ACT Government
Education

Notification Number: **NOT-40763240**
Date generated: 19/08/2022

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	Seiznem Pty Ltd & Besmen Pty Ltd
Provider Number	PR-00005864
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	Gungahlin Children's Centre
Service Approval Number	SE-00009789
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	18/08/2022
Incident Time	01:00 PM
Location	Indoors
Sub Location	Bathroom/nappy change area
General Activity at the time	Leisure-based program
Cause of Injury/Trauma	Other
Cause of Injury/Trauma (Other)	door jam
Did Emergency Services attend	No
Further Details of the Incident	Child was leaving the bathroom closing the door behind him. He caught the pinky finger of this right hand in the door, severing the tip of the finger off.

Submitted By: P01 p01

Details of Action Taken (e.g. First Aid)	p01 was reassured. Limb elevated, bandage applied with pressure to stem bleeding. Finger tip wrapped in damp paper towel and placed in zip lock bag. Zip lock bag then placed in plastic container on ice. p01 was given a hydrolyte icy pole to eat for comfort. Upon parents arrival, Panasonic was administered.
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	Director attended the accident immediately (approx 1.05pm) and called the father. He advised he was not far away and would come and collect straight away.
Name of Witness to the incident	P[P01 and P01P01
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	

0202_001.pdf	Accident report

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
Parent(s)/Guardians(s) Phone	P03
Was urgent medical attention required by a registered practitioner/hospital?	Yes
Type of Injury/Trauma	Amputation
Part of the Body	Arm/hand/finger

Contact Details

Name	P01 p01
Phone Number	P03
Email Address	P03

Submitted By: P01 p01