ACT Government
Education

Notification Number: **NOT-40512209**
Date generated: 18/02/2021

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	
Service Trading Name	YWCA O'Connor School Age Care
Service Approval Number	SE-00009822
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	10/02/2021
Incident Time	05:00 PM
Location	Outdoors
Sub Location	Play Space/Classroom
General Activity at the time	Play-based program
Cause of Injury/Trauma	Other
Cause of Injury/Trauma (Other)	getting off the swing
Did Emergency Services attend	No
Further Details of the Incident	P01 was standing on the swing and fell forwards, he caught himself with his hands but his head hit the ground. The swing came back and hit him on the back of the head as he was trying to get up. I approached P01 and asked if he was OK.
Child's Name	P01 P01
Child's Date of Birth	P02

Submitted By: P01 P01

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Child's Gender	Male
Was urgent medical attention sought by a registered practitioner and/or hospital	No
Type of Injury/Trauma	Head injury/concussion
Part of the Body	Face/head
Details of Action Taken (e.g. First Aid)	P01 was offered an ice pack
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	Parents were called to let them know he had hit his head. The child complained of a sore arm later that evening and the parents took him to the ER where they discovered a fracture of radius, proximal, shaft or distal end. The parents bought in the discharge paperwork to the program on Wednesday 17.02.21
Name of parent or guardian notified	P01 P01
Email of parent or guardian notified	
Phone number of parent or guardian notified	P03
Name of Witness to the incident	P01 P01
Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	A conversation with all the children around safe play in the playground
Photos and Evidentiary Documents	

P01 P01 P01 discharge letter.pdf	Discharge Paperwork
P01 P01 P01 pdf	Incident form

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P01 P01

Submitted By: P01 P01