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SAFETY ACTION PLAN  
Welcome to our Hillary House Visitors

Hillary House Leadership Centre has an accident register, hazards register, Health and Safety manual and detailed Health and Safety procedures, as required by law. This Safety Action Plan (SAP) follows a template offered by the MOE, and is provided to advise you of risks we have identified. Please be aware Hillary House Leadership Centre cannot be responsible for students and visitors outside of their time at Hillary House.

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| ҉ FIRST AID  A first aid kit is kept in the kitchen. Both our coordinators hold their St Johns First Aid Certificate valid from April 2019. | ҉ EAST TAMAKI HEALTHCARE  Bairds Road Clinic  160 Bairds Rd., Otara.  Ph.09 2743414 | ҉ HILLARY HOUSE EMERGENCY CONTACT - Robin Houlker ph. 021 599959 |

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| WHAT COULD GO WRONG? | CAUSE | HOW COULD WE PREVENT IT FROM GOING WRONG? | WHOSE RESPONSIBILITY IS IT? | | WHEN/ WHERE WILL IT BE DONE?  (The imparting of safety advice). | EMERGENCY PLAN |
| Accident with car in the car park | Main entrance to Hillary House Leadership Centre | Tell students to be careful | School teacher | | Taxi or buses | Call ambulance if serious  Ensure the school principal has been told |
| Asthma attack | Excitement | School asks students to bring inhalers | School | | Before leaving school | Reassure student: have them sit leaning slightly forward in a place of fresh air. Encourage student to use their inhaler. Ambulance if serious. |

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| Epileptic fit | Reaction to changing light or other unpredictable cause | Unable to prevent | Unable to prevent or predict | |  | Keep person safe while fit lasts i.e. remove furniture nearby. Reassure when they come around. Send for ambulance and contact school if severe/not conscious after 15mins. |
| Heart attack | Visitor, Teacher, Parent Helper | Unable to prevent | Unable to prevent or predict | | Hillary House Education Facilitators have a current First Aid Certificate | Keep person seated and comfortably supported, provide resuscitation if needed. Call ambulance. |

Inserted box to be ticked

I have read and acknowledged this Safety Action Plan on behalf of my group

Name:

Position held:

Mobile: