GUIDANCE

RESCUE REQUIREMENTS WHILE WORKING AT HEIGHT

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Reference: Work at Height Regulations 2005 and HSE Report "Harness Suspension: Review and Evaluation of Existing Information" (Ref.: CRR451/2002).

SITUATION:

SAFed Member Companies expect owner/users to have a thorough, practical plan for rescuing any Engineer Surveyor while working at height. Owner/user staff that would be involved in a rescue must be properly trained and have regular practices. If the owner/user is unable to provide rescue arrangements then the Engineer Surveyor must not complete the examination. The provision of suitable arrangements must be agreed between the SAFed member Company and the owner/user to ensure the safety of the Engineer surveyor at all times.

Research gathered by the HSE has shown that an individual who is unconscious and suspended in a harness may suffer serious injuries and even die in less than 20 minutes due to "suspension trauma". A conscious individual suspended in a harness may survive for several hours. Regulation 4 of the Work at Height Regulations requires employers to properly plan work at height including emergencies and rescue. This document aims to ensure a consistent approach amongst SAFed member companies so that the health and safety of all Engineer Surveyors is protected.

GUIDANCE:

1. Safest method of working at height

The risk reduction strategy identified in the WAH Regulations should be applied and the safest method of WAH adopted. Where it is identified that the use of fall arrest personal protective equipment is required, then rescue procedures are necessary when in the event of a fall there is a risk of being suspended in a harness. In any situation the safest method of working at height should be selected i.e. MEWP or scaffolding and methods which require rescue harness and fall arrest used when no alternative exists.

2. Requirements for a Rescue Procedure

2.1 Prompt and effective rescue procedures will be required when an Engineer Surveyor is wearing a harness and fall-arrest lanyard and there is any risk that he/she could fall and be suspended. Such procedures would probably also be necessary for other groups of workers, e.g. the owner/users own staff and maintenance contractors.

2.2 Procedures will be required for other emergency scenarios e.g. rescue from safety nets, rescue from the carrier of a failed MEWP, rescue of an unwell individual while working at heights etc. However, these scenarios may not require such prompt rescue as is required when someone is suspended in a harness as death could occur in less than 20 minutes in that situation.

2.3 As Engineer Surveyors often work unaided it will normally be the responsibility of owner/users to have prompt and effective rescue procedures in place should he/she fall and be suspended. Such procedures would probably be required for the owner/user's own employees or other contractors anyway. Some owner/users may not be fully aware of the requirements for rescue procedures and so SAFed member companies should provide appropriate advice and guidance.

2.4 When an Engineer Surveyor attends a site and is required to work at height he/she must ask about the rescue procedures that are in place. If he/she is not satisfied with the arrangements then the work at height must not be carried out. Discussions should then be held between the surveyor, his/her Health and Safety Officer and the owner/user to resolve the situation and implement a suitable methodology for examination.

3. Types of Rescue Procedure

3.1 The type of rescue procedure that is required will depend on the specific circumstances. These are some examples.

- If the suspended person is low enough, cut their lanyard and lower him/her to the ground.
- Use a MEWP (e.g. cherry picker) that is positioned near to the work area.
- Competent and trained personnel using a suitable type of rescue kit that can be quickly and effectively deployed to the point of rescue. These kits are available from most manufacturers of equipment for work at height, e.g. harness and lanyard manufacturers.

3.2 The Emergency Services must not be relied upon to carry out the rescue, unless the site has a specific agreement with them. The Emergency Services cannot guarantee to arrive on time, may not be able to gain access to restricted areas and may not have the necessary equipment to carry out the rescue.

3.3 Suitable communication arrangements must be in place so the surveyor can make a responsible person aware that he/she is experiencing difficulties and/or that he/she requires rescuing.

3.4 Any owner/user staff that are going to carry out the rescue must be provided with regular training and have regular practices so that the rescue can be carried out quickly and effectively. Normally there should be a written procedure that the surveyor can review if required. Sufficient staff need to be trained so that a suitable team can be deployed and the rescue carried out effectively.

4. Medical Considerations

4.1 Site first aiders must be aware, in terms of treatment, it is important to remember that reflow results from long-term suspension (over 10 or 20 minutes duration), as the tissues in the lower extremities will have had time to deoxygenate. If a casualty has been suspended for only a minute or two, as is common in rope access, then there is no problem whatsoever with placing them in a supine (horizontal) position. If, however, they have been suspended for long enough, the risks from reflow must be taken into account, and a supine position does introduce an additional danger. If their other injuries are significant and their brain oxygen supply is severely compromised, then it may well be, on balance, the best option to place them supine (for example if there is a need for CPR or there is major blood loss). The decision must be made on a case-by-case basis and there can be no blanket statement made which does not take account of these important factors of time and injuries.

4.2 Any individual, regardless of how they feel, must seek medical attention after being suspended in a harness, as adverse health effects can occur at a later stage even in a person who does not feel unwell after the rescue.