



## 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	ACT Education Directorate
Provider Number	PR-00006465
Provider Approval Status	Approved

#### Service

Service Legal Entity Name	
Service Trading Name	Caroline Chisholm School - Chisholm Preschool Unit
Service Approval Number	SE-00011177
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	17/05/2022
Incident Time	12:50 PM
Location	Outdoors
Sub Location	Play Space/Classroom
General Activity at the time	Leisure-based program
Cause of Injury/Trauma	Fall/trip
Did Emergency Services attend	No
Further Details of the Incident	Child was stepping on the wooden stumps; she misjudged the step between two stumps and put her foot between two stumps and fell forwards. She landed on the stump in front of her and knocked her mouth on the wooden stump. Her teeth went through her top lip.
Details of Action Taken (e.g. First Aid)	Wound was cleaned and an icepack was applied



Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	Staff contacted mum by phone at 1:05pm and she attended the preschool to take P01 to seek medical assistance at the hospital.
Name of Witness to the incident	p01 and p01P01
Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	The school is reviewing the risk assessment of the outdoor area
Photos and Evidentiary Documents	
P01 Injury form for School Ops.pdf	P01 P01 - Injury Report - Caroline Chisholm School
P01 Injury-medical form.pdf	P01 P01 - Medical Form - Caroline Chisholm School

## 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	Cut/open wound/bleeding
Part of the Body	Face/head

## Contact Details

Name	p01 P01
Phone Number	P03
Email Address	P03