



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	ARTEMIS EDUCATION PTY LTD
Provider Number	PR-40030037
Provider Approval Status	Approved

Service

Service Legal Entity Name	ARTEMIS EDUCATION PTY LTD
Service Trading Name	Artemis Early Learning
Service Approval Number	SE-40002132
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	10/11/2023
Incident Time	10:00 AM
Location	Outdoors
Sub Location	Outdoor other
Location (Other)	Outdoor by the door areas
General Activity at the time	Play-based program
Cause of Injury/Trauma	Self inflicted
Did Emergency Services attend	No



<p>Further Details of the Incident</p>	<p>Today P01 P01 became frustrated at being redirected and has banged his head on two of our glass doors. While there was no physical injury to P01, the two doors broke on the inner glass. P01 is 3 yrs. and 2 months, and is currently P05 with a very P05 P01 is currently working with a speech therapist, as well as an OT as extra support. We are keeping a log of P01 behaviour, and are seeking help from Inclusion support to help P01 better. During this meeting, we are seeking funding for an extra educator to better support P01. He does have a history is hitting himself in the head when becoming upset, and in the past, it has been on furniture or on the carpet. Educators are working to ensure P01 safety, and his parents are aware of the behaviours. It is coming to a point where we are struggling to keep P01 and the other children safe because of his sudden reactions which we cannot predict.</p> <p>Mum collected P01 1 1/2 hours after the incident to keep an eye on him at home. Mum was later contacted at 3pm to check in on P01 and how he was going, but did not answer.</p> <p>Because this is self-inflicted, and his parents are aware of the behaviours at home which are now bleeding over into his child care days, and being in an older room with a 1:11 ratio it is becoming unsustainable. We are worried that if these behaviours continue and his parents are unable to get the extra help for P01, that he will seriously injure himself while at our service despite the extra precautions we have in place.</p> <p>We have organised a meeting with Mum on Monday the 13/11/23 to explain these behaviours and our concerns for P01 and the other children's safety</p>
<p>Details of Action Taken (e.g. First Aid)</p>	<p>P01 was checked over after the incident. An educator remained close to him to watch out for any changes of behaviour, or physical changes from the incident.</p>
<p>Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification</p>	<p>P01 was contacted within 5 minutes of the incident via her mobile, and then work phone.</p>
<p>Name of Witness to the incident</p>	<p>P01 P01 P01</p>
<p>Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future</p>	<p>P01 does not react well to conflict or redirection. To stop incidents like this in the future we will be working closely with the family and inclusion support to be able to communicate more comfortably with P01. Inclusion support has suggested creating a natural barrier such as Pillows or soft fall on the common areas he uses, and using flash cards to assist with communication.</p> <p>Evidence will be uploaded on Monday 13/11/23 after the meeting with the family.</p>
<p>Photos and Evidentiary Documents</p>	<p>Documents to be submitted later.</p>



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 P01
Parent(s)/Guardians(s) Phone	P03
Was urgent medical attention required by a registered practitioner/hospital?	No
Type of Injury/Trauma	None of the above
Type of Injury/Trauma (none of the above)	No Physical injury was sustained by P01
Part of the Body	Face/head

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	