



## 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            | Guardian Community Early Learning Centres Pty Ltd |
| Provider Number          | PR-00000823                                       |
| Provider Approval Status | Approved  |

#### Service

|                           |                                       |
|---------------------------|---------------------------------------|
| Service Legal Entity Name |                                       |
| Service Trading Name      | Guardian Childcare & Education Barton |
| Service Approval Number   | SE-40003620                           |
| Service Approval Status   | Approved                              |

#### Incident Details

|               |   |
|---------------|---|
| Incident Type | Any emergency for which emergency services attended |
| Incident Date | 17/06/2025  |
| Incident Time | 17/06/2025 01:05 PM                                 |



Further Details of the Incident

The Nominated Supervisor entered the outdoor play area and observed a child, **P01**, crying and appearing distressed. **P01** was scratching her tongue, drooling, and showed visible swelling around her eyes and lips. Recognising the signs of a potential allergic reaction, the Nominated Supervisor immediately alerted Educator **P01** who was leading group time outside with the children.

**P01** was moved indoors where the Chef, **P01**, was notified. The Nominated Supervisor informed her that **P01** appeared to be having an allergic reaction. **P01** has a known medical condition and is **P05**. The Nominated Supervisor alerted educator **P01**, who was in the toddler room to assist. **P01** called **P01**'s Dad, **P01** **P01**, at 1:04 PM to inform him of the incident. **P01** then called 000 and requested an ambulance.

Following the instructions provided by emergency services, **P01**'s **P05** at 1:09 PM. She was closely monitored while waiting for the ambulance to arrive. The ambulance arrived at 1:15 PM and upon arrival paramedics conducted an initial assessment of **P01**'s condition. Her Dad arrived shortly afterward and spoke with the paramedics. It was determined that further medical assessment was necessary and **P01** was transported to the hospital via ambulance with Dad.

At 4:45 PM Dad returned to the service to collect **P01**'s younger sibling. During pick up the Nominated Supervisor spoke with Dad who provided an update. **P01** had been transported to Hospital and was under observation. Doctors were satisfied with her vitals and no secondary reaction was observed, no further medical treatment was administered. Dad confirmed he would provide a further update should there be any change in condition.

On Wednesday 18 June **P01** returned to care. Upon her return Mum spoke with the Nominated Supervisor and provided the service with a new EpiPen. **P01** appeared her usual self and was eager to return to the program.

A review of the menu and ingredient listing of foods consumed was undertaken to identify potential allergens. The Centre will review **P01**'s action plan and risk minimisation plan in conjunction with **P01**'s family to determine if additional information or updates are required. Formal meetings and further training to be provided to the team to support allergic reactions, responses and preventative measures.

Details of Action Taken (e.g. First Aid)

Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification

Name of Witness to the incident

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

Photos and Evidentiary Documents

Documents to be submitted later.



### Child Details

|                              |                       |
|------------------------------|-----------------------|
| Child's Name                 | <b>P01</b> <b>P01</b> |
| Child's Gender               | Female                |
| Child's Date of Birth        | <b>P02</b>            |
| Parent(s)/Guardians(s) Name  | <b>P01</b> <b>P01</b> |
| Parent's Email               |                       |
| Parent(s)/Guardians(s) Phone | <b>P03</b>            |

### Contact Details

|               |                       |
|---------------|-----------------------|
| Name          | <b>P01</b> <b>P01</b> |
| Phone Number  | <b>P03</b>            |
| Email Address |                       |