



Policy Title:	Accidents and First Aid		
Policy Code:	SHEP06		
Applies to:	Group wide		
Date Reviewed:	30 September 2026		
Next Update Due:	30 September 2029		
Policy Lead:	Head of Group Health and Safety		
Policy Sponsor:	UK Chief Executive Officer (CEO)		
Cross Reference:	SHEP01	Safety and Health Policy	
	SHEP10	Medical Conditions and Medication Policy	
	DPP05	Data Protection Policy	
	DPP06	Data Retention Policy	
Outcome:	This policy aims to: - Define the roles and responsibilities of Witherslack Group staff in response to and recording accidents and managing first aid. - Inform of the Witherslack Group controls that need to be in place in relation to accidents and first aid. - Ensure compliance with relevant legislation including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and The Health and Safety (First-Aid) Regulations 1981.		
EQUALITY AND DIVERSITY STATEMENT Witherslack Group is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.			
ENVIRONMENT, SOCIAL, GOVERNANCE (ESG) STATEMENT Witherslack Group is committed to responsible business practices in the areas of: Environmental Stewardship, Social Responsibility, Governance, Ethics & Compliance. An ESG impact assessment has been completed on this policy to ensure it can be implemented successfully without adverse implications on our Group goals.			
To ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, please email the named policy lead.			

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1. PURPOSE

- 1.1 The Witherslack Group recognises that whilst we take steps to prevent accidents and injuries occurring through effective health and safety practices, it is essential that we are prepared to respond when required. This policy details the first aid provision we have in place to ensure we can react promptly and effectively when someone is injured and how we record, investigate and learn from accidents and near misses to reduce the likelihood of recurrence.

We are committed to providing sufficient provision for first aid, to achieve this we will:

- Appoint and train a suitable number of employees to be first aid responders
- Display information with details of the trained first aiders available
- Provide suitable and sufficient first aid and emergency equipment
- Provide a defibrillator for use in settings

We are committed to reducing the likelihood of injuries and harm by:

- Recording all events where someone requires first aid treatment
- Investigating accidents that require treatment from a medical professional to identify areas of learning
- Promoting the recording of near-miss events to allow analysis of trends
- Undertaking remedial actions where needed to reduce the likelihood of recurrence
- Sharing relevant learning from accidents and near misses with colleagues to support dynamic risk management. Information should be anonymised or appropriately aggregated wherever identification of an individual is not necessary. Where identifiable information must be shared, this must be limited to the minimum necessary and shared only with persons who have a legitimate need to know.

1.2 First Aid

First Aid is the immediate medical assistance given to someone suffering from an accident, injury, or illness. First aid is the treatment of minor injuries that do not need additional treatment from a medical professional or aims to preserve life and minimise the consequences of injury or illness before professional medical help arrives. In cases of significant injury, the delay of first aid could result in more severe injury or ill health for the individual.

1.3 Accidents

Whilst the definition of accident can vary, for the purposes of this policy, we consider any work-related injury to be an accident, that requires the accident procedure to be followed.

Witherslack have three categories for accidents where injuries have been caused:

Minor = injury does not require treatment, or first aid can be administered on site

Serious = injury requires treatment by a medical professional offsite, head injury, time off work or child to adult assault

Major = injury could be life threatening and/ or requires significant treatment or rehabilitation

The Health and Safety Compliance Lead and Regional Director must be made aware of any serious and major accidents within 2 working days of the accident and always prior to the submission of a RIDDOR report.

2 LEGAL FRAMEWORK

- 2.1 There are legal requirements that cover the need to provide adequate and appropriate first aid and to record and report injuries. There is a duty for all staff to ensure that this is carried out in accordance with this Policy, to ensure the organisation is meeting the relevant legislation and statutory guidance.

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To support with this links are provided to relevant resources and further guidance information is at the end of this policy. Health and Safety Compliance Leads can also offer advice and guidance regarding specific events.

3 ROLES AND RESPONSIBILITIES

3.1 All employees are responsible for:

- Being aware of and following the control measures detailed in risk assessments to reduce the likelihood of injury and harm being caused.
- Being aware of how to report, record and support with the investigation of any near miss or accident that occurs whilst they are at work.
- Adhering to the requirements of this Policy.
- Reporting any concerns regarding the management of risk or first aid provisions to the Responsible Person or Health and Safety Compliance Lead.
- Co-operating with colleagues so we can meet our legal duties and our policy and procedural requirements.
- Maintaining the confidentiality of accident, first aid and ill health information and only accessing, using or sharing information where required for their role when they have a legitimate need to know.

