

Phone: 1300 733 220

Email: admin@easyguides.com.au

Fax: (03) 9762 0045 www.easyguides.com.au

**50 RESCUE PLANS** 

Pages in quadruplicate

# HEIGHTS RESCUE PLAN 4

DOWN IN 5
STAY ALIVE



TREATMENT WHILE SUSPENDED

# First Aid and Treatment

# Call 000 Immediately if you notice any of the following symptoms

- FaintnessNausea
- Breathlessness
- Dizziness
- Sweating
- Low blood pressure
- Paleness
- Unconsciousness

# If hanging in harness and conscious



Tell the person to lift their legs and/or pump their leg muscles.



Use their trauma straps (if fitted).



Push their legs against any structures.

You can lower down a rope to help lift their legs.



### If hanging in harness and unconscious



Use your rescue plan. Get them down as quickly as you can.



## Once rescued - if the person is conscious

Place the person in a comfortable position, ideally lying down.



Reassure them.



Loosen or remove harness.



### Monitor Breathing

**LOOK** for the chest moving up and down

**LISTEN** for air from the mouth and nose



**FEEL** for movement of the chest.

Check for 'gasping' breaths

### Once rescued - if the person is unconscious but still breathing

Lie the person down on their side

Loosen or remove harness.

Manage any other injuries.

Give oxygen



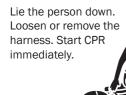
### Monitor Breathing

LISTEN for air from the mouth and nose

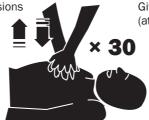
**FEEL** for movement of the chest.

Check for 'gasping' breaths

## Once rescued - if the person is unconscious but NOT breathing



Give 30 compressions (in 15 seconds)



Give - 2 breaths (at normal breathing rate)



Other emergency	rgency Co				WORK DE	TAILS (TYPE	OF WORK	BEING PE	RFORN	(IED)
Site address:  Nearest cross road (other directions):					WORKERS NAMES			CONTACT INFO		
Site access inform	nation: (level, floor,	entrances, etc)	:							
	mergency services:									
	DDE WORK EO	IIDMENT CL	JECKS (TO	DE INITIA	LLED BY BEDGO	NI CHECKIN	IC THE EOL	Прменту		
Anchor points	Initial:	Static lines	NT CHECKS (TO BE INITIA nes Initial:		Lanyards	Initial:	Harnes		Initia	al:
EWP	Initial:	Inertia reels/I	tia reels/lifelines Initial:		Tripod Initial:		Scaffo	Scaffold Initial:		
Snap hooks/karabin	p hooks/karabiners Initial: Ropes			tial:	Energy absorbers Initial:		Trauma	Trauma straps Initial:		
		-	Initial:		Initial:			Initial:		
	Initial:		Initial:		Name:		Signat	Signature:		
WHO IS I	N CHARGE OF:				NAME			CONTACT		
The rescue (primary	contact)									
Contacting emerge	ncy services									
	bserving if a fall occ	nire)								
Ensuring rescuers a		,u13j								
		-4								
RESCUE TASKS	uspension trauma trea	S OF STEPS	IN RESCL	JE	PEOPLE RESPONSION		EQUIPM	ENT NEED RESCUE	DED	TIME
Does equipment need to be set up or moved before you can perform the rescue?		Practic	ed and time	d: Yes/No			Equipm	ent tested: Y	es/No	:
How will you reach the person who has fallen?		Practic	ed and time	d: Yes/No			Equipm	ent tested: Y	es/No	:
Other factors: Layout of building, access problems, weather conditions, language barriers, etc.		Practic	ed and time	d: Yes/No			Equipm	ent tested: Y	es/No	:
How will you get an injured or unconscious person down?		Practic	ed and time	d: Yes/No			Equipm	ent tested: Y	'es/No	:
	TOTA	AL TIME N	EEDED	FOR RES	CUE - MUST	NOT EXC	EED 5 MI	N (300 S	SEC)	:
	EQUIPMENT NE	EDED FOR F	RESCUE (1	O BE INIT	ALED BY PERSO	ON CHECKIN	NG THE EQI	JIPMENT)		
Rescue ladder	Initial:	Static lines	Ini	tial:	Lanyards	Initial:	Harnes	ses	Initia	al:
EWP	Initial:	Inertia reels/I	lifelines Ini	tial:	Tripod/scaffold	Initial:	Winch	es	Initia	al:
Snap hooks/karabin	ers Initial:	Ropes	Ini	tial:	Energy absorbers	Initial:	Trauma	a straps	Initia	al:
First Aid kit	Initial:	Crane	Ini	tial:	Spreader bars	Initial:	Stretch	ner	Initia	al:
Z Z	Initial:		Ini	tial:	Name:		Signat	ure:		
COMMUNICATION	NS TASKS COM	MUNICATIONS	S METHOD	TESTED?	FINAL CHEC	KLIST (to be	done immedia	tely before v	vork com	mences)
Communication during work				YES / NO	All fall restraint/arr	All fall restraint/arrest equipment and anchor points are checked YES / N				
Stand-by Person to raise alarm				YES / NO	Harnesses have bee	en checked and f	itted correctly		Υ	ES / NO
Rescuers will communicate				YES / NO	Rescue equipment is set up and in place YES / N					ES / NO
Suspended person				YES / NO	Possible fall distance and fall arrest distance have been checked YES / NO					
Emergency services contacted YES					Workers know how to reduce effects of suspension intolerance (trauma) YES / NO					
Writton by:	<u> </u>				Authoricad by:					