



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	KIDS BIZ HOLIDAYS & SPORTS PTY LTD
Provider Number	PR-00008211
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	Kids Biz OSHC
Service Approval Number	SE-40003292
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	16/05/2023
Incident Time	04:30 PM
Location	Indoors
Sub Location	Gym/hall
General Activity at the time	Leisure-based program
Cause of Injury/Trauma	Child/child interaction
Did Emergency Services attend	No



Further Details of the Incident	P01 was in the hall at Mother Tereasa under the supervision of the Kids Biz Educators. P01 was playing in the hall, setting up a button game. She near the middle of the hall close to the red circle. Another child came over to P01 and tried to take the buttons she was using. P01 said no and asked the other child to move away. The other child responded by kicking P01 in the head twice. The educator who was watching the stage jumping activity recognised that P01 crying and being comforted by her friends. She was taken into the foyer by two staff members for first aid. An ice pack was applied to P01's head for 20 minutes. There was no signs of swelling or a bump to the area after the incident. A concussion test was administered and P01 passed. A second educator also assessed P01 and confirmed that there was no signs of a concussion or swelling. P01 was orientated to time, place and person. She was alert and conscious. P01 sat in the office and was comforted by staff. P01 said she was feeling better but her head was still hurting a little bit and she felt a little bit dizzy. P01 was guided by staff to move from a chair to the floor where she was able to lie down and elevate her feet. P01 said that lying down made her feel better. P01's parent was contacted about the incident and was very concerned that P01 had a concussion and they would be taking her to the hospital. P01 was collected about an hour after the injury.
Details of Action Taken (e.g. First Aid)	An ice pack was applied to P01's head for 20 minutes. There was no signs of swelling or a bump to the area after the incident. A concussion test was administered and P01 passed. A second educator also assessed P01 and confirmed that there was no signs of a concussion or swelling. P01 was orientated to time, place and person. She was alert and conscious. P01 sat in the office and was comforted by staff. P01 said she was feeling better but her head was still hurting a little bit and she felt a little bit dizzy. P01 was guided by staff to move from a chair to the floor where she was able to lie down and elevate her feet. P01 said that lying down made her feel better. P01's parent was contacted about the incident and was very concerned that P01 had a concussion and advised they would be taking her to the hospital. P01 was collected an hour after the injury. Follow up with P01's family confirmed that she had attended the hospital but did not have a concussion.
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	P01 's father (P01 P01) was contacted via phone 15 minutes after the injury at 4:45pm on Tuesday 16 May 2023. The call was successful and P01 confirmed he would collect P01 .
Name of Witness to the incident	Nil
Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	The other child will be supported by staff to apologise to P01 . Interactions between the two will continue to be monitored and recorded in the case of future incidents. Further serious incidents of intentional hands on behaviour may result in a suspension from care.
Photos and Evidentiary Documents	
16-05-2023-Injury- P01 - P01 .pdf	2023.05.16 - P01 P01 - Injury



Child Details

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

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	3