ACT Government
Education

Notification Number: **NOT-40572764**
Date generated: 08/09/2021

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	Communities@Work
Provider Number	PR-00005824
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	Communities@Work Family Day Care and In-Home Care
Service Approval Number	SE-00009666
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	6/09/2021
Incident Time	12:30 PM
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
Further Details of the Incident	P01 was wearing socks and running on tiles with another child. Educator was getting beds organised from another room, when she heard P01 crying. He indicated to the educator where he was hurt and she applied an ice pack on the back of his head and sat with him. The other children were settled into their beds and she asked him he he wanted his milk before bed and she provided it to him. P01 finshed all of his milk and then he started crying again and indicated that he was feeling sick and wanted to vomit. Educator took him to the toilet where he vomitted.

Submitted By: P01 P01

Details of Action Taken (e.g. First Aid)	Ice pack on head initially, and supported the child when vomiting in the toilet
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	The educator called the mother on 6/9/21 at 1.02 pm who didn't answer and then tried the father at 1.05 pm who also didn't answer. The mother then called P01 back.
Name of Witness to the incident	
Educator Name(s)	P01 P01
Educator's Address	P03 P03
Educator's Phone	P03
Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	Mats to be placed on hard floor and socks to be removed. Children encouraged not to run inside.
Photos and Evidentiary Documents	
Serious Incident report P01 P01.pdf	Incident Report P01 P01

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?	No
Type of Injury/Trauma	Head injury/concussion
Part of the Body	Face/head

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P03

Submitted By: P01 P01