Innsworth Preschool Accidents, Head Injury & First Aid Policy

Last Updated: June 2026

1. Purpose and Scope

1.1 Operational Context: We take all reasonably practicable steps to prevent accidents. However, in an active Early Years environment, particularly one offering outdoor learning, Farm Experience activities, messy play, practical learning, and resident poultry, incidents can occur.

1.2 Objectives: The purpose of this policy is to ensure that every incident is managed effectively, documented thoroughly for defensibility, and reported in compliance with statutory requirements.

1.3 Scope: This policy applies to all staff, volunteers, and students. It operates in conjunction with our Safeguarding and Child Protection Policy.

2. Statutory Framework

2.1 Compliance: This policy supports our compliance with specific duties under the following legislation and guidance:

- The Childcare Act 2006 (General Duties).
- The Childcare (Early Years Register) Regulations 2008 / Childcare (General Childcare Register) Regulations 2008 (Notification duties).
- The Statutory Framework for the Early Years Foundation Stage (DfE): Current version.
- EYFS Notification Duty: Requirement to notify Ofsted of any serious accident, illness, or injury to, or death of, any child while in our care.
- The Health and Safety at Work etc. Act 1974: Duty to ensure the health and safety of persons on the premises.

- RIDDOR 2013: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.
- The Limitation Act 1980: Retention of personal injury records.
- GDPR & Data Protection Act 2018: Handling of special category health data.

3. Definitions and Thresholds

3.1 Classification: To ensure consistent reporting and avoid over-escalation, we apply the following tiered definitions:

Accident: An unintended event resulting in physical injury (e.g. a fall, collision).

Incident: An event that causes distress, harm, or risk but may not be an accident (e.g. biting, behavioural outburst, aggression).

Near Miss: An event that had the potential to cause injury or ill health but did not.

Minor Injury: Cuts, grazes, small bumps, bites, or bruises effectively treated with standard on-site First Aid.

Serious Injury (Tiered Response):

- **Tier 1 (Urgent/Emergency):** Requires 999, A&E attendance, or Ambulance. Includes fractures, loss of consciousness, anaphylaxis, severe burns, uncontrolled bleeding.
- **Tier 2 (Medical Advice):** Requires same-day advice from 111, GP, or Dentist.
- **Tier 3 (Observation):** Requires parent monitoring or routine pharmacist advice.

Head Injury: Any trauma to the head, face, or neck, regardless of visible marks. (Note: We apply a proportional response; while all head injuries generate a phone call and assessment, collection is required only for Red/Amber symptoms or parental preference).

Serious Incident: Events requiring external agency notification (e.g. missing child, medication error requiring medical advice, significant safeguarding concern).

4. Roles and Authority

4.1 Role Definitions:

- **Manager:** The person in charge of the setting.
- **DSL:** Designated Safeguarding Lead.
- **PFA Lead:** Staff member holding current Paediatric First Aid certificate.
- **Room Lead:** Senior staff member responsible for the specific room/session.

4.2 Authority Matrix:

- **Call Ambulance (999):** Any staff member immediately.
- **Authorise Private Transport:** Manager ONLY (Strict criteria apply).
- **Ofsted/HSE Reporting:** Manager or Deputy Manager.
- **Parent Communications (Incident):** Manager or Room Lead.

5. Staff Qualifications and Deployment

5.1 Legal Minimum: At least one person who has a current Paediatric First Aid (PFA) certificate must be on the premises and available at all times when children are present, and must accompany children on outings.

5.2 Innsworth Standard: We aim for all permanent Level 3 practitioners to hold a valid, full 12-hour Level 3 PFA certificate.

5.3 Emergency Contingency (Maintenance of Ratios): If a PFA trained staff member is required to treat a child:

- **Treatment:** One staff member administers First Aid.
- **Supervision:** Remaining staff maintain supervision of the group to ensure ratios and safety are not compromised.
- **Escalation:** If ratios are at risk, the Manager initiates the contingency staffing plan (e.g. calling in named cover staff, combining groups safely, or closing a room).

