



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	Communities@Work
Provider Number	PR-00005824
Provider Approval Status	Approved

Service

Service Legal Entity Name	Bonner School Age Care
Service Trading Name	Communities@Work Neville Bonner Out of School Hours Care
Service Approval Number	SE-00014264
Service Approval Status	Approved

Incident Details

Incident Type	Injury Trauma
Incident Date	17/07/2024
Incident Time	17/07/2024 01:40 PM
Location	Outdoors
Sub Location	Play space
General Activity at the time	Play-based program
Cause of Injury/Trauma	Fall/Trip
Did Emergency Services attend	Yes
Further Details of the Incident	P01 was climbing a play structure called the planetarium (a climbing frame) and reached approximately 2m off the ground and fell. He landed on his back and the supervising educator observed symptoms including P01 shaking, excess saliva pooling from his mouth, his eyes unfocused, and he was unresponsive. This lasted 20 seconds.



Details of Action Taken (e.g. First Aid)	P01 was immediately put into the recovery position and the (suspected) seizure was timed. The service called 000 at 1:41pm. A shock blanket was placed over him to keep him warm, and he was supported to rest until the paramedics arrived. P01 P01 (Senior Educational Leader) informed at 1:47pm who arrived at the site at 1:52pm to support service operations. When P01 (father) arrived, he spoke with the paramedics and P01 was taken to the hospital in the ambulance.
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	P01 P01 (mother) was contacted at 1:42pm to inform her of what happened. Parents had informed the service that they did not want to come to the service in this initial conversation. They were contacted again at 2:09pm and asked to come. P01 (father) arrived at 2:38pm.
Name of Witness to the incident	P01 P01
Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	Awaiting further information following medical assessment.
Photos and Evidentiary Documents	
IMG_1833.jpeg	Incident, injury, trauma and illness record
IMG_1834.jpeg	Incident, injury, trauma and illness record p2

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	Head Injury/Concussion
Part of the Body	Face/head

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P03