Little Acorns Montessori

Ascot, Bracknell & Crowthorne

MAJOR ACCIDENT (CHILD) POLICY

The safety and wellbeing of every child is our absolute priority.

This policy sets out how Little Acorns Montessori responds to a major accident involving a child, fulfils its statutory reporting duties, and supports the child and family.

Document Control	
Policy Title	Major Accident (Child) Policy
Setting	Little Acorns Montessori — Ascot, Bracknell & Crowthorne
Version	1
Date Adopted	June 2026
Review Date	June 2027
Author	Jonathan Duffy
Job Role	Director
Emergency Services	999
NHS Non-Emergency / Advice	111
HSE RIDDOR Reporting	www.hse.gov.uk/riddor / 0345 300 9923 (fatal & specified injuries only)
Ofsted Notification	www.report-childcare-incident.service.gov.uk
Local Authority LADO	**LADO — Bracknell Forest (Bracknell and Crowthorne)** Phone: 01344 351572 Email: lado@bracknell-forest.gov.uk
Distribution	All staff, volunteers, students on placement; available to parents/carers on request

1. Policy Statement

Little Acorns Montessori is committed to maintaining the highest possible standards of safety for every child in its care across all three settings in Ascot, Bracknell, and Crowthorne. Despite the most rigorous preventative measures, major accidents involving children may occur. When they do, our response must be immediate, skilled, compassionate, and fully compliant with our statutory obligations.

We are committed to the following principles in relation to major accidents involving children:

- The immediate safety, comfort, and medical welfare of the injured child is our primary and overriding concern. All other actions follow from this.
- At least one member of staff holding a current, full Paediatric First Aid (PFA) certificate will be present on each setting's premises at all times when children are in attendance, in accordance with the EYFS Statutory Framework (DfE, 2025).
- All staff will be trained, confident, and rehearsed in their responsibilities when a major accident occurs. No member of staff will be expected to manage a major accident alone.
- Parents and carers will be notified of any accident involving their child as soon as possible and always before the end of the nursery session, except where emergency medical treatment makes this temporarily impracticable.
- All accidents will be recorded accurately, factually, and promptly in the nursery's accident records. Records will be stored securely and retained for the required period.
- Serious accidents will be reported to Ofsted within 14 days of the incident, as required under the EYFS Statutory Framework (DfE, 2025). Where a RIDDOR-reportable incident occurs, it will be reported to the Health and Safety Executive (HSE) without delay.
- Every major accident will be followed by a formal review to identify contributing factors, address any hazards, and prevent recurrence.
- We will approach all accident situations with sensitivity to the emotional needs of the injured child, other children who may have witnessed the accident, parents, and staff.

This policy applies to all three settings of Little Acorns Montessori. Where local emergency services contacts or specific site arrangements differ between settings, these are recorded in each setting's operational procedures.

2. Scope

This policy applies to all individuals working at or on behalf of Little Acorns Montessori, regardless of their role, contract type, or length of service. This includes:

- The Nursery Manager
- All permanent, part-time, and bank/sessional members of staff
- Volunteers
- Agency workers
- Students on placement
- The Designated Safeguarding Lead (DSL) and Deputy DSL

This policy covers major accidents involving any child whilst in the care and supervision of Little Acorns Montessori, including during off-site outings and activities organised by the nursery.

This policy covers accidents occurring on the nursery premises, including indoor and outdoor play areas, during the journey on any nursery-organised transport, and at any off-site location where children are under the nursery's supervision.

Minor accidents, which are addressed by routine first aid and require no emergency services, are managed under the nursery's standard Accident and First Aid Procedures. This policy is specifically concerned with major accidents, as defined in Section 3 below.

3. Definitions

3.1 Major Accident

A major accident is any accident involving a child in the nursery's care that meets one or more of the following criteria:

- The child requires the attendance of emergency services (999).
- The child requires hospital treatment or is taken directly from the nursery to hospital.
- The child sustains a suspected or confirmed fracture or bone injury (other than to fingers, toes, or thumbs in the context of RIDDOR, though all fractures are reportable to Ofsted under the EYFS).
- The child sustains a dislocation of a major joint (shoulder, elbow, hip, knee, or ankle).
- The child loses consciousness, even briefly.
- The child requires resuscitation (CPR or use of an AED).
- The child sustains a significant head injury, including suspected concussion.
- The child sustains a burn or scald covering a significant body surface area or involving the face, hands, feet, or genitalia.
- The child sustains a significant eye injury, including any injury causing temporary or permanent loss or impairment of vision.
- The child is admitted to hospital for more than 24 hours.
- The child sustains any injury or has a medical episode that the Nursery Manager or First Aider judges, in their professional assessment, to be serious or life-threatening.