5.4 Outings & Higher-Risk Activities: A named PFA holder must be present for outings and risk-assessed higher-risk activities. They carry a specific kit, mobile phone with signal, emergency contacts, and location pin where applicable. A second adult must be available to supervise the group if the PFA holder is treating a casualty.

6. First Aid Equipment

6.1 Standards: First Aid kits are stocked to meet the specific needs of our paediatric setting and risk assessment.

6.2 Locations: Kits are located in the Main Playroom, Kitchen (accessible safely), and the Emergency "Grab Bag".

6.3 Maintenance: A named staff member checks all kits monthly. A log is kept of these checks. Kits are restocked immediately after use.

7. Documentation and Audit Trail

7.1 Mandatory Fields: All records must include:

- Child's full name and DOB.
- Date, time, and exact location of incident.
- Names and PFA status of staff who witnessed and administered First Aid.
- What was happening immediately before (context).
- Mechanism of injury (how it happened).
- Nature of injury and exact treatment given (including if PPE/gloves were used and how wound was cleaned).
- Witness status: If unwitnessed, record what checks were done and by whom to establish cause.
- Follow-up: Did child return to play, rest, or go home? Advice given to parents.
- For Serious Incidents: Precise chronology, decision rationale, and who authorised actions.

7.2 Photos: Photographs of injuries are taken ONLY if necessary for safeguarding/medical records, with prior parental consent (per Data Protection Policy). If consent is absent, we use a Body Map.

7.3 Parent Communication and Signature: Parents are requested to sign to acknowledge information sharing. Parents may ask reasonable questions after an accident or incident. Concerns must be raised calmly, respectfully, and through the correct procedure. If emotions are too high for a calm discussion, the setting may ask parents to put their concerns in writing and may respond in writing. Repeated refusal to sign will be escalated to the Manager for discussion and documented to preserve the audit trail.

8. Procedure for Minor Injuries

8.1 Immediate Care: The child is treated by a PFA qualified staff member using standard First Aid (cleaning, cold compress, hypoallergenic plaster).

8.2 Biting & Behaviour:

- **Confidentiality:** The "Incident Form" for the biter is stored securely. The victim's parents receive a report stating "another child" caused the injury.

- **Escalation:** We trigger an escalation response for: repeated bites, bites to the face/neck, bites breaking skin, or a pattern of behaviour.
- **Action:** This triggers a review of the Risk Assessment and Supervision Plan, and involvement of the SENCO/parents.

9. Procedure for Head & Facial Injuries

9.1 Assessment: Staff assess the child immediately.

9.2 Red Flags (Call 999):

- Unconsciousness (however brief).
- Seizure or fit.
- Abnormal breathing.
- Neck/Spinal pain or suspected injury.
- Severe worsening headache.
- Repeated vomiting.
- Visible skull deformity or unequal pupils.
- Bleeding that will not stop.
- Significant mechanism (e.g. fall from height).
- Child "not acting normally for them" (e.g. floppy, inconsolable).

9.3 Monitoring Protocol:

- **Phone Call:** Parents are contacted immediately for ALL head injuries.
- **Checks:** Staff record checks every 15 minutes for the first hour (or until collection), then every 30 minutes.
- **Status Change:** If a child moves from Green to Amber/Red symptoms, parents/999 are re-contacted immediately.
- **Sleep:** If a child falls asleep unusually soon after a head injury, this is treated as an Amber/Red flag depending on ability to rouse.

9.4 Handover: Parents receive a written Head Injury Monitoring Form upon collection.

10. Dental Injuries

10.1 Emergency Steps:

- **Bleeding:** Manage bleeding with pressure. If bleeding is heavy or does not stop, call 999/seek urgent advice.
- **Choking:** Monitor airway closely if tooth fragments are suspected.
- **Eating:** Do not allow the child to eat.
- **Baby Tooth:** Do not re-insert. Clean area.
- **Adult Tooth:** Store in milk/saline. Do not re-insert unless parent present and advised by professional. Seek immediate emergency dental care.

