ACT Government
Education

Notification Number: **NOT-40715578**
Date generated: 25/05/2022

213A EDU

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	Manuka Occassional Childcare Association Incorporated
Provider Number	PR-00005848
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	Manuka Childcare Centre
Service Approval Number	SE-00009811
Service Approval Status	Approved

Incident Details

Incident Type	Reg 12-Any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or for which the child attended, or ought reasonably to have attended, a hospital
Incident Date	24/05/2022
Incident Time	03:45 AM
Location	Outdoors
Sub Location	Play Space/Classroom
General Activity at the time	Play-based program
Cause of Injury/Trauma	Fall/trip
Did Emergency Services attend	No

Submitted By: P01P01

Further Details of the Incident	P01 and his peers were playing in the nature playground at MOCCA. Just prior to the incident P01 and peers were observed playing on logs in the space. The incident was not witnessed by educators. P01 and peers report that P01 was pushed by a peer. P01 gained the attention of educators, was visibly distressed and had an injury to his right cheek, beside his eye. (3:45pm) First aid was administered immediately by P01 P01 . Pressure was applied to the wound to stop bleeding with paper towels initially and later a non-stick pad. P01 P01 contacted 000 – seeking advice and possible attendance. (3:48pm) During the phone call with paramedics – it was established that attendance would not be immediate and paramedics thought not necessary. They were satisfied that P01 was conscious and bleeding had stopped. P01 P01 (Parent) was contacted (3:55pm). P01 was advised that P01 had an injury that required immediate medical attention. He attended MOCCA (4:20) to pick up P01 and transported him to the hospital. P01 p01 offered to attend and support during transport to the hospital but was politely declined. P01 and family attended the hospital with P01 and were advised to return the following day 25.5.22 to see a cosmetic surgeon de to the proximity to P01's eye. At MOCCA, the play area where the injury occurred was cordoned off for risk assessment. P01 P01 called 000 to cancel attendance 25.5.22 – P01 P01 assessed area for possible cause of injury, spoke with peers and educators about what P01 could have hit his cheek on and it still hasn't been able to be determined. An adult bench seat was moved from the space that was identified to be a possible risk (close to fall area)
Details of Action Taken (e.g. First Aid)	First aid was administered immediately by P01 P01 . Pressure was applied to the wound to stop bleeding with paper towels initially and later a non-stick pad.
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	P01 P01 (Parent) was contacted by phone (3:55pm). P01 was advised that P01 had an injury that required immediate medical attention. He attended MOCCA (4:20) to pick up P01 and transported him to the hospital.
Name of Witness to the incident	None

Submitted By: P01 P01

Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	25.5.22 – P01 P01 assessed area for possible cause of injury, spoke with peers and educators about what P01 could have hit his cheek on and it still hasn't been able to be determined. An adult bench seat was moved from the space that was identified to be a possible risk (close to fall area)
Photos and Evidentiary Documents	
Notification of Serious Incident Form - P01 P01 .docx	P01 P01 - Incident, injury, trauma and illness report

Child Details

Child's Name	P01 P01
Child's Gender	Male
Child's Date of Birth	P02
Parent(s)/Guardians(s) Name	P01 P01
Parent's Email	P03
Parent(s)/Guardians(s) Phone	P03
Was urgent medical attention required by a registered practitioner/hospital?	Yes
Type of Injury/Trauma	Cut/open wound/bleeding
Part of the Body	Face/head

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P03

Submitted By: P01 P01