



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	Young Men's Christian Association of Canberra Ltd
Provider Number	PR-00005888
Provider Approval Status	Approved

Service

Service Legal Entity Name	Young Mens Christian Association of Canberra Inc
Service Trading Name	YMCA Early Learning Centre Jamison
Service Approval Number	SE-00009861
Service Approval Status	Approved

Incident Details

Incident Type	Injury Trauma
Incident Date	7/08/2024
Incident Time	07/08/2024 11:55 AM
Location	Indoors
Sub Location	Play space/classroom
General Activity at the time	Play-based program
Cause of Injury/Trauma	Fall/Trip
Did Emergency Services attend	No



<p>Further Details of the Incident</p>	<ul style="list-style-type: none"> + While P01 was playing on the couch, she lost balance and fell on the ground, hitting the back of her head on the floor. When the educator checked, there was no signs of injuries. P01 cried for a little bit then stopped. + At 12.15pm P01 gave educator her sleeping bag, showing signs of tiredness. Educator encouraged P01 to stay awake by distracting P01 and talking to her. + At around 12.26pm, P01 fell asleep on one of the beds, educator woke her up straight away and hugged her. P01 would not wake up and educator continued to rock her and wake her up. + Educators continued to try and wake P01 up and at about 12.30pm she started opening her eyes, 000 called immediately and contacted P01's family. + P01 stayed awake, educator offered water and P01 drank half a cup of water, her cheeks appeared all red and no other signs of injury. + At around 12.55pm P01 felt asleep again for a few seconds and educator woke her up. Another educator went and found P01 some toys to play with and to keep her awake. + At 1.07pm, P01 (P01's mum) arrived at the Centre, we updated her and P01 cuddled mum and tried to fall asleep again. We called 000 back at 1.10pm to ask on their ETA, the all cleared received and it was decided that P01 would transport P01 to the Canberra Hospital herself to get checked.
<p>Details of Action Taken (e.g. First Aid)</p>	<ul style="list-style-type: none"> + Educator comforted P01 with a cuddle. + Ice pack applied for at least 5minutes before P01 started shaking her head saying no and started getting upset, refusing the ice pack. + 000 called at 12.35pm. + P01 called and informed at 12.47pm. + At 12.40, P01 stayed awake, educator offered water and P01 drank half a cup of water, her cheeks appeared all red and no other signs of injury. + Ambulance not yet dispatched when contacted at 1.10pm, Clinician on called gave all cleared for P01 to be transported to the Canberra hospital by mum + We emailed incident report to P01 to assist with treatment at hospital. + P01 signed incident report at when she returned to the service on Thursday 8th of August.
<p>Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification</p>	<ul style="list-style-type: none"> + P01 called on the phone and informed at 12.47pm + P01 communicated with us over email to inform us how P01 went at the hospital
<p>Name of Witness to the incident</p>	<p>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>	<ul style="list-style-type: none"> + Children encouraged to sit on the couch and avoid standing; + We will redirect children wanting to climb and include a soft play climb area for the children in the room to respond to this interest. + The area near the couch is already marked as a high supervision area and we will ensure constant supervision continues in this area. + Continue to teach children about safe and unsafe choices to extend their knowledge of safe climbing areas and unsafe climbing areas.
<p>Photos and Evidentiary Documents</p>	
<p>P01 P01 Incident Report-7.8.24.pdf</p>	<p>Internal Incident Report</p>

Submitted By: P01



Email from P01 -
7.8.24.pdf

Email from P01 - 7.8.24

Child Details

Child's Name	P01 P01
Child's Gender	Female
Child's Date of Birth	P02
Parent(s)/Guardians(s) Name	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	Head Injury/Concussion
Part of the Body	Face/head

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P03