



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	Canberra Grammar School
Provider Number	PR-00005816
Provider Approval Status	Approved

Service

Service Legal Entity Name	Canberra Grammar School
Service Trading Name	Canberra Grammar School Early Learning Centre
Service Approval Number	SE-00009655
Service Approval Status	Approved

Incident Details

Incident Type	Illness
Incident Date	6/12/2024
Incident Time	06/12/2024 03:52 PM
Location	Indoors
Sub Location	Eating area
General Activity at the time	Meal time
Cause of Illness	
Did Emergency Services attend	Yes



<p>Further Details of the Incident</p>	<p>At 3:52pm, ELC were having afternoon tea. P01 had a 2 or 3 licks of regular yoghurt where he expressed he did like the taste. He then had a lick of lactose free yoghurt and gave the yoghurt back to the educator. The educator informed the coordinator that he did not like the yoghurt. The coordinator (P01) took P01 to the bathroom to wash his mouth, hands and face with water. At this point, P01's lips were red. P01 called P01 at 3:56pm to notify her of the incident. P01 made contact with P01 (mum) at 3:57pm. P01 advised to give P01 Claratyne and P01 passed this message on to P01 P01 took P01 to the ELC reception where the medication is stored. P01 was supported by P01 and P01 to give P01 2.5ml of Claratyne as per his action plan. P01 started to get hives, had a rash on face and stomach and grab his throat. P01 called the Health Clinic who advised they are on their way, to give the epi pen and to call an ambulance. P01 arrived from the health clinic and immediately gave an epi pen to P01. P01 called 000 at 4:01pm. P01 tried to call P01 multiple times between 4:01pm - 4:19pm and successfully made contact at 4:19pm to notify of the steps we have taken so far. The ambulance arrived at 4:06pm and P01's symptoms had started to subside. P01 arrived at 4:21pm and followed the ambulance to the hospital.</p>
<p>Details of Action Taken (e.g. First Aid)</p>	<p>P01 took P01 to the bathroom to wash his mouth, hands and face with water. At this point, P01's lips were red. P01 called P01 at 3:56pm to notify her of the incident. P01 made contact with P01 (mum) at 3:57pm. P01 advised to give P01 Claratyne and P01 passed this message on to P01 P01 took P01 to the ELC reception where the medication is stored. P01 was supported by P01 and P01 to give P01 2.5ml of Claratyne as per his action plan. P01 started to get hives, had a rash on face and stomach and grab his throat. P01 called the Health Clinic who advised they are on their way, to give the epi pen and to call an ambulance. P01 arrived from the health clinic and immediately gave an epi pen to P01. P01 called 000 at 4:01pm. P01 tried to call P01 multiple times between 4:01pm - 4:19pm and successfully made contact at 4:19pm to notify of the steps we have taken so far. The ambulance arrived at 4:06pm and P01's symptoms had started to subside. P01 arrived at 4:21pm and followed the ambulance to the hospital.</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>P01 made contact with P01 (mum) via phone at 3:57pm to notify that P01 had consumed dairy and currently had red lips. P01 tried to call P01 multiple times between 4:01pm - 4:19pm and successfully made contact at 4:19pm to notify her that P01 had an anaphylactic reaction and of the steps we have taken so far</p>
<p>Name of Witness to the incident</p>	<p>P01, P01, 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>Review procedures for serving food to children with medical conditions. Individual stickers for children with medical conditions/dietary requirements will be put on their safe foods</p>
<p>Photos and Evidentiary Documents</p>	
<p>Incident Report.pdf</p>	<p>Incident Report</p>



Child Details

Child's Name	P01
Child's Gender	Male
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 Illness	Anaphylaxis
Part of the Body	Whole body

Contact Details

Name	P01
Phone Number	P03
Email Address	P03