

	Rescue Plan Ref No:
Site Address:	
Location/Area:	
Company/Client:	
Reference No:	
Work at Height Dates: From: To:	
Job/Task (involving work at height):	
(Relevant Risk Assessments attached)	
WAH Access Method/s:	
Operators (Names of Operators involved in the work at height):	
1.	2.
3.	4.
5.	6.
7.	8.







The WAH Rescuer is to check and emergency equipment is in good working condition/order prior to proceeding with the work at height task and sign below.

Signature WAH Rescuer:	Date:
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(WAH Rescuer to remain with operators at all times for safety and communications)

WORK AT HEIGHT RESCUE PLAN

RESCUE

Communication	
What communication systems will be used between the suspended worker and Supervisor/ Rescue Team? (✓ as appropriate)	
Direct Voice Communication <input type="checkbox"/>	Whistle <input type="checkbox"/>
Mobile Phone <input type="checkbox"/>	Two-way Radios/Headsets <input type="checkbox"/>
<u>Emergency Contact</u>	
In the event of an emergency/fall from height the WAH Supervisor should immediately alert the Rescue Team and first aid assistance -	
Rescue Team	
Name:	 :
Name:	 :
Name:	 :
First Aiders	
Name:	 :
Name:	 :
Name:	 :

If the site Rescue Team is unable to affect a rescue within 5 minutes the Fire & Rescue Service and the Ambulance Service are to be called on – 999 or 112 (mobile)

Local Accident & Emergency Hospital:	 :
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In all instances inform the Office of the situation  :

NB Once the Rescue Team is in attendance and if required, a nominated person is to go to the site entrance to meet, and direct the emergency services, and provide the following information:

Which floor/how high up the casualty is:
Operators' condition after fall:

Safety of Rescuers (✓ as appropriate)

Are there a sufficient number of Rescuers available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are Operators trained competent (& in date) in use of rescue equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is rescue equipment selected appropriate for nature of work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have assessments been made of anchor points, & are they in date for test?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has consideration been made to method of attaching casualty?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What obstructions are in the way of reaching the suspended Operator? (Detail):	

How will rescuers get to casualty? (✓ as appropriate)

Rescue ladder <input type="checkbox"/>	Remote rescue kit <input type="checkbox"/>
Keys to building & roof <input type="checkbox"/>	Lift <input type="checkbox"/>
Pull casualty in through window/balcony <input type="checkbox"/>	Pull casualty up through floor/slab/roof <input type="checkbox"/>
Suspended access equipment <input type="checkbox"/>	Climb/abseil down building/structure <input type="checkbox"/>
Aerial equipment from ground <input type="checkbox"/>	Crane man basket <input type="checkbox"/>

What equipment is needed to ensure rescue within 5 minutes in order to minimize suspension trauma? (✓ as appropriate)

Rescue ladder <input type="checkbox"/>	Aerial ladder truck <input type="checkbox"/>
Remote Rescue Kit <input type="checkbox"/>	Suspended access equipment <input type="checkbox"/>
Toxic Shock Kit <input type="checkbox"/>	Climbing/rope rescue system <input type="checkbox"/>
Safety ropes <input type="checkbox"/>	Crane man basket <input type="checkbox"/>
MEWP <input type="checkbox"/>	Stretcher <input type="checkbox"/>
First Aid Kit <input type="checkbox"/>	Resuscitator <input type="checkbox"/>

If Operative is injured (✓ as appropriate)

Can casualty still be rescued within 5 minutes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a qualified first aider present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who and how will the emergency services and hospital be alerted? (Detail):	

How will others be protected? (✓ as appropriate)

Assign someone to direct traffic <input type="checkbox"/>	Set up barriers <input type="checkbox"/>
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How will Accident scene be protected? (✓ as appropriate)

Prevent further injury or damage <input type="checkbox"/>	Set up barriers <input type="checkbox"/>
Preserve scene <input type="checkbox"/>	Report incident/event <input type="checkbox"/>

Other Considerations

Lone working precautions (Detail):
Unusual features of building structure (Detail):
Weather Conditions (Detail):
Proximity to emergency services/hospital (Detail):
Language barriers (agency/contract staff) (Detail):

WORK AT HEIGHT RESCUE PLAN PRODUCED BY:

Rescuer in Charge:

Name (print):	Position:
Signature:	Date:

APPROVAL OF WORK AT HEIGHT RESCUE PLAN:

Work at Height Supervisor:

Name (print):	Position:
Signature:	Date:

Authorising Manager:

Name (print):	Position:
Signature:	Date: