Incident/Accident Reporting Policy 2026

Approved by: Raúl Fernández Pascual	**Last reviewed on:** June 2026
Date: June 2026	**Next review due by:** June 2028

1. Purpose

This policy outlines the procedure for reporting incidents and accidents that occur within the premises or activities of COLEGIO CEDES, aiming to ensure the safety and wellbeing of students, staff, and visitors.

All incidents (including 'near misses' - events that do not result in an injury but could have done) should follow a process of immediate response, notification of designated personnel, documentation, retention and review.

2. Scope

This policy applies to all staff, students and visitors witnessing and/or responding to an incident or accident on the school premises or at an off-site school activity.

Serious incidents will be reported to Educational Inspection Service and Mutual Insurance Company for Accidents at Work ACTIVA UMIVALE.

Records will be retained in line with local legal and insurance requirements.

3. Legislation and Guidance

This policy draws from the UK's statutory framework for workplace safety, derived from the Health and Safety at Work Act, 1974 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, as well as Law on the Prevention of Occupational Risks 31/1995.

4. Roles and Responsibilities

4.1 Reporting Procedure

1. Immediate Response

- In the event of an incident/accident, the nearest staff member or witness should:
  - provide immediate assistance to any injured party and ensure their safety; and
  - if necessary, call emergency services (e.g., ambulance, fire brigade) immediately.

2. Medical Attention

- A member of staff witnessing or responding to the incident/accident should:
  - arrange for first aid and/or medical attention for the injured party, as necessary; and
  - ensure that a trained first aider or medical professional attends to the injured individual promptly.

3. Notification of Designated Personnel

- Any member of the school community witnessing or responding to an incident/accident must inform a member of staff, their supervisor or designated personnel promptly.
- If the supervisor is unavailable, they should notify the designated backup personnel or the school administration.

4. Documentation

- A member of staff witnessing or responding to an incident/accident (including being notified by a student, parent or other member of the community) or a 'near miss' should:

- complete an incident or accident report form (see Appendix 1 and 2) as soon as possible after the occurrence and submit this to Administration Manager, Pedro Luengo Tercero, administracion@colegiocedes.com;
- include detailed information such as the date, time, location, nature of the incident, individuals involved, and witnesses; and
- describe any injuries sustained and the actions taken to address the situation.

5. Retention

- The Administration Manager, Pedro Luengo Tercero, administracion@colegiocedes.com will enter the details into the Incident Log and file a copy of the report in the school's records for documentation and future reference.
- In the case of injury and medical treatment, the Secretarial staff will also enter the details into the First Aid/Medical Log and file a copy of the report in the school's medical records for documentation and future reference.
  - Information about injuries to a student will also be kept in the student's educational record.
  - Information about injuries to a staff member will also be kept in the individual's personnel file.
- Records held in the Incident or Medical logs will be retained by the school for a minimum of three years or compliant with local/national requirements and requirements of the school insurer.

4.2 Follow-Up Actions

1. Notifying parents/carers

- The Secretarial staff will inform parents/carers of any accident or injury sustained by a student and any first aid treatment given as soon as reasonably practicable on the same day.

2. Investigation

- Occupational Risk Prevention Technician will conduct a thorough investigation into the circumstances surrounding the incident/accident to identify contributing factors and prevent recurrence.
- Relevant stakeholders, such as supervisors, Health & Safety Officers, witnesses and, where appropriate, the Regional Head of Schools should be involved in the investigation process.
- A copy of the report must be shared with the Principal, Head of Admin and the RHoS.

3. Corrective Measures

- The Principal will ensure the implementation of corrective measures or safety improvements based on the findings of the investigation to mitigate risks and enhance safety protocols.
- The Principal will communicate any updates or changes to relevant staff members and stakeholders.

4. Support and Follow-Up

- The school should provide necessary support and follow-up to the individuals involved in the incident/accident, including medical assistance, counselling, or any other required services.
- The Principal or designated representative should monitor the progress of any injured parties and ensure they receive appropriate care and attention.

