cannot be controlled.

Practitioners will remain with the child until emergency services or parents assume responsibility.

Poisoning or Ingestion of Harmful Substances

If a child is suspected of swallowing:

- medication;
- cleaning products;
- chemicals;
- unknown substances.

Staff will:

- remove any remaining substance from the child's reach;
- identify the substance where possible;
- contact 999 or NHS advice as appropriate;
- never induce vomiting unless instructed by a medical professional.

The product packaging or container will accompany the child to hospital where possible.

Electric Shock

Where electric shock is suspected:

- the power source will be isolated if safe to do so;
- staff will not touch the child until it is safe;
- emergency services will be contacted immediately where required;
- the child will be assessed by a qualified first aider.

Even where no obvious injury exists, medical assessment may still be required.

Escorting a Child to Hospital

If a child requires hospital treatment before a parent arrives:

- a suitably authorised member of staff will accompany the child if requested by emergency services;
- the child's registration details, emergency contacts, medical information and healthcare plans will accompany them;
- the Nursery Manager will remain responsible for coordinating communication with parents and staff remaining within the nursery.

No member of staff will transport an injured child to hospital in their own private vehicle unless advised to do so by emergency services in exceptional circumstances.

Information to be Recorded

Every Accident Record should include:

- child's full name;
- date of birth;
- room attended;
- date of accident;
- exact time;
- precise location;
- activity taking place;
- supervising practitioner;
- witnesses present;
- description of the incident;
- nature of the injury;
- body location affected;
- first aid administered;
- by whom treatment was given;
- whether parents were contacted;
- time parents were contacted;
- recommendations provided to parents;
- whether emergency services attended;
- whether hospital treatment was required;
- follow-up actions;
- signature of practitioner completing the record;
- signature of parent or authorised collector.

Existing Injuries

Where a child arrives at nursery with an injury that occurred outside the setting, practitioners should complete an Existing Injury on Arrival Record.
The practitioner should ask the parent or carer to explain how the injury occurred and record the explanation factually.

Ofsted Notifications

Miss B's Nursery will notify Ofsted of significant events affecting the safety and welfare of children where required by the EYFS Statutory Framework.
Examples may include:

- serious accidents requiring hospital treatment;
- serious injuries;
- incidents affecting the safe running of the nursery;
- events requiring emergency closure;
- safeguarding incidents where notification is required.

Notifications will normally be made by the Nursery Manager or Registered Provider within the statutory timescales.

RIDDOR Reporting

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 requires certain serious workplace incidents to be reported to the Health and Safety Executive (HSE).

The Nursery Manager is responsible for determining whether an incident is reportable.

Examples may include:

- specified injuries to staff;
- dangerous occurrences;
- work-related hospitalisation of staff;
- reportable occupational diseases.

Most routine childhood accidents within a nursery are **not** reportable under RIDDOR. However, each serious incident will be considered individually against current HSE guidance.

Where required, reports will be submitted within the statutory timescales and records retained.

Review of Risk Assessments

Every significant accident, incident or near miss will trigger consideration of whether existing risk assessments remain suitable and sufficient.
Reviews may result in:

- changes to supervision;
- changes to room layout;
- replacement of equipment;
- additional staff training;
- revised procedures;
- changes to children's access to particular resources;
- consultation with external specialists.

Risk assessments are living documents and should evolve as the nursery learns from experience.