3.2 First Aider

For the purposes of this policy, a First Aider means a member of staff who holds a current, full Paediatric First Aid (PFA) certificate meeting the standards set out in Annex A of the EYFS Statutory Framework (DfE, 2025). The full PFA course is a minimum of 12 hours. A staff member holding only an Emergency Paediatric First Aid (EPFA) certificate (6 hours minimum) may provide initial assistance but does not satisfy the mandatory 'one person on site at all times' requirement as the lead First Aider for the purposes of this policy.

3.3 Responsible Person

The Responsible Person is the Nursery Manager or, in their absence, the most senior member of staff on duty. The Responsible Person has overall accountability for the nursery's response to a major accident, including the notification of parents, reporting to external agencies, and the post-incident review.

3.4 Accident Record

The Accident Record is the formal, written or digital record created in respect of every accident involving a child at the nursery. For a major accident, the Accident Record must be supplemented by a Major Accident Report Form (see Section 10).

3.5 RIDDOR

RIDDOR refers to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, made under the Health and Safety at Work etc. Act 1974. Under RIDDOR, the nursery (as the employer and person in control of the premises) is required to report certain accidents to the HSE. In the context of children in a nursery setting, children are treated as members of the public. A RIDDOR report must be made where a child is taken from the nursery directly to hospital for treatment as a result of an accident arising from or in connection with the nursery's activities.

4. Statutory and Regulatory Framework

This policy is written in compliance with the following current legislation and statutory guidance, all verified as at the date of adoption.

Document / Legislation	Relevance to This Policy
EYFS Statutory Framework (DfE, 2025)Effective 1 September 2025	Section 3 (Safeguarding and Welfare Requirements) is the primary EYFS reference. It requires: at least one PFA-certified person on the premises at all times; a stocked first aid box; written accident records shared with parents; and notification to Ofsted of any serious accident, illness, or injury within 14 days (Section 3.51–3.52).
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013	Requires the employer and person in control of premises to report certain accidents to the HSE. In early years settings, children are treated as members of the public. A RIDDOR report is required where a child is taken from the setting directly to hospital for treatment from an accident arising out of or in connection with the setting's activities.
Health and Safety at Work etc. Act 1974	Places a duty on the employer to ensure, so far as is reasonably practicable, the health, safety, and welfare of all persons on the premises, including children. The accident response procedures in this policy fulfil the employer's duty of care.
Management of Health and Safety at Work Regulations 1999	Requires the employer to carry out suitable and sufficient risk assessments, put emergency procedures in place, appoint competent persons, and provide adequate first aid provision. The risk assessment process underpins the preventative dimension of this policy.
Working Together to Safeguard Children (DfE, 2026)Published 18 March 2026	Applies where a major accident raises or intersects with a safeguarding concern (e.g., where the nature or pattern of injuries suggests possible abuse or neglect). In such cases, the nursery's Safeguarding and Child Protection Policy must be applied alongside this policy.
Children Act 1989 & 2004	Establishes the overarching duty to safeguard and promote the welfare of children. Where a major accident gives rise to a safeguarding concern, the duties under these Acts apply.
Childcare Act 2006	Requires registered early years providers to promote the welfare of children in their care and to comply with requirements imposed by Ofsted as the registration authority.
Equality Act 2010	The nursery must ensure that all children, including those with disabilities or health conditions, receive appropriate first aid and emergency care. Risk assessments and first aid provision must account for the specific needs of individual children.
Ofsted Education Inspection FrameworkEffective November 2025	Safeguarding is assessed separately as Met or Not Met under the new report card framework. Inspectors will evaluate whether the setting's first aid provision, accident recording, and notification procedures are effective, compliant, and embedded in practice.

Sections 3.51 and 3.52 of the EYFS Statutory Framework (DfE, 2025) are the primary reference paragraphs for first aid, accident recording, and Ofsted notification requirements. Staff with responsibility for accident management should be familiar with these paragraphs directly.