11. Activity and Service Protocols

11.1 Farm Experience (Zoonotic Risk):

- **Hygiene:** Hands must be washed with soap and running water immediately after contact.
- **Cleaning:** Surfaces used for animal handling are disinfected immediately. Footwear is cleaned if contaminated with faeces.
- **Wounds:** Broken skin is washed immediately. If a wound becomes infected or the child becomes unwell post-contact, parents must seek medical advice.
- **Infection Control:** Gloves are worn when treating wounds.

11.2 Cooking and Food-Related Activities:

- **Burns:** Cool under cool running water for 20 minutes. Remove jewellery/clothing near burn (unless stuck). Do not burst blisters. Cover loosely with non-fluffy dressing.

11.3 Outdoor and Tool-Use Activities:

- **Tools:** Staff supervising tool use must hold verified competence.
- **Ratios:** Specific higher adult:child ratios apply during tool use (see Risk Assessment).

12. Serious Injuries & Medical Emergencies

12.1 Medical Override: We will follow emergency services (999/111) clinical advice and act in the child's best interests. Where a parent disagrees with necessary medical action, we will document the discussion and, if the child remains at risk, the DSL will escalate to safeguarding services.

12.2 Transport Protocols: Ambulance is the default transport. We DO NOT transport children who are unconscious, having a seizure, anaphylactic, have breathing difficulties, suspected spinal injury, or Red/Amber head injury signs.

12.3 Private Transport Exception (Strict Controls): The Manager may authorise private transport ONLY if ALL the following are met:

- 999/111 Control confirms it is safe to move the child.
- An age-appropriate, correctly fitted car seat is available.
- The vehicle is business-insured specifically for transporting children.
- Two staff are present (Driver + Support).
- Staff:Child ratios are maintained at the setting.
- Route, destination, and times are recorded.

13. Statutory Reporting (RIDDOR & Ofsted)

13.1 Internal Target: We aim to submit necessary Ofsted notifications on the same day or within 24 hours of the incident being identified as notifiable.

13.2 Ofsted: We notify Ofsted of any serious accident, illness, or injury to, or death of, any child while in our care.

13.3 HSE (RIDDOR): The Manager uses a formal decision tree to determine if an incident is reportable to the HSE in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

13.4 Other Bodies: We notify the Local Authority or Health Protection Team as required (e.g. for safeguarding or disease outbreaks).

14. Verification & Pre-Existing Injuries

14.1 Pre-Existing Injuries: Injuries observed on arrival are recorded and mapped on a Body Map. The parent's signature acknowledges the discussion; it is not an admission of cause.

14.2 Disclosures: If a child discloses harm (even without a visible mark), staff must treat this as a Safeguarding Disclosure. It is recorded verbatim and escalated to the DSL immediately. It is not just "monitored".

14.3 Unverified Injuries: If a child reports an injury but no mark is found, a record is made. The DSL reviews these for patterns.

15. Near Misses

15.1 Review: Near misses are recorded internally. The Manager reviews logs monthly to identify trends and assigns actions (e.g. repair equipment, retraining).

16. Record Retention & GDPR

16.1 Lawful Basis: We process this data under GDPR Article 6(1)(c) (Legal Obligation) and Article 6(1)(f) (Legitimate Interests). Special category health data is processed under Article 9(2)(f) (Defence of Legal Claims) and/or Article 9(2)(h) (Provision of Health/Social Care).

16.2 Retention: Records are retained until the child reaches the age of 21 years and 3 months (Limitation Act 1980).

16.3 Access: Access to accident records is restricted to senior management and relevant staff. Digital copies are stored on encrypted servers. Paper copies are stored in locked cabinets.

17. Monitoring and Review

17.1 Investigation: Any accident requiring hospital treatment triggers an automatic Internal Investigation.

17.2 Policy Review: This policy is reviewed annually or following a significant incident.