ABN: 76 661 538 021 P: 0493 522 237 P: 0416 372 397

E: office@geelongpaintgroup.com.au



Working At Heights Rescue Plan





First Aid and Treatment

Call 000 immediately if you notice any of the following symptoms

- Unconsciousness
- Nausea
- Dizziness
- Breathless
- Fainting
- Sweating
- Paleness

If hanging in a harness and conscious

- Use the rescue plan to get them down as quickly as you can
- Tell you co-worker to lift their legs and/or pump their leg muscles
- Use their trauma straps (if fitted to harness)
- Push their legs against any structure if possible

If hanging in a harness and unconscious

- Call 000 immediately
- Use the rescue plan to get them down as quickly as you can

Once rescued - if the person is conscious

- Place the person in a comfortable position, ideally laying down
- Loosen or remove harness
- Give oxygen (if available)
- Reassure them that everything will be okay

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
- Monitor their breathing

Once rescued – if the person is unconscious and not breathing

- Lie them down on their back
- Loosen or remove harness
- Start CPR (Give 30 compressions with 2 breaths)
- DON'T STOP UNTIL EMERGENCY SERVICES ARIVE



EMERGENCY CONTACT 000				WORK DETAILS (TYPE OF WORKS BEING PERFORMED)				
SITE ADDRESS:				W	orking at	Heights		
NEAREST MEDICAL CENTRE:			WOR	WORKERS NAME		CONTACT INFO		
SITE ACCESS INFO	RMATION:							
PRE-W	ORK EQUIPMENT (CHECKS (TO BE IN	TIALLED	BY PERSON	CHECKIN	G EQUIPT	MENT	
ANCHOR POINTS		LANYARDS		SCAFFOL)		
EWP		HARNESS		LADDERS				
WHO IS IN CHARGE	E OF:		NAME:			CONT	TACT DETAILS:	
THE RESCUE CONTACTING EMERG	CENCY CEDVICES							
SPOTTER	JENCY SERVICES							
FIRST AID								
RESCUE TASKS:	DETAILS OF STEE	PS:		PEOPLE	F.	EQUIPTN	MENT NEEDED:	
DOES EQUIPTMENT NEED TO BE SET UP OR MOVED BEFORE YOU CAN PERFORM THE RESCUE?			,	RESPONSIBL	E			
HOW WILL YOU REACH THE PERSON WHO HAS FALLEN?								
HOW WILL YOU GET AN INJURED OR UNCONSCIOUS PERSON DOWN?								
OTHER FACTORS:								



FINAL CHECKLIST				
ALL FALL ARREST / ANCHOR POINTS ARE CHECKED?	YES/NO			
HARNESS HAS BEEN CHECKED AND FITTED CORRECTLY?	YES/NO			
PRE-START CHECKLIST HAS BEEN COMPLETED?	YES/NO			
EWP OPPERATOR HAS A HIGH-RISK LICENSE?	YES/NO			
ALL WORKERS ARE UP TO DATE WITH RHE RESCUE PLAN?	YES/NO			

WRITTEN BY	SIGNATURE	DATE



RESUSCITATION CHART

D

DANGER

Use all senses to check for dangers to yourself, others and the patient. Ensure the area is safe. Move the patient only if the danger cannot be eliminated.



R

RESPONSE

Check for a normal response by talking to the patient, asking them their name and squeezing their shoulders DO NOT move the patient if the injury is the result of a fall



S

SEND FOR HELP

Send a bystander to call for help and an Ambulance as soon as possible



DIAL 000 and ask for Ambulance attendance.



AIRWAY

Open mouth and check for foreign objects. If objects are present place in recovery position and clear airway with fingers. DO NOT move patient if the injury is the result of a fall.



В

BREATHING

Check breathing. Look for rise and fall of chest. Listen for breathing sounds. Feel for breaths on the cheek and for rib cage movement. If breathing is present keep the patient in the recovery position and monitor.



C

CPR

If no breathing is present commence CPR. Give 30 Chest Compressions to every 2 Breaths @ 100 Compressions/minute.



D

DEFIBRILLATION

Apply defibrillator (if available) and follow the voice prompts or instruction on the device. AED - Automated External Defibrillator



Continue CPR until responsiveness or normal breathing returns