

WRITTEN RESCUE PLAN

Communication:

What communication systems will be used between the suspended worker and supervisor / rescue team?

Direct voice communication Mobile Phone

Whistle Two-way Radios / Headsets

Other; _____

Emergency Contact:

In the event of a fall from height, the supervisor will immediately alert the rescue team and first aid.

If the rescue team cannot affect a rescue within 5 minutes Emergency Services are to be called at once.

Name of this site: _____ Supervisor: _____

First Aid Attendant(s): _____

Fall From Height RESCUE TEAM MEMBERS:

EMERGENCY PHONE NUMBERS - CALL 9-1-1 or _____

Fire: _____ Police: _____ Ambulance: _____

Safety of Rescuers:

Are Operators trained and competent to use of rescue equipment? Yes No

Are Rescue training records current? Yes No

Are there a sufficient number of rescuers available? Yes No

Is rescue equipment appropriate for nature of work? Yes No

What obstructions are in the way of reaching the suspended Operator? (Detail):

Have assessments been made of anchor points, and are they acceptable? Yes No

Has consideration been given to the method of attaching the casualty? (Detail): Yes No

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How will rescuers get to casualty?

- | | | | |
|---|--------------------------|---|--------------------------|
| Rescue ladder | <input type="checkbox"/> | Pull casualty up through floor / roof | <input type="checkbox"/> |
| Remote Rescue Kit | <input type="checkbox"/> | Climb / repel down building / structure | <input type="checkbox"/> |
| Keys to building and roof | <input type="checkbox"/> | Suspended access equipment | <input type="checkbox"/> |
| Elevator | <input type="checkbox"/> | Aerial equipment from ground | <input type="checkbox"/> |
| Pull casualty in through window / balcony | <input type="checkbox"/> | Crane man basket | <input type="checkbox"/> |

What equipment is needed to ensure rescue within 5 minutes, to minimize suspension trauma?

- | | | | |
|-------------------------------|--------------------------|------------------------|--------------------------|
| Rescue ladder | <input type="checkbox"/> | Low Height Rescue Kit | <input type="checkbox"/> |
| Aerial truck | <input type="checkbox"/> | Crane man basket | <input type="checkbox"/> |
| Rescue Kit – Winch | <input type="checkbox"/> | Descent Rescue Kit | <input type="checkbox"/> |
| Suspended access equipment | <input type="checkbox"/> | Stretcher | <input type="checkbox"/> |
| Rescue Kit – Haul-up | <input type="checkbox"/> | Elevated Work Platform | <input type="checkbox"/> |
| Climbing / rope rescue system | <input type="checkbox"/> | First Aid Kit | <input type="checkbox"/> |

If Worker is injured

Can the casualty still be rescued within 5 minutes? Yes No

Is a qualified first aider who understands suspension trauma present? Yes No

Who will alert emergency services and the hospital? (Detail):

How will others be protected?

Assign someone to direct traffic Set up barriers

Other;

WRITTEN RESCUE PLAN

How will Accident scene be protected?

- | | | | |
|----------------------------------|--------------------------|---------------------------|--------------------------|
| Prevent further injury or damage | <input type="checkbox"/> | Set up barriers | <input type="checkbox"/> |
| Preserve wreckage | <input type="checkbox"/> | Take photographs | <input type="checkbox"/> |
| Notify Employer | <input type="checkbox"/> | Notify Ministry of Labour | <input type="checkbox"/> |

Other Considerations:

Precautions for working alone (Detail):

Unusual features of building / structure (Detail):

Weather Conditions (Detail):

Proximity to emergency services / hospital (Detail):

Language barriers (agency / contract staff) (Detail):

APPROVAL OF WORK AT HEIGHT RESCUE PLAN:

Supervisor:

Name (print): _____ Cell Phone # _____

Signature: _____ Date: _____