



I01 Notification of Incident

Thank you for submitting your notification. Below is a copy of the information provided in your notification. If there are any issues, please contact your [Regulatory Authority](#) for assistance.

Notification of Incident

Provider

Provider Name	G8 Education Limited
Provider Number	PR-00000898
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	Conder Early Learning Centre
Service Approval Number	SE-00009767
Service Approval Status	Approved

Incident Details

Incident Type	Reg 12-Any emergency for which emergency services attended
Incident Date	24/08/2021
Incident Time	02:55 PM
Further Details of the Incident	The child approached an educator and pointed to his throat and said he swallowed something. Educators took the child to the bathroom and asked the child to cough to try and dislodge the item. An educator attempted to give back blows to the child to assist.
Details of Action Taken (e.g. First Aid)	The responsible person contacted the Mother to advise her that P01 was choking. The Mother advised to call an Ambulance. When paramedics arrived, they checked airways, which appeared clear and then took P01 to the hospital. The Mother later advised that surgery was required to remove the thumb tac from the child's throat. (Thumb tac is from the hammering activity).
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	The Mother and Ambulance both arrived within 10 minutes.
Name of Witness to the incident	Unwitnessed



Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future

- 1) Item removed from the room
- 2) Risk assessment reviewed
- 3) Educator meeting to be conducted around first aid steps

Photos and Evidentiary Documents

P01 P01 First Aid.jpg	first aid
Incident Report.pdf	incident report

Child Details

Child's Name	P01 p01 [REDACTED]
Child's Gender	Male
Child's Date of Birth	P02 [REDACTED]
Parent(s)/Guardians(s) Name	P01 p01 [REDACTED]
Parent's Email	[REDACTED]
Parent(s)/Guardians(s) Phone	P03 [REDACTED]

Contact Details

Name	P01 P01 [REDACTED] - Centre Manager
Phone Number	P03 [REDACTED]
Email Address	P03 [REDACTED]