ACT Government
Education

Notification Number: **NOT-40541163**
Date generated: 24/05/2021

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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	Anglicare NSW South NSW West and ACT
Provider Number	PR-00005801
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	Anglicare at Franklin Early Childhood School
Service Approval Number	SE-00014231
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	21/05/2021
Incident Time	10:25 AM
Location	Outdoors
Sub Location	Play Space/Classroom
General Activity at the time	Leisure-based program
Cause of Injury/Trauma	Fall/trip
Did Emergency Services attend	No

Submitted By: P01 P01

Further Details of the Incident	P01 was riding one of the bikes with some speed, she tripped and fell off the bike, falling over the handlebars and fell directly onto her face. Her mouth was open at the time of her falling, her mouth hit the concrete which caused her front tooth to split vertically down to the gum and there was quite a lot of bleeding from the gum. On Monday at approx 1pm, P01 's parents came into the centre directly after leaving the hospital to address their concerns of the incident and provide an update of her treatment. As a result of the split tooth, the tooth was removed as there was too much damage done to it. P01 and P01 were understandably upset by this ordeal and were distressed at the discomfort P01 had to endure as a result of falling off the bike. They raised their concerns over supervision and how injuries like this could happen in an education and care setting. We discussed the steps that will now be taken to investigate the situation and help reduce the risk of similar incidents in the future. The family is happy to stay engaged with the centre for now and will keep in communication with the leadership team, myself in particular to ensure their concerns regarding this incident are addressed appropriately.
Details of Action Taken (e.g. First Aid)	First aid was given immediately and her parents were called asap to inform them of the incident. The director was away so the educators informed P01 of the incident so that leadership could be aware of this. P01 sent an email to the director to keep her updated, given the nature of the injury. Monday 24th- Room leaders meeting held, we added supervision and engaging with children to the agenda. We generally discussed the incident that took place (without giving away the room or child's identity) and discussed the importance of risk management and WHS practices to ensure a safe environment. Unfortunately accidents happen from time to time but we will remain vigilant to ensure the risks are managed appropriately according to children's ages and abilities.
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	P01 was notified by phone at 10:30am Friday 21st May 2021. Incident form attached, please see further evidence of notification there.
Name of Witness to the incident	P01 01
Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	-Incident was discussed during room leaders meeting- to evaluate if anything further could be done to minimize the risks of having bikes in the yard. We established there was effective supervision at the time of the incident and there was enough educators outside so ratios were maintained appropriately, we will look at implementing helmets for the nursery children.
Photos and Evidentiary Documents	

Copy of incident injury form P01 21.05.2021.pdf	incident form
ISOPro-Incident report P01 .pdf	ISOPRO internal report

Submitted By: P01 P01

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Child Details

Child's Name	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?	Yes
Type of Injury/Trauma	Tooth/dental injury
Part of the Body	Face/head

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P01

Submitted By: P01 P01