ACT Government
Education

Notification Number: **NOT-40451417**
Date generated: 01/07/2020

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	CSIROCARE Black Mountain Inc
Provider Number	PR-00005826
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	CSIROCARE Black Mountain Early Childhood Centre
Service Approval Number	SE-00009770
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	30/06/2020
Incident Time	11:05 AM
Location	Outdoors
Sub Location	Outdoor other
Location (Other)	The outside playground
General Activity at the time	Leisure-based program
Cause of Injury/Trauma	Unknown
Did Emergency Services attend	No

Submitted By: P01 P01

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Further Details of the Incident	P01 P01 had the nappy change at 10:55 and there were no signs of discomfort. After nappy change P01 went outside. At 11:05 the educator P01 saw P01 crying while walking around with P01 . P01 went over and asked what's wrong. P01 said she didn't see anything but P01 was standing outside crying and holding her wrist. P01 picked P01 up and tried to comfort her. It was lunch time so children were going inside for lunch. P01 P01 noticed P01 was holding her wrist as she walked inside to wash hands for lunch. P01 looked for any swelling. P01 did not cry when P01 touched her arm but wasn't using her hand to eat and continued to cry
Child's Name	P01 P01 P01
Child's Date of Birth	P02
Child's Gender	Female
Was urgent medical attention sought by a registered practitioner and/or hospital	Yes
Type of Injury/Trauma	Broken bone/fracture/dislocation (known or suspected)
Part of the Body	Arm/hand/finger
Details of Action Taken (e.g. First Aid)	The educator P01 checked the arm for swelling and she didn't feel swollen. The arm didn't seem to be in more pain when the educator touched it.
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	P01 call parents at 11:30 am to inform her. After 15 minutes mum came and we suggested to go to the doctor for checking. At 2pm we received the massage that the parents went to the emergency room of Calvary hospital for an x-ray. The images showed some signs of fracture on P01 s elbow but the images were blury. The doctor had to put a cast on P01 s arm to get more images. The follow-up x-ray is schedule in one week
Name of parent or guardian notified	P01
Email of parent or guardian notified	P03
Phone number of parent or guardian notified	P03
Name of Witness to the incident	P01 and P01
Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	We will continue to remind educators about supervision. In this situation educator did not notice P01 fall. The parents informed us that the doctor said it could of happened if P01 used her arm to stand up.
Photos and Evidentiary Documents	
P01 ITI form.PDF	P01 P01 - Injury, Trauma and Illness form

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P03

Submitted By: P01 P01

Submitted By: P01 P01