3.2 The UK Chief Executive Officer (CEO) is responsible for:

- Ensuring this Policy is effectively communicated and implemented.
- Ensuring adequate resources are made available for it to be effective.
- An effective training program is in place for first aid.

3.3 The Group Health and Safety Team are responsible for:

- Providing relevant government updates in relation to accident recording and investigation requirements and first aid.
- Providing training, support, guidance, and advice as required.
- Undertaking investigations and deep dives into accidents and incidents to determine actions to be taken to prevent recurrence.
- Undertaking a periodic review of practice via audits of individual settings and strategic Group-wide reviews.
- Analysing data to provide a Group wide strategic response to reducing accidents and harm from accidents.

3.4 The Learning and Development Team are responsible for:

- Coordinating the delivery of first aid training.
- Providing support, guidance, and advice on the training required.
- Overseeing the record of training on the Learning and Development Hub.

3.5 The Operations Director (OD), Regional Director (RD) and Heads of Departments are responsible for ensuring:

- That suitable monitoring is in place to ensure that this Policy is being followed.
- Informing the Health and Safety Team if they have any concerns with meeting the requirements of this Policy so that additional support can be provided.

3.6 The settings Responsible Person (Head Teacher, Registered Manager or Responsible Individual) is responsible for:

- Ensuring all staff within the setting are aware of the Policy and its contents.
- Ensuring accidents are reported, recorded, and investigated in line with this Policy and any remedial actions required following an investigation are completed.

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- Ensuring a positive safety culture is nurtured where employees can report and discuss accidents, concerns, or issues without fear of blame.
- Training and refreshers are completed by relevant persons in accordance with the first aid needs assessment and this Policy and appropriate records are kept.
- First Aid equipment and supplies are in place and available when required.
- Appropriate welfare facilities are provided and maintained for employees and young people to use.
- At least one trained first aider is available when children or young people are at the setting.
- Informing the Health and Safety Team if they have any concerns with meeting the requirements of this Policy.

3.7 Designated First Aiders are responsible for ensuring:

- They participate in training as required for maintaining their competency and confidence when delivering first aid.
- They take charge of a situation where first aid is needed and attend to an injured person as per their training, requesting an ambulance or further medical assistance when required.
- They seek further advice or clarification on any instructions or areas not fully understood.

4 TRAINING AND COMPETENCY

4.1 First Aid Training

All staff should be made aware of who the first aiders are at their working location (if any), this should be covered as part of their site-specific induction and can also be displayed on a poster.

All staff who are designated as a first aider must complete training on a WG approved course and undertake refreshers at the frequency required by that training. All staff who are designated as a first aider must have a training record detailing the type of training completed, who delivered it, and the date the training was undertaken. This should be recorded on the staff file, on the Learning and Development Hub, and on the Evolve software where the person works in an educational setting.

4.2 Risk from Lack of Competence

First aid applied incorrectly can cause further injury and delay the healing process and may lead to the person giving treatment putting themselves at risk of injury, contracting illness or disease through exposure to a bodily fluid. We therefore only advise that trained first aiders give treatment.

4.3 Types of First Aid Training Available

- Emergency First Aid at Work – 1-day course
- First Aid at Work – 3-day course
- Paediatric First Aid – 16-hour course (min)
- Forest School First Aid – 16-hour course (min)
- Outdoor First Aid

All training records must be sent to Learning and Development so they can be added to the Learning Hub.

4.4 Accident and Near Miss Information

All staff should be given information on the following as part of their induction:

- How to summon help if there is an injury or near miss
- Location of first aid and emergency kits
- Records to be completed if there is an accident or near miss
- The importance of near miss recording

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5 FIRST AID NEEDS ASSESSMENT

- 5.1 A Group wide first aid assessment has been undertaken, and the minimum requirements are detailed below. However, all settings should ensure that they have reviewed this provision to ensure it is suitable for the risks present in their individual setting. School must complete a [First Aid Review \(SHEF68\)](#) to record this has taken place, this is not required by Children's Homes. The review should be repeated annually to ensure any changes have been considered.