5. Roles and Responsibilities

Every member of staff has a role to play when a major accident occurs. Clear responsibilities must be understood before an emergency arises, not during it.

Role	Name	Campus
Designated Officer / Nominated Individual	Jonathan Duffy	All Campuses
Designated Safeguarding Lead (DSL)	Elaine Eastham	Ascot Campus
Designated Safeguarding Lead (DSL)	Agata Payne	Bracknell Campus
Designated Safeguarding Lead (DSL)	Emma Gray	Crowthorne Campus
Deputy Designated Safeguarding Lead (DDSL)	Jessica McGrath/Katy Cooley	Ascot Campus
Deputy Designated Safeguarding Lead (DDSL)	Joanne Broughton	Bracknell Campus
Deputy Designated Safeguarding Lead (DDSL)	Martine Loveridge	Crowthorne Campus
Deputy Designated Safeguarding Lead (DDSL)	Kira King	Crowthorne Campus (in the absence of Emma and Martine)
Manager on Duty	As rostered	All Campuses

5.1 The Nursery Manager (Responsible Person)

- Has overall accountability for the nursery's response to any major accident across all three settings.
- Ensures that at least one fully PFA-certified member of staff is on the premises at all times when children are present at each setting, including during staff breaks, sickness absence, and outings.
- Ensures that first aid boxes are fully stocked, accessible, and inspected at least monthly at each setting.
- Ensures that individual health care plans are in place for any child with a known medical condition or additional health need, and that relevant staff are briefed on these plans.
- Is responsible for notifying parents of a major accident and for managing communications with parents and carers following an incident.
- Is responsible for completing and submitting all required external notifications: to Ofsted (within 14 days), to the HSE under RIDDOR (where applicable), and to any other relevant authority.
- Leads the post-incident review and ensures that any actions arising are completed within the agreed timescale.
- Ensures that this policy is reviewed at least annually and following any major accident or change in relevant legislation.
- Ensures that all staff at all three settings are trained in their responsibilities under this policy.

5.2 The Designated Safeguarding Lead (DSL)

- Must be notified of any major accident as soon as the child's immediate medical needs have been addressed.
- Assesses whether the nature or circumstances of the accident give rise to any safeguarding concern, including whether the injury is consistent with the explanation given.
- Where any safeguarding concern arises, initiates the procedures set out in the nursery's Safeguarding and Child Protection Policy without delay.
- Contributes to the post-incident review where the accident has a safeguarding dimension.

- Liaises with the LADO where an accident involves or may involve the conduct of a member of staff.
- The LADO contact details for each setting's local authority are recorded in the Document Control section of this policy and must be immediately accessible to the DSL and Deputy DSL at all times.

5.3 The Deputy DSL

- Acts with full DSL authority in the DSL's absence.
- Supports the DSL in the immediate and post-incident response.

5.4 The Lead First Aider (on duty)

- Assumes immediate clinical responsibility for the injured child from the point at which the accident is identified.
- Assesses the severity of the injury and determines whether emergency services (999) must be called.
- Provides first aid treatment within the scope of their PFA qualification and does not exceed it.
- Remains with the injured child until the child is transferred to the care of emergency services, a parent or carer, or a medical professional.
- Provides a clear verbal handover to paramedics or other medical professionals, including the child's name, age, known medical history, the nature of the accident, and the treatment given.
- Contributes to the written Accident Record as soon as the situation permits.

5.5 All Practitioners

- Must call for the First Aider and the Nursery Manager immediately when they identify or witness a major accident.
- Must ensure that the injured child is not moved unless remaining in position presents an immediate further danger.
- Must maintain the supervision and welfare of all other children in the setting during the incident, ensuring that no child is left unsupervised or exposed to distressing scenes.
- Must not contact parents, speak to the media, or share information about the accident on any personal or social media channel.
- Must cooperate fully with the post-incident review and provide an accurate, factual account of what they witnessed.

5.6 Parents and Carers

- Must ensure that the nursery holds a minimum of two separate emergency contact details for their child at all times, in accordance with the EYFS Statutory Framework (DfE, 2025). Where it is not reasonably practicable to provide two contacts (for example, where a family has recently arrived from abroad), this must be discussed with the Nursery Manager and noted on the child's record.
- Must inform the nursery of any medical condition, allergy, or health need that may affect their child's safety or treatment in an emergency.
- Must ensure that any Individual Health Care Plan (IHCP) for their child is reviewed and updated at least annually, and whenever the child's condition changes.
- On being notified of a major accident, must make arrangements to attend the setting or hospital without delay where the nursery requests their presence.
-

6. Prevention and Preparedness

The most effective response to a major accident begins well before any accident occurs. The following preventative and preparedness measures are maintained at all three settings.

