



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	Camp Australia Pty Limited
Provider Number	PR-00002539
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	Camp Australia - St Joseph's P-6 School OSHC
Service Approval Number	SE-40020204
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	9/05/2022
Incident Time	04:15 PM
Location	Outdoors
Sub Location	Outdoor other
Location (Other)	On the monkey bars located in the Adventure Plauground
General Activity at the time	Play-based program
Cause of Injury/Trauma	Fall/trip
Did Emergency Services attend	Yes
Further Details of the Incident	Monday 09.05.2022 4:15pm: P01 P01 (Child) was playing on the monkey bars with educators and peers when he fell and landed on his right arm. P01 P01 (Educator) called for P01 P01 (Nominated Supervisor) immediately upon injury due to a suspected broken bone. P01 P01 (Nominated Supervisor) approached the situation and called for assistance from educator, P01 P01. P01 P01 (Educator) took the remaining children indoors with additional educators, P01 P01 and P01 P01

Submitted By: P01 P01



<p>Details of Action Taken (e.g. First Aid)</p>	<p>Monday 09.05.2022 4:18pm: P01 P01 (Educator) called for Emergency Services on 000. Advice was given to not move child or give any food or drink but an icepack was able to be applied if P01 P01 (Child) was able to tolerate it.</p> <p>Monday 09.05.2022 4:18pm: P01 P01 (Nominated Supervisor) made a phone call to P01P01 (Father) to inform of the injury that had occurred and that Emergency Services had been contacted and were on their way.</p> <p>Monday 09.05.2022 4:23pm: P01P01 (Father) arrived at the Service and sat with P01 P01 (Child).</p> <p>Monday 09.05.2022 4:27pm: Ambulance arrived at the Service and begun giving medical assistance.</p> <p>Monday 09.05.2022 5:00pm: Paramedic staff advised P01 P01 (Nominated Supervisor) that they were taking P01 P01 (Child) to The Canberra Hospital. The paramedic technician advised P01 P01 (Nominated Supervisor) that the injury was a suspected humerus break.</p>
<p>Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification</p>	<p>4:18pm P01 P01 (Nominated Supervisor) called P01P01 (Father) to inform him of injury.</p> <p>9:30pm P01P01 (Father) contacted P01 P01 (Nominated Supervisor) to update her on P01 P01's (Child) injury. P01 P01 (Nominated Supervisor) was informed that P01 P01 (Child) underwent surgery and had some nerve damage. He also has had wires put into his arm. P01P01 (Father) stated that the nerve damage should only be a temporary issue and that P01 P01 (Child) should make a full recovery.</p>
<p>Name of Witness to the incident</p>	<p>P01 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>	<p>Adventure playground has been identified as a supervision hot spot. Service Manager and Educators are to ensure there is always someone located on the play equipment to ensure safety of children.</p> <p>Ongoing discussions will be had with the children about the safety measures that they can take when using the monkey bars during outdoor play.</p>
<p>Photos and Evidentiary Documents</p>	
<p>20220511 - P01 P01 - Serious Incident 9.5.2022 - ACT St Josephs P-6.pdf</p>	<p>Form</p>



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?	Yes
Type of Injury/Trauma	Broken bone/fracture/dislocation (known or suspected)
Part of the Body	Arm/hand/finger

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P03