In schools that deliver higher risk practical subjects, especially away from other rooms it is recommended to train all practical teachers in emergency first aid. Additionally, we recommend that a higher proportion of those trained in First Aid at Work (3-day course) are not directly responsible for supervising children most of their day, so they are available to support quickly following an accident. This may include Site Maintenance, Pastoral, Administration, and Senior Leadership Teams as well as Higher Level Teaching Assistants and Clinical Staff. The staff who you have trained should be detailed in the [First Aid Review \(SHEF68\)](#).

5.2 All Schools and Learning Centres

Due to the wider range of activities that may be undertaken and regulatory requirements, all schools and learning centres should have:

- A medical room/ space available for medical treatment within easy access of a washing and toilet facility.
- Completed a first aid review to ensure the adequate number of first aiders are trained to meet operational requirements. A template ([SHEF68](#)) can be used and we recommend this is reviewed annually.
- Considered our duty of care (who will be the first aider/ appointed person) during holiday periods when the building is open for contractors, maintenance or office staff but full staff team is not present.

5.3 Requirements for Children's Homes

- All staff should be designated first aiders and have completed a first aid course.
- There must always be a minimum of 1 designated first aider on site.
- There must always be a minimum of 1 designated first aider accompanying children on offsite visits.

5.4 Requirements for Residential Schools

- All care staff that work in house areas should be designated first aiders and have completed a first aid course.
- There must always be a minimum of 1 designated first aider on site when children are present.
- There must always be a minimum of 1 designated first aider accompanying children on offsite visits and this should be recorded on the Evolve system.
- At least 50% of all staff should have completed a first aid course.
- At least 3 staff at each setting must have completed a first aid at work (3-day) course.

5.5 Requirements for Day Schools and Learning Centres

- There must always be a minimum of 1 designated first aider on site when children are present.
- There must always be a minimum of 1 designated first aider accompanying children on offsite visits and this should be recorded on the Evolve system.
- At least 50% of all staff should have completed a first aid course.
- At least 3 staff at each setting must have completed a first aid at work (3-day) course.

5.6 Requirements for Schools with Early Years Provision

- All staff who are included in early years staff: child ratios must hold a current paediatric first aider (PFA) certificate.

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- There must always be a minimum of 1 designated paediatric first aider with a current certificate on site when children are present.
- There must always be a minimum of 1 designated paediatric first aider accompanying children under 5 on offsite visits and this should be recorded on the Evolve system.
- At least 50% of all staff should have completed a first aid course.
- At least 3 staff at each setting must have completed a first aid at work (3-day) course

5.7 Requirements for Head Office and Staff who Travel

- At least 10% of all staff should have completed a first aid course.
- Staff who travel or hybrid work as part of their role are welcome to request a first aid course.

Staff who work from smaller offices with less than 10 people should as a minimum have an appointed person who is responsible for the first aid arrangements.

5.8 Requirements for Certain Individuals

Qualifications of certain higher risk activities (such as outdoor education or forest school) require the instructor to hold a first aid certificate, such as Outdoor First Aid. Anyone leading a higher risk activity should consider the first aid needs as part of the risk assessment process.

5.9 Offsite Visits

All offsite visits and activities must have a designated first aider present. For specific activities that a WG staff member is leading, an outdoor first aid qualification may be required. The following is also required:

- A mobile phone
- A first aid kit should be in the vehicle or if on foot (hiking) taken with you

6 MEDICAL SUPPLIES AND EQUIPMENT

6.1 First Aid Kits

All settings, offices, and places of work (this does not include home workers) must have suitably stocked first aid kits available, and all staff should be aware of where these are located. Settings should consider the number of first aid kits that are required and the locations where they need to be placed for ease of access. This will depend on several factors including how large the site is, how many staff and young people there are, what activities take place, the distance to the nearest hospital and if anyone has specific medical conditions or needs.

We recommend that as a minimum at least two first aid kits are available in each setting and in each WG vehicle that transports young people. First aid kits are commonly found in the following locations:

- Medical room
- Kitchen
- Main office
- Staff room
- Practical classrooms

The contents of the first aid box are listed in Appendix 1.

