



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	
Service Trading Name	Communities@Work Ngunnawal Out of School Hours Care
Service Approval Number	SE-00009684
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	8/12/2022
Incident Time	03:51 PM
Location	Outdoors
Sub Location	Outdoor other
Location (Other)	pole/drain pipe
General Activity at the time	Play-based program
Cause of Injury/Trauma	Nails/wire/exposed metal/building material
Did Emergency Services attend	No
Further Details of the Incident	P01 P01 P01 P01 (yrs) was outside walking from the playground not focusing on where he was going. He bumped his forehead on the pole of the shade shelter.
Details of Action Taken (e.g. First Aid)	P01 P01 (Program coordinator) administered first aid by applying pressure to the wound, cleaning around the area and applying a bandage. P01 was supported to rest until he was collected by his father

Submitted By: **P01 P01**



<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>8/12/22 P01 P01 contacted P01 P01 (other) by phone call at 3:57pm P01 contacted P01 P01 (Father) by phone call at 3:58pm. Upon collection, P01 informed the educators he will be taking P01 to the walk-in clinic to be assessed. Incident report to be signed when family attend their next session</p> <p>Management contacted and informed of incident at 4:10pm</p> <p>9/12/22 P01 gave P01 a courtesy call at 8:52am to check on P01 P01 confirmed that they attended the walk in clinic where P01's injury was seen to and that he will be home resting for the day</p>
<p>Name of Witness to the incident</p>	<p>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>Discussions with educators about the incident Conversations with children about awareness of their surroundings when transitioning between indoor/outdoor spaces</p>
<p>Photos and Evidentiary Documents</p>	
<p>P01 P01 P01 Incident Report 8.12.22.pdf</p>	<p>Communities at Work P01 P01 P01 P01 Incident Report 8.12.22</p>

Child Details

<p>Child's Name</p>	<p>P01 P01 P01 P01</p>
<p>Child's Gender</p>	<p>Male</p>
<p>Child's Date of Birth</p>	<p>P02</p>
<p>Parent(s)/Guardians(s) Name</p>	<p>P01 P01</p>
<p>Parent's Email</p>	<p>P01</p>
<p>Parent(s)/Guardians(s) Phone</p>	<p>P03</p>
<p>Was urgent medical attention required by a registered practitioner/hospital?</p>	<p>No</p>
<p>Type of Injury/Trauma</p>	<p>Cut/open wound/bleeding</p>
<p>Part of the Body</p>	<p>Face/head</p>

Contact Details

<p>Name</p>	<p>P01 P01</p>
<p>Phone Number</p>	<p>P03</p>
<p>Email Address</p>	<p>P03</p>