***THE POSSIBILITY EXISTS FOR SERIOUS MEDICAL COMPLICATIONS CAUSED BY CIRCULATORY PROBLEMS FROM HANGING IN THE HARNESS. INSURE THAT PARAMEDICS ARE ON SCENE BEFORE TAKING PRESSURE OFF SOMEONE SUSPENDED FOR AN EXTENDED TIME PERIOD.***

1. Emergency Rescue. Company XXXXX has the following resources on site to initiate a successful emergency rescue of a worker that is suspended in their fall arrest system. It is estimated that response time will be 20 minutes. The following resources are on site:

Zoom boom as back up for height access, # Scissor Lift, #

Crane with operator, #

Trucks for transport, # Personnel for response, # Qualified first aid personnel, # Two way radios & cell phones, #

1. Immediate action to be taken for a worker having been arrested in his/her fall arrest system.
	* **The first worker** to notice that another worker has fallen will immediately approach the individual and observe and/or ask if he/she has been injured.
	* If they are injured or do not respond**: Immediately initiate either the site emergency response or 911 & continue with step 3.**
	* If they are not injured continue with step 3.
2. For all falls which result in individuals being suspended in their fall arrest System:
	* Summon all on site XXXXXXXXXX personnel
	* The XXXXXXXXXXX foreman, Safety Representative or other competent employee will take charge
	* Contact Site Superintendent
	* Contact the XXXXXXXXXXX Construction Manager
	* Contact XXXXXXXXXXX Manager Safety Systems
	* Use the available lift, maneuvre the platform under the suspended worker
	* Assist the worker caught in his/her harness to maneuvre to the lift platform.
	* Insure injured worker is secure before disengaging them from their suspended fall arrest system.
	* Initiate first aid procedures
	* Lower lift platform to ground level
	* Continue first aid until medical aid arrives
	* Contact Dept. of Environment & Labour, Occupational Health & Safety Division,
	* The incident scene in its’ entirety is to be quarantined.

I have reviewed this rescue procedure with all members of my crew before starting job, and will ensure all new crew members participate in a review of this procedure before they start work:

Job site #

*Company XXXXX -* Foreman’s Name:

Print & Sign:

Date:

Crew names: Print, Sign & Date

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