6.2 Emergency Kits

In addition to first aid kits, settings should consider the need for other supplies including the following:

- Eye Wash
- Burns kits
- Ligature Cutters
- Emergency Grab Bags

The need and location of these items should be determined by the risk assessment process of the activities being undertaken. Please speak to your Health and Safety Compliance Lead if you need advice.

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6.3 **Emergency Anaphylaxis Adrenaline Injectors (AAIs)**

It is a legal requirement for all educational settings to have spare AAIs for emergency use for people who are at risk from anaphylaxis. These are stored in an accessible location to all staff and labelled as Emergency Anaphylaxis Adrenaline Injector (AAI). They should be located so that they are available to anyone who needs them on site within 5 minutes, so very large sites may need additional sets. A check on the AAI's is completed monthly as part of the first aid and emergency kit checks to ensure they are still in date and available if required.

Emergency use AAI's are not permitted in children's homes and only those prescribed for an individual are required. More information on AAI's is available in the [Allergy Policy \(SHEP02\)](#).

6.4 **First Aid Arrangements**

Arrangements should be in place to ensure that suitable checks are completed on the first aid kits and any other medical or emergency equipment such as the automated external defibrillator (AED) to ensure they are in a safe, useable condition, with in-date supplies.

The checks required can be found in the Health and Safety folder in WG_Shared located [here](#). The checks are to ensure the equipment is in the correct location, is secure, that the equipment display is indicating it is ready for use and that the accessories in the case are all present and correct. A record of the checks should be maintained.

AEDs will highlight when the batteries are running low or to indicate other problems. If an AED is taken out of use for any reason, please inform your Health and Safety Compliance Lead who can support you with getting it repaired or replaced.

6.5 **Automated External Defibrillator (AED)**

We are committed to providing a safe environment and all settings should have an AED device that is available to be used in the event of suspected cardiac arrest. The AED is designed to be used by any persons in an emergency, but first aid training organised by Group includes its safe use.

An AED acts to restart or correct the heart by applying an electric shock to the chest. It detects the electrical activity of the heart and gives automated instructions to the operator on what to do. The automatic diagnostic sequence ensures that they will only operate under appropriate circumstances thus preventing their incorrect use. **The quicker lifesaving first aid and a defibrillator are used on a casualty, the better the outlook for survival.**

6.6 **Using an AED**

- ✓ AEDs should be in an easy to reach location so it can reach a person within a 4-minute timeframe.
- ✓ AEDs should be kept in carry cases, and are wall mounted prominently.
- ✓ 999 should be dialled before using an AED if practical, an ambulance control room will support the first aider until the ambulance arrives. The call takers will encourage people at the scene to give CPR and to use an AED if available.

6.7 **Cardiac Arrest Emergency Procedure if casualty is unconscious and not breathing normally**

1. Remove the person from any danger, if safe to do so (the Rescuer must NOT put themselves at risk).
2. Check for response, check for breathing, shout or call for help. AED to be brought to the casualty, open the lid of the AED and follow the instructions provided (these will be voice prompts).
3. If more than one person is available, then the first person should commence CPR and the second calls 999 and collects the AED before returning to the casualty.
4. When the electrodes are adhered to the casualty's bare chest, the AED will assess the casualty, checking the rhythm of their heart. Ensure that nobody touches the casualty while the AED is analysing the rhythm.
5. If a shock is indicated ensure that nobody touches the casualty.

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6. The Rescuer should then follow the instructions provided by the AED and continue to do so until professional medical assistance arrives at the scene and assumes responsibility for the casualty.
7. If the casualty does not need to be defibrillated, the AED will not allow a shock to be administered.
8. The Rescuer should continue to administer CPR if the patient remains unconscious and is not breathing until professional help arrives.
9. Once the casualty is on way to hospital, dispose of used pads and replace with spare set, order new pads and place AED back in designated location.

Professional support, including counselling is available for anyone affected by a medical emergency.

6.8 On-line training film

<https://life-saver.org.uk/>

LIFESAVER is an interactive crisis simulator that can be used on a computer, smartphone or tablet. Users are able to interact with a live action film and learn CPR skills by doing and the realistic stressful situations make the learning memorable. By using correct CPR technique participants can help to 'save a life'. LIFESAVER also provides an opportunity to hear expert advice on CPR and real-life accounts of cardiac arrest.