6.1 Risk Assessment

- The Nursery Manager must ensure that a current, written risk assessment is in place for all areas of each setting and for all activities, including outings. Risk assessments must be reviewed at least annually and following any accident, near-miss, or significant change to the environment or activities.
- Risk assessments must identify hazards, assess the likelihood and severity of harm, and set out control measures. They must be proportionate to the risk and must not prevent children from experiencing challenging but safe play.
- Where a risk assessment identifies a significant hazard that cannot be immediately remedied, the Nursery Manager must take interim protective measures and arrange for the hazard to be rectified without undue delay.

6.2 First Aid Provision

- At least one member of staff holding a current, full PFA certificate (minimum 12 hours, meeting the criteria of Annex A of the EYFS Statutory Framework, DfE, 2025) must be on the premises of each setting at all times when children are present.
- The Nursery Manager must maintain a record of all PFA-certified staff at each setting, including certificate expiry dates. PFA certificates must be renewed every three years.
- A fully stocked first aid box must be available at each setting and must be inspected at least monthly. The contents must meet the needs identified in the nursery's first aid needs assessment.
- A separate, portable first aid kit must be available for all off-site outings and activities, and a PFA-certified member of staff must accompany every outing.
- In accordance with the EYFS Statutory Framework (DfE, 2025), any student on placement aged 17 or over, volunteer aged 17 or over, or apprentice aged 16 or over who is to be counted within staff-to-child ratios must hold a current, valid PFA certificate. Where such a person does not hold a PFA certificate, they may still work at the setting but must be treated as supernumerary and must not be counted in ratios. The Nursery Manager must verify PFA certification before including any such person in ratios.
- In addition to the requirement for a PFA-certified person to be on the premises at all times, the EYFS Statutory Framework (DfE, 2025) requires that a member of staff holding a current PFA certificate must be present in the room whenever children are eating. The Nursery Manager must ensure that session and staffing rotas reflect this requirement at all three settings.

See our Staff Training and Qualifications Policy for more information.

6.3 Individual Health Care Plans

- Where a child has a known medical condition, allergy, or health need that could result in or complicate a major accident, an Individual Health Care Plan (IHCP) must be completed, signed by the parent and the Nursery Manager, and reviewed at least annually.
- IHCPs must be accessible to the Key Person and all relevant staff. They must not be stored in a location where they cannot be quickly retrieved in an emergency.
- Where a child carries prescribed emergency medication (e.g., an adrenaline auto-injector for anaphylaxis, or an inhaler for asthma), the location of that medication must be known to all staff on duty and must be immediately accessible.

6.4 Staff Training

- All staff must complete induction training that covers the nursery's accident response procedures, the location of first aid equipment, and their individual responsibilities in the event of a major accident.
- PFA-certified staff must renew their certification every three years. The Nursery Manager must ensure that renewal is arranged in advance of the expiry date to avoid any gap in compliant first aid coverage.
- All staff should complete regular scenario-based training to maintain confidence and competence in their accident response roles.
- The Designated Safeguarding Lead and all Deputy DSLs must complete accredited safeguarding training and must renew this training every two years, in accordance with the EYFS Statutory Framework (DfE, 2025). The Nursery Manager must maintain a record of DSL and Deputy DSL training dates and renewal deadlines across all three settings, and must ensure renewal is arranged in advance of expiry.

7. Immediate Response Procedures

The following procedure must be followed in chronological order when a major accident involving a child is identified. Every second matters. Staff must act without hesitation.

DO NOT MOVE AN INJURED CHILD unless remaining in position presents an immediate further danger (e.g., fire, moving vehicle). Moving a child with a suspected spinal or neck injury can cause catastrophic harm. Await the First Aider's assessment before moving the child.

