|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Work Activity Information** | | | | | |
| Date: | | Customer: | | Job Number: | |
| Work Location: | | | | | |
| Start Date: | Start Time: | | End Date: | | End Time: |
| Job Description: | | | | | |
| Work Permit: | | | SWMS Reference: | | |
| **Contacts and Rescue Team** | | **Rescue Equipment** | | **Critical Risk Considerations** | |
| Rescuer/s Name:  Rescuer/s Role: | | Rescue Ladder  Rescue Pole  Rescue Line – Rope Access  Crane – Man Cage  EWP  Assisted Rescue Device  Industrial First Aid Kit  Defibrillator  Other: | | Anchor Point Details:  15kN = 1 Person  21kN = 2 People (rescue)  Access to Anchor | |
| Supervisor Details (Name & Number) | | Exclusion Zone / Landing Area:  Unusual building features | |
| Emergency Contact (Name & Number) | | Rescue Risks:  Access to casualty and attachment | |
| Method of Contact  PA System  Verbal / Face to Face  Radio Channel:  Phone Number:  Other: | | **Location of Equipment**  Job Site:  Site Box  At the Working Area  Other: | | Other:  Obstructions, weather etc. | |
| **Checklist (all must be answered)** | | | | **Comment** | |
| Have alternatives to working at height been considered? | | | |  | |
| Is all the heights equipment inspected, tested and current? | | | |  | |
| Is all rescue equipment in good condition and adequate for the rescue? | | | |  | |
| Are all communication devices available, tested and operational? | | | |  | |
| If working over water is a boat and water rescue equipment available? | | | |  | |
| All persons are trained and competent in the process and equipment use? | | | |  | |
| Is a First Aider available that is not the worker and emergency contacts recorded? | | | |  | |
| Is there a sufficient number of rescuers available? | | | |  | |
| Does the remoteness of the site require additional emergency equipment? | | | |  | |
| **Programmed Requirements** | | | | | |
| * Only Full Body Harnesses must be used when working for Programmed. * No back-clipping is allowed. All connections must occur on the front D shackle. * Triple action carabiners are to be used where possible over other connection types. | | | | | |

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| **Rescue Details** | | | | | **Job Number** | |  | | |
| Drawing and Notes | | | | | | | | | |
| **Identify the following:**  Location of rescue equipment  Emergency Assembly points/exit  Identification of Risks | | | | | | | | | |
| **Emergency**  **000 – Australia | 111 – New Zealand**   * Call the emergency services in the event of an incident. Stop all works and lower the person as required. * Ensure that any risks have been made safe prior to attempting a rescue. * Stabilise the worker until medical assistance is available. If suspension trauma has occurred for longer than 30 minutes do not lay the patient down. * Manage Airways, Breathing and Circulation until help arrives.   **Preventing Suspension Trauma**   * Encourage a worker to adopt a seating position. * Use a leg strap to push legs against and engage their muscles. * Adopt a horizontal position if possible * Loss of consciousness can occur between 5 to 30 minutes * **Call Emergency Services** | | | | | | | | | |
| **Managers Approval** | | | | | | | | | |
| I have reviewed the rescue plan and work activity and agree with the processes and information included. The plan will be effected appropriately by a competent and trained team. | | | | | | | | | |
| **Managers Name:** | | | **Signature:** | | | | | **Date:** | |
| **Worker, Contractor and Rescue Team Acknowledgement** | | | | | | | | | |
| I acknowledge that I have the appropriate knowledge and training to complete the tasks outlined in this rescue plan and accompanying SWMS. I have had the opportunity to consult and agree to the working arrangements and understand the risks associated. Where necessary, I have sought clarification on concerns and received sufficient answers. I will follow correct process and accept failure to meet these will result in works being stopped and made safe. | | | | | | | | | |
| **Name:** | **Signature:** | **Date:** | | **Name:** | | **Signature:** | | | **Date:** |

## Other Considerations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Client Provided Rescue Team**  (The rescue team must be involved in the rescue plan) | | | **Comment** | |
| How will the rescue team be notified? | | |  | |
| Has the rescue team been updated on job requirements and standby? | | |  | |
| How will the rescue team effect a rescue in 5 minutes? | | |  | |
| **Remote Working Location Considerations** (all must be answered) | | | | |
| Is there a paramedic or First Responder available? | | |  | |
| Can suspension trauma and other injuries be managed on Site? | | |  | |
| Is reception considered? Satellite phone? | | |  | |
| What is the transport method? | | |  | |
| Other emergency contact details? RFDS, Heli Rescue etc. | | |  | |
| Details of closest emergency medical assistance: | | | Contact Number:  Distance (Km): | |
| **Self-Recovery Technique** | | | | |
| **Equipment:**  1.2m anchor strap kept tidy (daisy chain if possible) attached to harness with carabiner.  **Use:**   1. Undo the strap and connect the carabiner to the chest ‘D’ ring. 2. Form a loop and step into it with both feet. 3. Extend legs and move to pump blood through muscles.   **Adjustment -** If the strap needs to be adjusted – shorten by tying a knot in the strap. | **photo 5 daisy chain strap for rescueStep 1 ⏵** | **photo 4 connect strop to chest D ringStep 2 ⏵⏵** | | **photo 3 suspended in leg strapStep 3** |
| **Rescue Ladder** | | | | |
| **Equipment:**  1m Sling Spreader bar Ladder Webbing  **Use:**   1. Remove the rescue ladder from the bag. 2. Identify a suitable temporary anchor (15kN) close to the rescue location. 3. Secure the sling around the anchor with a carabiner and ensure it will not slip. 4. Connect the carabiner to the hanging plate. 5. Lower the ladder to the person requiring rescue. 6. The worker is to climb up the ladder to safety.   **Note:**   * Only one person to be on the ladder at a time. * Maximum weight is 140kg. * This is a rescue tool only. |  | | | |