6.9 Epilepsy Awareness

All staff trained in First Aid should make be aware of how to support someone with epilepsy. Epilepsy training can be covered within a first aid course but will need to be specifically requested.

6.10 Head Injury Awareness

Most head injuries are not serious, but they can present additional risk and lead to life-threatening bleeding, swelling, or neurological damage. They may also have concussion, which is a temporary brain injury.

Call 999 if someone has suffered a head injury and displays one of the following:

- is unconscious, cannot stay awake, or keep their eyes open
- has a seizure
- has problems with their vision or hearing
- has problems with walking, balance, understanding, speaking or writing
- is bleeding from their ears or has bruising behind the ears
- has clear fluid coming from their ears or nose
- has a black eye but did not hit their eye
- has new numbness or weakness in any part of their body
- has fallen from a height of more than 1metre
- has a head wound with something inside it or a dent in their head
- their behaviour has changed, like being confused, more irritable, distracted, or losing interest in things

You can call NHS 111 if someone has a head injury but has less severe symptoms like vomiting or feeling dizzy.

6.11 Monitoring Head Injuries

1. First aider to complete first aid assessment and give treatment as necessary
2. Encourage person to rest and limit screen use and need for intense focus
3. Monitor condition of individual at 15minute intervals for the first two hours, then hourly for duration of the day - do not leave them alone
4. If severe symptoms observed (see Section 6.10) or they are persistently vomiting, call 999
5. For children and young people, inform parents or carers of the head injury and advise them of what signs to watch for

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All head injuries, regardless of perceived severity or absence of immediate symptoms, must be actively monitored for 24 hours post-incident. It is recommended that they rest for a period of 48 hours.

Employees are not permitted to drive themselves home or operate any machinery if concussion is suspected.

7 FIRST AID SEQUENCE OF EVENTS

7.1 Action Steps for First Aid

1. Remove the person from any danger, if safe to do so (do not put yourself at risk).
2. Call for a designated first aider.
3. The first aider will take control of the situation in line with their training.
4. Where the injured person is conscious and it is safe and appropriate to do so, they should be moved to an area where treatment can be given, for example a medical room or office.
5. Where the injured person is seriously injured, the first aider will check for response, check for breathing and request 999 is called where further assistance is required. 111 can be called for non-urgent advice and support from an NHS trained individual.
6. The information needed by emergency services is:
 - Details of what has occurred/ injury
 - Injured persons' name
 - Age of injured person
 - Whether the injured person is breathing/ conscious
 - Location including postcode or [what3words](#) reference

Where an ambulance is called, the first aider should be notified of this and any relevant information shared by the emergency services.

7. Where the casualty is unconscious and not breathing normally, AED to be brought to the casualty.
8. Open the lid of the AED and follow the instructions provided (these will be voice prompts).
9. If more than one person is available, then the first person should commence CPR and the second calls 999 and collects the AED before returning to the casualty.
10. When the electrodes are adhered to the casualty's bare chest, the AED will assess the casualty, checking the rhythm of their heart. Ensure that nobody touches the casualty while the AED is analysing the rhythm.
11. If a shock is indicated ensure that nobody touches the casualty.
12. The first aider should then follow the instructions provided by the AED and continue to do so until professional medical assistance arrives at the scene and assumes responsibility for the casualty.
13. If the injured person does not need to be defibrillated, the AED will not allow a shock to be administered.
14. The first aider should continue to administer CPR if the patient remains unconscious and is not breathing until professional help arrives.
15. Once the ambulance arrives, they will take responsibility for the situation and direct staff on what action is required.
16. Once the casualty is on way to hospital, dispose of used pads and replace with spare set, order new pads and place AED back in designated location.

Where a lone member of staff is with an injured person, that staff member will need to make an informed decision on the action to take and whether to leave the injured person to get help.

Professional support, including counselling is available for anyone affected by a medical emergency.

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7.2 Anaphylaxis Emergency Action

Anaphylaxis is potentially life threatening so if you suspect a child, staff member, or visitor to be suffering from anaphylaxis, immediate action is crucial as death can occur in as little as 10 minutes.

They may be struggling to breathe with swelling of the throat, a rash, and they may have circulatory problems or collapse.

