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 ☐
_____________________________________________________________________________________
WRITTEN RESCUE PLAN

How will rescuers get to casualty?

Rescue ladder  ☐  Pull casualty up through floor / roof  ☐
Remote Rescue Kit  ☐  Climb / repel down building / structure  ☐
Keys to building and roof  ☐  Suspended access equipment  ☐
Elevator  ☐  Aerial equipment from ground  ☐
Pull casualty in through window / balcony ☐  Crane man basket ☐

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

Rescue ladder  ☐  Low Height Rescue Kit  ☐
Aerial truck  ☐  Crane man basket  ☐
Rescue Kit – Winch  ☐  Descent Rescue Kit  ☐
Suspended access equipment  ☐  Stretcher  ☐
Rescue Kit – Haul-up  ☐  Elevated Work Platform  ☐
Climbing / rope rescue system  ☐  First Aid Kit  ☐

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;
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Available for free download at: http://www.thesafetybus.com/free-forms.php
WRITTEN RESCUE PLAN

How will Accident scene be protected?

Prevent further injury or damage □ Set up barriers □
Preserve wreckage □ Take photographs □
Notify Employer □ Notify Ministry of Labour □

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: _______________________________