7.1 Steps 1–3: Immediate Actions — Any Member of Staff

1. **CALL FOR HELP:** The first member of staff to identify the accident must call out loudly for the First Aider and another member of staff immediately. Do not leave the injured child alone to seek help — instruct another child or passing adult to get the First Aider if necessary.
2. **MAKE THE AREA SAFE:** Without moving the injured child, make the immediate area safe. Remove hazards (broken equipment, spilled substances). Keep other children calm and at a safe distance. Ask a colleague to remove other children from the immediate scene if their presence is not required and the sight may cause distress.
3. **NOTIFY THE NURSERY MANAGER:** A second member of staff must notify the Nursery Manager immediately. Where the Nursery Manager is not on site, the most senior staff member on duty assumes the role of Responsible Person.

7.2 Steps 4–7: First Aider's Actions

4. **ASSESS THE CHILD:** The First Aider must conduct a rapid primary assessment: check for danger, response (AVPU — Alert, Voice, Pain, Unresponsive), airway, breathing, and circulation. Establish the likely nature and severity of the injury.
5. **CALL 999 IF REQUIRED:** The First Aider must instruct a colleague to call 999 without delay if the child is unresponsive, not breathing normally, requires resuscitation, has a suspected spinal injury, has suffered a major burn, has a significant head injury with loss of consciousness, or if the First Aider has any doubt about the child's condition. Do not delay calling 999 in order to continue first aid treatment — both can happen simultaneously.
6. **ADMINISTER FIRST AID:** Provide first aid treatment within the scope of the PFA qualification. If a child has an IHCP with emergency medication (e.g., an adrenaline auto-injector), administer it in accordance with the plan if trained and authorised to do so. Record the time of any medication administered.
7. **REMAIN WITH THE CHILD:** The First Aider must remain with the injured child throughout. Maintain calm, reassuring verbal communication with the child at all times. Do not leave the child unattended.

7.3 Steps 8–10: Nursery Manager's Actions (Running Concurrently)

8. **CONTACT PARENTS:** The Nursery Manager must contact the child's parent or carer as soon as it is practicable to do so. This must not delay or interrupt first aid treatment. Where 999 has been called, the parent must be notified of the accident and the attending hospital without delay. The manager must not minimise the seriousness of the accident in communications with parents.
9. **MANAGE THE SETTING:** Ensure all other children remain supervised, safe, and as settled as possible. Assign a named staff member to maintain normal session activities for non-involved children. Ensure that no child witnesses distressing scenes.
10. **PREPARE FOR PARAMEDICS:** Designate a staff member to meet the ambulance and guide paramedics directly to the child. Ensure the access route is clear. Prepare the child's emergency contact details, IHCP (if applicable), and any information about medications administered. The First Aider must be ready to give a clear verbal handover to paramedics.

7.4 Steps 11–12: Transfer to Emergency Services or Hospital

11. **ACCOMPANY THE CHILD:** Where a child is taken to hospital by ambulance and a parent or carer has not yet arrived, a member of staff must accompany the child to hospital if the parent gives consent and if sufficient staffing ratios can be maintained at the setting. The accompanying staff member must not leave the child until a parent or carer is present.
12. **DOCUMENT IMMEDIATELY:** As soon as the immediate emergency has been managed, the First Aider and the Nursery Manager must make contemporaneous notes of the events, including times, actions taken, and observations. These notes will form the basis of the formal Major Accident Report Form (see Section 10).

8. Procedures for Off-Site Accidents

Where a major accident occurs during an off-site outing or activity, the principles of Section 7 apply. The following additional procedures are specific to off-site incidents.

- The lead staff member on the outing must carry: the emergency contact details for every child on the outing; a copy of any relevant IHCPs; a portable first aid kit; a fully charged mobile phone; and the nursery's address and telephone number.
- Where emergency services are required, the lead staff member must call 999 immediately, giving the location clearly. If the exact address is unknown, they must use a landmark or the nearest postcode.
- The lead staff member must contact the Nursery Manager at the setting immediately after calling 999. The Nursery Manager then contacts the child's parents.
- Children not directly involved in the accident must be supervised and kept calm. If there are sufficient staff, uninjured children should be moved to a safe area nearby. If insufficient staff are present to both treat the injured child and supervise others, the lead staff member must request emergency assistance from members of the public or contact the nursery for additional staff.
- Under no circumstances must any child be left alone or unsupervised during an off-site incident.
- On return to the setting, the full Major Accident Report Form must be completed and all reporting obligations fulfilled as set out in Section 10.