1. Immediately send someone to dial 999, giving the following information
"This is an emergency, a young person/ member of staff/ visitor has collapsed and we believe they are suffering from anaphylaxis."
(Pronounced ana-fill-axis).
2. Ask for an ambulance with a paramedic
3. Speak clearly so that the ambulance control will know exactly where to come to (give the postcode/ What3 words location).
4. Send someone to stand at the entrance of the setting to direct the ambulance crew to the patient.
5. If offsite, ask other people in the vicinity, if there is a doctor available.

All setting staff should be aware of what to do if someone has an anaphylactic reaction and the correct use of auto-injector devices. This is covered in the Allergy and Anaphylaxis online training and within most first aid courses.

8 HYGIENE AND INFECTION CONTROL

8.1 Infection Control

All staff should take precautions to avoid infection and must follow basic hygiene procedures when supporting or treating a casualty. Staff should wear gloves and cover any broken skin or abrasions, and these should be available in first aid kits.

Spills of bodily fluids should be considered infected and must be dealt with immediately and appropriately. Staff have access to Bio-Hazard Body Fluid Clean Up Kits, Personal Protective Equipment (PPE) and hand washing facilities when dealing with bodily fluids (blood, faeces, and vomit). Appropriate PPE should be worn depending on the task being undertaken.

All contaminated materials should be disposed of in a yellow clinical waste bag or double bagged and placed in general waste.

Always wash hands thoroughly with soap and water after treating a casualty or cleaning up bodily fluids.

9 RECORDING ACCIDENTS AND NEAR MISSES

9.1 Recording Accidents and Near Misses

All accidents, near misses, dangerous occurrences, and acts of violence to staff resulting in injury and all cases of ill health that are attributed to our activities, must be recorded. Any injury to a person who is not at work (children, young people, contractors, and visitors) must also be reported if they occurred on our premises. The Head Teacher or Registered Manager (or the most senior person in the building in their absence) must be made aware of the event as soon as practicable.

Accident and near-miss records must be detailed enough to allow a root cause analysis to be undertaken and look at wider context of the accident however this information should be relevant and necessary to record, respond to, investigate and learn from the event, meet safeguarding or statutory reporting responsibilities, and manage any related insurance or legal matter.

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9.2 Accident Procedure

The accident procedure must be followed for any work-related injury that occurs. The process will differ slightly depending on if the injury is minor or serious/ major and if it was sustained by a child or young person, an employee or a visitor/ contractor.

Witherslack have three categories for accidents where injuries have been caused:

Minor = injury does not require treatment, or first aid can be administered on site

Serious = injury requires treatment by a medical professional offsite, monitoring of a head injury, time off work or child to adult assault

Major = injury could be life threatening and/ or requires significant treatment or rehabilitation

[Accident Procedure \(SHESOP61\)](#) is to be followed by Children's Homes

[Accident Procedure \(SHESOP62\)](#) is to be followed by Education settings

[Accident Procedure \(SHESOP63\)](#) is to be followed for non-setting locations (Head Office)

The procedures detail the appropriate records to be completed. An accident record should be completed the same day as the accident occurs. Information should be completed as detailed in the [Accident Record Guidelines for Completion \(SHEG65\)](#) or as is mandatory on the WG electronic record. It is important when recording accidents on electronic systems that the correct category of accident is ticked to ensure the correct forms are generated within the system.

9.3 Reporting Serious and Major Accidents

The Health and Safety Compliance Lead and Regional Director (Head of Department for non-setting locations) must be made aware of any serious and major accidents as well as events that may need reporting to the Health and Safety Executive under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

They **must be contacted within 2 working days of the accident** and always prior to the submission of the RIDDOR report. There are several guidance documents available on what requires reporting under RIDDOR and help completing a report.

9.4 Reviewing Accidents

A review of all accidents that result in employee or visitor injuries must be undertaken by a member of the Senior Leadership Team to identify the root cause of the accident. If this is not easily identifiable or gaps are identified in the working procedures or training, an investigation should be completed.

9.5 Debrief

A de-brief must be completed with any employees on their return to work following the injury or within one week if they had no time off work. Where they are suffering from any long-term effects relating to the accident or adjustments are required, a personal specific risk assessment (HRF23) must also be completed.