5. External Reporting

- Incidents which should be reported to RHoS/Board and the Social Security DELTA Application and Mutual Insurance Company for Accidents at Work ACTIVA UMIVALE include:
  - death;
  - any incident where the casualty is taken directly from the scene to hospital for treatment;
  - fractures (other than to fingers, thumbs and toes);
  - amputations;
  - any injury likely to lead to permanent loss of sight or reduction in sight;
  - any crush injury to the head or torso causing damage to the brain or internal organs;
  - serious burns (including scalding) which:
    - covers more than 10% of the whole body's total surface; or
    - causes significant damage to the eyes, respiratory system or other vital organs
  - any scalping requiring hospital treatment;

  - any loss of consciousness caused by head injury or asphyxia;
  - any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours;
  - any work-related injury that leads to an employee being away from work or unable to perform their normal work duties;
  - any accident resulting from a failure in the way a work activity was organised (e.g., inadequate supervision of a field trip);
  - any accident resulting from the way equipment or substances were used (e.g., lifts, machinery, experiments etc);
  - any accident resulting from the condition of the premises (e.g., poorly maintained or slippery floors)
  - any disease where a doctor has made a written diagnosis that the disease is linked to occupational exposure.
- The Principal should report significant incidents to the RHoS as soon as is reasonably practicable.
- The Mutual Insurance Company for Accidents at Work ACTIVA UMIVALE should report significant incidents to the national agency as soon as is reasonably practicable, and within a maximum of 3 days of the incident to be compliant with local/national regulations.
- The Principal or designated representative should monitor the progress of any injured parties and ensure they receive appropriate care and attention.

5. Monitoring and Review

1. Continuous Improvement

- The school aims to continuously improve the incident/accident reporting and response process, based on feedback, lessons learned, and best practices.
- Staff members are encouraged to provide input and suggestions for improving safety protocols and procedures.

2. Regular Review

- The Head of Admin will:
  - periodically review incident/accident reports to identify trends, patterns, or areas of concern. A report of the findings will be submitted to the Principal and RHoS;
  - use this information to enhance safety procedures, training programmes and risk mitigation strategies.
- This policy will be reviewed by the Principal and Head of Admin every two years.

6. Related Policies

This policy should be read in conjunction with the following documents:

- First Aid & Managing Medical Conditions Policy
- Health & Safety Policy

Appendix 1 – Incident Report Form (General Incident)

Title		**Date Prepared**	
Location		**Prepared By**	
Date of Incident		**Time**	
Nature of Incident			
☐ Near Miss	☐ Workplace Hazard	☐ Property Damage	
☐ Unsafe Acts	☐ Security Incident	☐ Medical Treatment	
☐ Minor Injury	☐ Fire Incident	☐ Environmental	
☐ Lost Time Accident	☐ Fatalities	☐ Other (please specify) _____	
Full Details of Incident (including events leading up to, through and after incident)			
Action Taken			
Reported by:			
Name		**Title**	
Date		**Signature**	
Reviewed by:			
Name		**Title**	
Date		**Signature**	

Appendix 2 – Incident Report Form (Personal Injury)

About the person who was involved in the incident:

Injured person: Participant Visitor Staff Contractor Gender: M F

Full name: _____ Date of birth: ___ / ___ / _____

Contact phone: _____ Contact e-mail: _____

About the person completing the form:

Full name: _____

Contact phone: _____ Contact e-mail: _____

About the person/s who witnessed the incident:

Name of witness: _____

Contact phone: _____ Contact e-mail: _____

Incident details:

Date of incident: ___ / ___ / _____ Time of incident: ___ : ___ (24 hour format)

Location of facility: _____

Exact location of incident at facility: _____

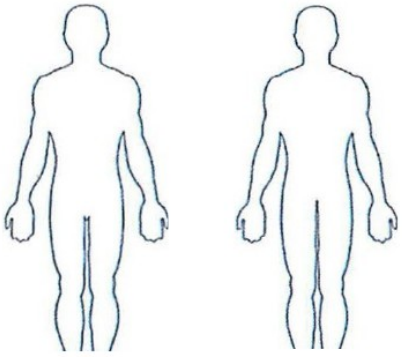
Description of incident:

How did the incident happen?

How many other participants were in the casualty's activity at the time of the incident? _____

What action was taken to ensure the safety of the other participants?

Describe the injury or illness sustained (signs, symptoms and condition of the casualty)



First Aid details:

Was First Aid: Accepted Refused Was the casualty referred to hospital: Yes No

Describe the treatment given:

Follow-up details:

Time Health and Safety representative/Deputy contacted: ___ : ___ (24 hour format)

Time parent was contacted: ___ : ___ (24 hour format)

What was the outcome of this contact?

Remedial Actions (e.g. any further actions taken to reduce risk)

Responder/Witness Signature: _____ Date: ___ / ___ / _____

Health & Safety Representative Signature: _____ Date: ___ / ___ / _____

Participant/ Parent/ Guardian Signature: _____ Date: ___ / ___ / _____