

CONFINED SPACE RESCUE PLAN (template)

Confined Space Name/Location: _____ Identification #: _____ Date: _____

Confined Space is under gas purge or inert blanket: Y/N _____ Type of Gas: _____

Entry/Hole Watch: _____ Employer: _____

For this specific confined space entry we have decided to use:

Non-entry rescue procedures – (do not use if this would increase the risk of injury to the entrant or would be ineffective).

On-site rescue services which include: (list) _____

On-Site Rescue Personnel

Rescue Designation

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Off-site entry rescue services.

The Entry Supervisor will contact (name of rescue service) at (phone number) to do both of the following:

- Coordinate entry
- Schedule an entry date and time

Methods of Communication:

Entry/Hole Watch to Rescue Personnel: Phone Audible Signal Radio (*channel to monitor*)
 Other _____

Entry/Hole Watch to Entrants: Radio (*channel to monitor*) Audible Signal Visual Hand Signal
 Rope Signal Other _____

Entry/Hole Watch to Person in Charge of area: Phone Audible Signal Radio
 Other _____

Methods of Rescue: External (Retrieval) Internal: _____ Congested: _____

Hauling System Required: _____ Patient lowering system required/lowering area: _____

Anchor overhead: _____

Anchorage: Beam Stairwell Support Strut Support Column Other: _____

Pre-Rigging required? Yes No

Breathing Equipment and Gas Tester Requirements (check where applicable below and indicate quantity needed): SCBA: _____ Airline Respirators: _____ Compressor (Grade D Air): _____

Air Purifying Respirators (specify number and type required): _____

Gas Testers: (specify number and type required): _____

Stand-by Attendant (required to monitor compressor intake) _____

Rescue Equipment Requirements (check where applicable below and indicate quantity needed):

Hauling Systems: _____ Carabineers: _____ Pulleys: _____ Shock absorbers/lanyards: _____

Anchor Straps: _____ Webbing: _____ Ascenders: _____ Body Harnesses: _____

Rigging Plates: _____ Safety Lines: _____ Main Lines: _____ Wrist/Ankle Harnesses: _____

Fire Extinguishers: _____ Stretcher: _____ Ladder (type) _____

Rescue Equipment Inspections

Identified rescue equipment inspected by competent person: _____

Record of inspection(s) attached Yes

Medical Equipment Requirements (check where applicable below and indicate quantity needed):

Trauma Kit: _____ Packaging Device: _____

Additional PPE Requirements (Indicate what is needed):

High Visibility Vests Hearing Protection Safety Boots Hard Hats Safety Glasses/Goggles

Gloves Face Shield

Description of Space (include location of Entry/Hole Watch):

Diagram of Space (Use Back of Page if needed): Include direction of approach and any staging areas.

Approved by: _____ **Title:** _____ **Date:** _____

ON-SITE RESCUE PROCEDURES

These procedures form part of the written Confined Space Rescue Plan and are based on the assessment of hazards in the named confined space. These procedures must be amended to include any specific procedures for summoning rescue and emergency services for the worksite.

Prior to entry and/or work in the confined space:

1. The Entry Supervisor shall ensure that the attached confined space rescue plan template has been completed and that all the rescue equipment identified in the plan is available to affect a rescue in the confined space.
2. The Entry Supervisor shall ensure that an adequate number of appropriately trained persons (as documented in the attached rescue plan) are available for immediate implementation of these on-site rescue procedures that apply to the confined space.
3. The Entry Supervisor shall review all emergency procedures, including procedures relating to emergencies outside the confined space with all entrants and other related personnel.
4. The Entry Supervisor shall confirm that the rescue equipment is located at the agreed staging area.
5. The Entry/Hole Watch shall establish communication with all workers, using the means described in the attached rescue plan.

On entry and while working in the confined space:

1. The Entry/Hole Watch who is stationed outside and near the entrance to the confined space as described in the attached rescue plan remains in constant communication with all workers inside the confined space.
2. The Entry/Hole Watch must be notified immediately if an entrant recognizes:
 - unusual action or behavior of other entrants
 - an unexpected hazard
 - an unsafe act
 - detects a condition prohibited by the permit
3. Authorized Entrants must exit the confined space as quickly as possible, when:
 - an order to evacuate is given by the Entry/Hole Watch or Entry Supervisor
 - an entrant recognizes a sign or symptom of over-exposure
 - an unacceptable condition arises
 - an evacuation alarm is activated

In the event of a confined space rescue:

Rescue Personnel / Responders must strictly follow safe rescue procedures.

1. The Entry/Hole Watch shall not enter the confined space but immediately summon a rescue response from the designated rescue team, using the means of communication described in the attached rescue plan.
2. Unit operator and any available Fire Watch in the area will respond to the location of the alarm, if in place.
3. Qualified Gas Tester will test inside the confined space to determine if the environment is safe for entry.
4. After confirming the environment is not the cause of the person down, then competent first aid / rescue personnel equipped with the necessary safety equipment will be admitted to the space to attend to the person and prepare them to be moved out.
5. If the atmosphere is found unsafe for entry without breathing air, then rescue personnel must put on SCBA or airline respirators prior to entry.
6. Using applicable rescue techniques to move the person, the injured person will be moved out of the confined space to a safe location by the rescue team.
7. An ambulance can safely transport the individual to the hospital if necessary.
8. List other additional site-specific steps as necessary.