9.6 Near Misses

We promote the recording of near miss events to allow us to look at the likelihood of future injuries through trend analysis. It is also important to create a culture where everyone is involved in identifying areas of concern and contributing to ways to reduce risk going forward. A [Near Miss Investigation Form \(SHEF64\)](#) or form on ClearCare in Homes must be completed for all events where an injury has not occurred but with the potential to have with slightly different circumstances. If any injury or harm has been caused, an accident form is to be completed.

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10 INVESTIGATING ACCIDENTS AND NEAR MISSES

10.1 Why undertake an investigation?

It is important we investigate and analyse accidents to:

- Find out what happened and get the facts
- Identify root causes to find management system failures
- Identify an action plan for improvement to prevent recurrence

An effective investigation should focus on finding organisational weaknesses or flaws, not finding a person at fault. The process should encourage open and honest dialogue about health and safety management as assigning blame and the threat of disciplinary action prevents people talking honestly and reduces the likelihood of future near miss and accident reporting.

10.2 When is an Investigation Needed?

An investigation should be completed:

- Following all RIDDOR reportable events
- Where a personal injury claim is expected to be received
- Where we cannot easily identify the root cause of the accident
- Where the accident is likely to have Group-wide actions or learnings

Investigations may also be needed for some serious and major accidents, the Health and Safety Compliance Lead will advise when this is required. For significant and complex events, the Health and Safety Compliance Lead can provide support or lead the investigation to ensure that all the appropriate information is gathered and recorded.

10.3 Collation of Information

Children's Homes complete the Investigation Form on ClearCare. An [Accident Investigation Form \(SHEF63\)](#) should be used for schools and non-setting locations.

The following information must be collated and saved in the setting health and safety folder/ file in an electronic format:

- Accident record
- Accident de-brief and follow-up
- Witness statements from all employee's present
- Risk assessment in place at the time of the accident (activity being undertaken/area of accident)
- Risk assessment review following accident

The following information may also be collated where relevant:

- Photographs of area where the accident occurred and/or equipment being used
- RIDDOR report
- Training records
- Checks or maintenance records related to equipment involved in accident

Accident, first-aid and investigation records may contain personal data and special category personal data concerning physical or mental health. Records must be handled confidentially and in accordance with the Witherslack Group Data Protection Policy, applicable privacy notices, Information Security Policy and Retention Schedule.

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11 DATA PROTECTION

11.1 Personal Data

Accident, near-miss, first-aid and investigation processes may involve personal data relating to children, young people, employees, visitors, contractors, parents, carers and witnesses. Records may include special category personal data concerning physical or mental health.

Personal data processed under this policy must be:

- collected and used only for a clear and legitimate health and safety, safeguarding, employment, insurance, regulatory or legal purpose;
- adequate, relevant and limited to what is necessary for that purpose;
- recorded accurately, objectively and without irrelevant or excessive detail;
- stored securely and protected against unauthorised access, alteration, disclosure, loss or destruction;
- accessible only to authorised persons with a legitimate need to know;
- shared only where necessary and proportionate;
- anonymised or appropriately aggregated when used for general learning, trend analysis or Group-wide reporting, wherever individual identification is not required; and
- retained and securely deleted or destroyed in accordance with the Witherslack Group Retention Schedule.

Individuals must be provided with appropriate privacy information explaining how their personal data is used. The Data Protection Team must be consulted where a new or materially changed process, system or technology is proposed for the collection, monitoring, analysis or sharing of accident, first-aid or health information and the change may create a high risk to individuals or require privacy information to be updated.

Any accidental loss, unauthorised access or inappropriate disclosure of information processed under this policy must be reported immediately in accordance with the Witherslack Group Personal Data Breach Management Policy. (DPP01)

12 DEFINITIONS

- 12.1 **AED** - An AED (Automated External Defibrillator) is a portable, user-friendly medical device that automatically analyses a person's heart rhythm and delivers an electric shock if needed to restore a normal rhythm during a sudden cardiac arrest. Built in computers use voice prompts to guide the user through the process, making it possible for even untrained bystanders to provide life-saving treatment until professional medical help arrives.
- 12.2 **Anaphylaxis** – Severe, potentially life-threatening allergic reaction involving the airway, breathing and/ or circulation often accompanied by skin and mucosal changes like rash and swelling. Immediate action must be taken if someone is suspected of being in anaphylactic shock.
- 12.3 **Concussion** – A type of brain injury resulting in disturbance to brain function. It usually follows a blow directly to the head or when the head is shaken when body is struck.
- 12.4 **First-Aider** – A person who has been formally trained on a WG approved first aid course.
- 12.5 **Head Injury** – Any trauma to the head other than superficial injuries to the face

