



**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            | Aranda Afters Association Incorporated |
| Provider Number          | PR-00005802                            |
| Provider Approval Status | Approved                               |

#### Service

|                           |               |
|---------------------------|---------------|
| Service Legal Entity Name |               |
| Service Trading Name      | Aranda Afters |
| Service Approval Number   | SE-00009641   |
| 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                 | 9/05/2022                                                                                                                                                                                                                                                                                                                                                          |
| Incident Time                 | 04:00 PM                                                                                                                                                                                                                                                                                                                                                           |
| 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                                                                                                                                                                                                                                                                                                                                                                 |



|                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Further Details of the Incident                                                                                                             | <p>I have been on leave and away from the service and was only notified about the incident today (24/5/2022). I am aware that this notification is outside the required notification period.</p> <p><b>P01</b> was running at one of our playgrounds (the 5/6 playground) when she slipped over. Her eyebrow hit the edge of one of the platforms. The wound was cleaned, disinfected and a dressing was applied. A concussion check was done and then <b>P01</b> was monitored until her Mother was able to come and collect her. <b>P01</b> (mother) was called at 4:01 PM to be notified and then <b>P01</b> was collected at 4:30 PM.</p> |
| Details of Action Taken (e.g. First Aid)                                                                                                    | <p>Injury cleaned.<br/>Injury disinfected.<br/>Dressing applied.<br/>Concussion check done.<br/>Child Monitored.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification | <p><b>P01</b> <b>P01</b> (Mother) called on 9/5/2022 at 4:01 PM.<br/><b>P01</b> <b>P01</b> (Father) notified in person when <b>P01</b> was collected at 4:30 PM.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Name of Witness to the incident                                                                                                             | <p><b>P01</b> <b>P01</b> <b>P01</b> <b>P01</b> <b>P01</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future                             | <p>Staff will remind children to be aware of their surroundings, and ensure that if they are running that they have plenty of space around them to ensure that if the children trip, they don't fall into any equipment.</p> <p>To prevent the notifying of the incident being outside of the notification period, I will ensure that our co-director, <b>P01</b> has access to the NQAITS portal, or if neither of us are at the service we will ensure that all educators are aware that they must contact the directors or the executive officer to notify ACEQUA of the incident.</p>                                                     |
| Photos and Evidentiary Documents                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>P01</b> 09.05.2022.pdf                                                                                                                   | Incident and Injury Record                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| 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                                                               | <b>P03</b>              |
| Parent(s)/Guardians(s) Phone                                                 | <b>P03</b>              |
| 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          | <b>P01</b> <b>P01</b> |
| Phone Number  | <b>P03</b>            |
| Email Address | <b>P03</b>            |