ACT Government
Education

Notification Number: **NOT-40717611**
Date generated: 27/05/2022

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	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	25/05/2022
Incident Time	04:55 PM
Location	Outdoors
Sub Location	Outdoor other
Location (Other)	Outdoor - play equipment
General Activity at the time	Play-based program
Cause of Injury/Trauma	Fall/trip
Did Emergency Services attend	No

Submitted By: P01 P01

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Further Details of the Incident	25/5/22 P01 P01 (Child) informed that she had fallen off the play equipment located outdoor during the session and hurt her wrist, while she was in the car after being collected by Mum. 26/5/22 P01 P01 (Nominated Supervisor) contacted P01 (Mother) to follow up as P01 was not on the attendance roll at 1:26pm and during this call P01 (mother) informed P01 that she had taken P01 to the hospital to get the wrist checked, as precaution. P01 was advised that the wrist has sprained. Doctor advised P01 to rest.
Details of Action Taken (e.g. First Aid)	P01 P01 (Nominated Supervisor) checked the movement of the left wrist while P01 was in the car, in presence of mum, and advised of a little pain. P01 (mum) decided to get the wrist checked by visiting CALMS at Calvary hospital. The doctor examined and advised of sprain wrist and did not require X- ray. (This information was received on 26/5/22)
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	26/5/22 1:26pm P01 P01 (Nominated Supervisor) contacted P01 for today's absence for P01, this is when P01 was informed about P01 taking P01 to get the wrist checked further.
Name of Witness to the incident	
Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	Conversation with the children to encourage them to approach the nearest educator in case they are hurt or are in any kind of discomfort. Educators revisited importance of reading physical and facial cues of younger children and building trustful relationship. Supervision practices around the play ground to be reviewed.
Photos and Evidentiary Documents	

20220527 - ACT St. Joseph's Prmary School Incident Notification Injury 260522.pdf	Form

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Child Details

Child's Name	P01 P01
Child's Gender	Female
Child's Date of Birth	P02
Parent(s)/Guardians(s) Name	P01 p01
Parent's Email	
Parent(s)/Guardians(s) Phone	P03
Was urgent medical attention required by a registered practitioner/hospital?	No
Type of Injury/Trauma	Sprain
Part of the Body	Arm/hand/finger

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P03

Submitted By: P01 P01