9. Responding to Specific Types of Major Accident

The following guidance supplements the general procedure in Section 7 for specific types of major accident that are most likely to occur in an early years setting. In all cases, Section 7 takes precedence and the First Aider's clinical judgement governs the response.

9.1 Head Injury

- All head injuries must be treated with caution. Even a seemingly minor head injury in a young child can have serious consequences.
- The First Aider must assess the child for: loss of consciousness (even briefly); confusion or unusual drowsiness; persistent crying or distress disproportionate to the apparent injury; vomiting; unequal pupils; a visible wound or significant swelling.
- Where any of the above are present, or where the First Aider has any doubt, 999 must be called immediately. Head injuries with loss of consciousness are always a major accident for the purposes of this policy.
- The child must not be given any food or drink following a significant head injury.
- Parents must be contacted and informed even if the child appears well after a head injury. The nursery must provide written guidance on head injury observation signs for the parent to follow at home, and must advise them to seek immediate medical attention if the child's condition changes.
- The child must not return to the nursery on the same day following a significant head injury.

9.2 Suspected Fracture or Dislocation

- The affected limb or joint must be immobilised and supported in the position found. Do not attempt to straighten, reposition, or apply traction to a suspected fracture or dislocation.
- 999 must be called for any suspected fracture of the spine, skull, pelvis, femur, or any other injury where immobilisation is not possible or where the child is in severe pain or distress.
- All suspected fractures and dislocations must be treated as major accidents for the purposes of this policy and must be reported to Ofsted within 14 days.

9.3 Anaphylaxis

- Anaphylaxis is a life-threatening emergency. Where a child is known to be at risk of anaphylaxis, their IHCP must specify the trigger, symptoms, and treatment, including when to administer an adrenaline auto-injector (AAI).
- 999 must be called immediately if anaphylaxis is suspected, even if an AAI has been administered. The emergency services must be told that adrenaline has been given and at what time.
- A second AAI must be administered after five minutes if there is no improvement and a second device is available.
- The child must not be sat or stood upright if they are experiencing breathing difficulties. If the child is breathing, they may be sat up; if unconscious or fitting, they must be placed in the recovery position.

9.4 Burns and Scalds

- Cool the burn under cool (not cold or iced) running water for a minimum of 20 minutes. Do not use butter, toothpaste, or any other substance on the burn.
- 999 must be called for any burn to the face, hands, feet, or genitalia; any burn caused by chemicals or electricity; any burn larger than the child's hand; any full-thickness burn; or any burn in a child under two years old.
- Do not remove clothing that has adhered to the burn. Do not burst blisters.
- After cooling, cover the burn loosely with cling film or a sterile non-adherent dressing.

9.5 Unconsciousness and Cardiopulmonary Arrest

- If a child is unresponsive and not breathing normally, 999 must be called immediately. Begin CPR: 30 chest compressions followed by 2 rescue breaths (or compressions only if rescue breaths are not possible). Continue until emergency services arrive or the child recovers.
- Where a defibrillator (AED) is available on or near the premises, it should be retrieved and used as directed by the device. Continue CPR whilst the AED is being set up.
- A second trained person should take over CPR when the first is fatigued. Compressions must not be interrupted except to give rescue breaths or to use the AED.

10. Reporting and Recording

Accurate, timely, and thorough reporting and recording are both a statutory duty and a professional obligation. The following procedures must be followed for every major accident without exception.

10.1 The Accident Record — All Accidents

- A written or digital accident record must be created for every accident involving a child, including those that are subsequently assessed as minor. For a major accident, a supplementary Major Accident Report Form must also be completed (see Section 10.2).
- The accident record must be completed by the First Aider and/or Nursery Manager on the day of the accident and in any event within 24 hours.
- The accident record must include: the child's full name and date of birth; the date, time, and location of the accident; a factual description of what happened; the nature and site of the injury; the first aid treatment given and by whom; whether emergency services were called; whether the child was taken to hospital; the time parents were notified and by whom; and the signature of the person completing the record.
- The accident record must be factual and objective. It must record what was directly observed, heard, or reported, clearly distinguished from inference or opinion.
- The accident record must be shared with the child's parent or carer. The parent must be asked to sign a copy to confirm they have been informed. Where a parent is unable or unwilling to sign, this must be noted on the record.

