



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	WODEN COMMUNITY SERVICE LIMITED
Provider Number	PR-00005883
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	Duffy OSHC
Service Approval Number	SE-00009668
Service Approval Status	Approved

Incident Details

Incident Type	Injury Trauma
Incident Date	2/08/2024
Incident Time	02/08/2024 04:30 PM
Location	Outdoors
Sub Location	Outdoor other
Location (Other)	Oval
General Activity at the time	Leisure-based program
Cause of Injury/Trauma	Fall/Trip
Did Emergency Services attend	No
Further Details of the Incident	P01 was running and jumping on the oval as she was doing this she jumped over a branch on the ground and as she landed her right leg/ankle twisted and she fell down. An educator was very close by and immediately went to assist her and call for first aid assistance from Coordinator. P01 was crying in pain educators assisted her up to the main area to apply first aid and assess the injury.



Details of Action Taken (e.g. First Aid)	Her shoe was taken off, and she was asked to not move her foot. The place was assessed and she was advised to not moved it. Because it was not clear if it was fracture, so ice pack wasn't applied. Parents notified and P01 collected immediately. Service was not notified of any medical attention being required. The following business day service contacted parent to follow up on injury, at this point the mother stated P01 had a fractured ankle and was doing well.
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	Phone call to mother at 4:35pm Father collected 15 minutes later. Follow up phone call on the Monday. Reached mother after several attempts at 5:00pm. At this point notified of medical attention required and fracture.
Name of Witness to the incident	P01, P01, P01
Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	Keep close supervision and discuss with children the importance of being aware of surroundings when playing. Educators to keep close eye on any hazards in the playing area.
Photos and Evidentiary Documents	
CSIN-1311 _ Injury or illness _physical_ - Duffy OSHC - 02_08_2024.pdf	Incident report

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?	No
Type of Injury/Trauma	Broken bone/fracture/dislocation (known or suspected)
Part of the Body	Leg/foot

Contact Details

Name	P01, P01
Phone Number	P03
Email Address	P03