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13 REFERENCES

13.1 Legislation:

[Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 \(RIDDOR\)](#)
[Health and Safety \(First Aid\) Regulations 1981](#)
[The Health and Safety at Work etc. Act 1974](#)
[The Management of Health and Safety at Work Regulations 1999](#)
[The Children's Homes \(England\) Regulations 2015](#)
[The Children's Homes Quality Standards 2015](#)
[Care Standards Act 2000](#)
[The Education \(Independent School Standards\) Regulations 2014](#)
[Road Traffic Act 1988](#)

13.2 Significant Guidance:

[DfE - Statutory framework for the early years foundation stage \(EYFS\)](#)
[ISS - The Independent Schools Guidance](#)
[DfE - National Minimum Standards for residential special schools](#)
[HSE – First Aid](#)

14 ASSOCIATED DOCUMENTS

14.1 Procedures

SHESOP61 – Accident Procedure for Homes
SHESOP62 – Accident Procedure for Education
SHESOP62 – Accident Procedure for Non-settings

14.2 Forms

SHEF61 – Employee or Visitor Accident Record
SHEF62 – Young Person Accident Record
SHEF63 – Accident Investigation Form
SHEF631 – Accident Witness Statement Template
SHEF64 – Near Miss Investigation Form
SHEF65 – Accident Record Sequence Sheet
SHEF68 - First Aid Review
SHEF69 - AED (Defibrillator) Record of Checks
SHEF691 – Emergency Kits Checks
SHEF692 – First Aiders Poster

14.3 Guidance

SHEG61 – RIDDOR Decision Flow
SHEG62 – RIDDOR Completion Guidance
SHEG63 – RIDDOR HSE A Brief Guide
SHEG64 – RIDDOR HSE Schools Guidance
SHEG65 - Accident Record Guidelines for Completion
SHEG66 – First Aid Provision Guidance (allocated new code)
SHEG67 – HeartSine AED Set Up Guidance (allocated new code)

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APPENDIX 1 – First Aid Kit Contents Guidelines

BS8599-1: 2019 First Aid Kits

The British Standards offers guidance on what should be available in a first aid kit as detailed below. Where certain items are used at a quicker rate, additional supplies should be ordered and placed in the box so these are available as needed, considering the wastage that may be generated. A common-sense approach should be taken when considering the amount of equipment needed, especially as each setting is going to have a number of first aid boxes available.

Item	Small	Medium	Large	Travel
Guidance Leaflet	1	1	1	1
Medium Sterile Dressings	2	4	6	1
Large Sterile Dressings	2	3	4	1
Triangular Bandages	2	3	4	1
Eye Pad Sterile Dressings	2	3	4	1
Sterile Plasters	40	60	100	10
Sterile Cleansing Wipes	20	30	40	10
Adhesive Tape	1	2	3	1
Nitrile Disposable Gloves (Pairs)	6	9	12	2
Finger Sterile Dressings	2	3	4	2
Resuscitation Face Shield	1	1	2	1
Foil Blanket	1	2	3	1
Burn Dressing	1	2	2	2
Shears	1	1	1	1
Conforming Bandage	1	2	2	1
Eyewash	0	0	0	1

BS8599-1:2019 Travel and Motoring First Aid Kits

The list below meets the requirement of the Road Traffic Act 1986.

Item	Mini-bus first aid kit
Guidance Leaflet	1
Waterproof Plasters	10
Trauma Dressing	1
Medium Sterile Dressings	1
Wound Pad	1
Triangular Bandages	1
Eye Pad Sterile Dressings	2
Sterile Cleansing Wipes	10
Nitrile Disposable Gloves (Pairs)	2
Resuscitation Face Shield	1
Foil Blanket	1
Burn Dressing	2
Shears	1
Ambulance Dressing	3

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