ACT Government
Education

Notification Number: **NOT-40927550**
Date generated: 24/11/2023

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	The Young Women's Christian Association of Canberra
Provider Number	PR-00005876
Provider Approval Status	Approved

Service

Service Legal Entity Name	The Young Women's Christian Association of Canberra Ltd
Service Trading Name	YWCA Kingsford Smith School Age Care
Service Approval Number	SE-00009735
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	23/11/2023
Incident Time	04:40 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, P01, engaged in a game of tips with his brother and friends. P01 ran onto the play equipment and fell backwards from the top level, hitting the back of his head on the ground/soft fall below.
Details of Action Taken (e.g. First Aid)	P01 was provided with two ice packs one for his elbow and one for the back of his head. His pupils were assessed, and he was monitored for concussion and changes in behavior.

Submitted By: P01 P01

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Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	P01 P01 was contacted at 4:55pm on the 23/11/2023, after attending to P01 and commencing first aid.
Name of Witness to the incident	No educator witness.
Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	Discussions with children regarding safe play on equipment to minimise the risk of the type of incident occurring again.
Photos and Evidentiary Documents	

P01 P01 CT scan page one.pdf	CT Scan PG1
P01 P01 CT scan part 2.pdf	CT Scan PG2
P01 P01 Incident report 24 11 2023 First page.pdf	Incident Report Pg1
P01 P01 Incident report 24 11 2023 second page signed.pdf	Incident Report Pg2
Playground 1.jpg	Accident Location 1
Playground 2.jpg	Accident Location 2

Child Details

Child's Name	P01 P01
Child's Gender	Male
Child's Date of Birth	P02
Parent(s)/Guardians(s) Name	P01 P01 P01
Parent's Email	P03
Parent(s)/Guardians(s) Phone	P03
Was urgent medical attention required by a registered practitioner/hospital?	No
Type of Injury/Trauma	Head injury/concussion
Part of the Body	Face/head

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P01

Submitted By: P01 P01