10.2 The Major Accident Report Form

- In addition to the standard accident record, a Major Accident Report Form must be completed for every accident meeting the definition in Section 3.1.
- The Major Accident Report Form must be completed by the Nursery Manager or DSL as soon as the immediate emergency has been managed and in any event within 24 hours of the accident.
- The Major Accident Report Form must include all information required for the standard accident record (see Section 10.1), plus: the names and roles of all staff present at the time of the accident; a detailed chronological account of the nursery's response, including all times; details of any emergency services attendance and the outcome; details of any medication administered; any relevant contextual information about the child's health or medical history; a preliminary assessment of the cause of the accident; and details of immediate remedial action taken.
- The form must be signed by the Nursery Manager and countersigned by the DSL.

10.3 Notification to Ofsted

- The Nursery Manager must notify Ofsted of any serious accident, illness, or injury to a child in the nursery's care as soon as reasonably practicable and within 14 days of the incident.
- Notification must be made using the online form at www.report-childcare-incident.service.gov.uk.
- Ofsted must be notified of, but is not limited to, the following: any incident requiring resuscitation; any incident requiring hospitalisation for more than 24 hours; any fracture; any dislocation of a major joint; any loss of sight (temporary or permanent); any burn or scald requiring hospital treatment; any head injury resulting in unconsciousness.
- The Nursery Manager must retain a copy of the Ofsted notification and its submission confirmation in the child's Major Accident file.

A failure to notify Ofsted of a reportable serious accident within 14 days is a breach of the EYFS Statutory Framework (DfE, 2025) and of the nursery's registration conditions. Ofsted regards such failures seriously and they may affect the setting's inspection outcome. If in doubt whether an incident meets the threshold for notification, submit a notification. It is always better to notify than to fail to do so.

10.4 Reporting under RIDDOR 2013

- The Nursery Manager (as the employer and person in control of the premises) must make a RIDDOR report to the HSE where a child is taken directly from the nursery to hospital for treatment as a result of an accident arising out of or in connection with the nursery's activities.
- RIDDOR reports must be submitted online at www.hse.gov.uk/riddor. For fatalities and specified injuries only, the HSE Incident Call Centre may be contacted by telephone on 0345 300 9923.
- A copy of every RIDDOR report submitted must be retained in the child's Major Accident file and in the nursery's RIDDOR records. RIDDOR records must be kept for a minimum of three years from the date of the report.
- A RIDDOR report is in addition to, and not a substitute for, the Ofsted notification. Both must be completed where the incident meets both thresholds.

10.5 Where Safeguarding Is a Concern

- Where the nature, location, pattern, or explanation of an injury gives rise to any safeguarding concern, the DSL must be notified immediately.
- The DSL must assess whether the injury is consistent with the explanation given and with the child's developmental stage.
- Where a safeguarding concern is identified, the procedures in the nursery's Safeguarding and Child Protection Policy must be followed without delay. The LADO must be contacted where the concern involves a member of staff.
- Safeguarding concerns arising from an accident must be recorded in the child's safeguarding file, separately from the standard accident record.

10.6 Storage and Retention of Records

- All accident records, Major Accident Report Forms, Ofsted notification copies, RIDDOR reports, and supporting documentation must be stored in a secure, locked filing system or encrypted digital system.
- Accident records relating to children must be retained for a minimum of 21 years from the date of the accident, or until the child's 21st birthday, whichever is later. This extended retention period applies in case of subsequent legal proceedings.
- RIDDOR records must be retained for a minimum of three years.
- Records must not be destroyed without the written authorisation of the Nursery Manager, and a record of their destruction must be maintained.

11. Post-Incident Review

Every major accident must be followed by a formal post-incident review. The purpose of the review is to understand what happened, to identify any contributing factors or systemic issues, to implement preventative measures, and to support the wellbeing of children and staff.

11.1 Timing and Participants

- A post-incident review must be initiated within five working days of the accident.
- The review must be led by the Nursery Manager and must include the DSL, the First Aider who responded, and any other staff directly involved.
- Where the accident occurred during an outing or off-site activity, the lead staff member from that outing must also participate.

11.2 Content of the Review

- The review must examine: the chronological sequence of events; the immediate environment and any contributing hazards; whether existing risk assessments were adequate and being followed; whether the nursery's response was compliant with this policy; whether all required notifications have been made; and whether any staff training gaps were identified.
- The review must identify any actions required, assign each action to a named person, and set a completion date.
- The review must be documented and the documentation retained with the Major Accident Report Form.

11.3 Risk Assessment Update

- Where the review identifies a contributing hazard or gap in the risk assessment, the relevant risk assessment must be reviewed and updated without delay.
- Where immediate interim measures are required to protect children, these must be implemented on the same day and must not await the formal risk assessment update.

11.4 Staff and Child Wellbeing

- The Nursery Manager must consider the emotional impact of the accident on all staff involved and offer appropriate professional support, including access to the nursery's employee assistance programme where available.
- The wellbeing of children who witnessed or were involved in the accident must be monitored by the Key Person in the days following the incident. Any concerning behavioural or emotional changes must be reported to the DSL.
- Age-appropriate reassurance must be provided to children following any significant accident. This must be managed sensitively and in a manner appropriate to the children's developmental stage.

12. Communication with Parents and Carers

Open, honest, and compassionate communication with parents following a major accident is essential to maintaining trust and to supporting the child's recovery.

- Parents must be notified of any major accident as soon as possible and always before the end of the nursery session unless emergency treatment makes this temporarily impracticable.
- The first notification to parents should be by telephone, made by the Nursery Manager or a senior member of staff. The communication must be clear, calm, and factual. The seriousness of the situation must not be minimised.
- Where a child has been taken to hospital, parents must be given the name and address of the hospital and the ward or department if known.
- Following the initial contact, a written account of the accident must be shared with parents as part of the accident record sign-off process.
- The Nursery Manager must be available to meet with parents to discuss the accident and the nursery's response. Parents must be informed of the post-incident review process and of any actions taken to prevent recurrence.
- Parents must be informed of any external notifications made (Ofsted, HSE) in respect of their child's accident.
- All staff must direct any parent enquiries about the accident to the Nursery Manager. Staff must not provide their own account of the incident to parents or discuss the accident on any personal or social media channel.

13. Monitoring and Review

13.1 Accident Log Analysis

- The Nursery Manager must review the accident log for each setting at least half-termly, analysing entries for patterns, trends, or recurring hazards.
- Where a pattern of accidents is identified (e.g., repeated incidents in a particular area, involving a particular type of equipment, or at a particular time of day), a targeted risk assessment review must be initiated immediately.
- A summary of accident log analysis must be presented to the setting's proprietor or governing body at least termly.

13.2 Annual Policy Review

- This policy must be reviewed at least annually by the Nursery Manager and DSL.
- The review must take account of any accidents or near-misses during the review period; any changes to relevant legislation or statutory guidance, including the EYFS Statutory Framework, RIDDOR, and the Ofsted inspection framework; any changes to the physical environment or activities at any setting; and any feedback from staff or parents.
- Following each review, all staff must be informed of any changes to this policy. Updated policies must be distributed and acknowledged by all staff.
- All previous versions of this policy must be archived and retained for a minimum of six years.

14. Related Policies

This policy must be read in conjunction with the following Little Acorns Montessori policies. In the event of any conflict, the provision that offers the greater protection to children takes precedence, and the Nursery Manager and DSL must be consulted.

Related Policy	Relevance
Safeguarding and Child Protection Policy	Applies wherever a major accident gives rise to a safeguarding concern, including where the nature of an injury raises questions about possible abuse or neglect.
Health and Safety Policy	Sets out the overarching health and safety management framework, including risk assessment obligations and the employer's duty of care. This policy sits within that framework.
First Aid Policy	Sets out the nursery's standard first aid provision, the location of first aid equipment, and the procedure for minor accidents. This Major Accident Policy supplements and extends that policy.
Medicine Administration Policy	Governs the administration of prescribed and non-prescribed medication, including emergency medication under an Individual Health Care Plan.
Individual Health Care Plan (IHCP) Procedure	Sets out the process for creating, reviewing, and implementing health care plans for children with medical conditions. IHCPs are a critical component of major accident preparedness.
Outings and Off-Site Activities Policy	Covers risk assessment, staffing, and emergency procedures for off-site activities, including the first aid requirements of Section 8 of this policy.
Confidentiality and Information Sharing Policy	Governs what information about an accident may be shared and with whom, including communications with parents and external agencies.
Data Protection and Privacy Policy	Governs the lawful processing, storage, and retention of accident records and other personal data arising from a major accident.

15. Sign Off

Role	Name	Date
Owner/Director	Jonathan Duffy	June 2026