

	Rescue Plan	Form ARC-01
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Date:	Training Location:	Rescue Plan #:
Description of Training:		
Prepared by:	Lead Instructor:	
<p style="text-align: center;">This document is to be used in conjunction with the approved <i>Training Safety Plan</i></p>		

Identified potential emergencies at this job location consist of:	
Assigned Responsibilities:	
Team Member 1:	
Team Member 2:	
Team Member 3:	

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Emergency Communication:	Consider: Internal and External Contacts Consider: Internal and External Notification System
Rescue Equipment Required:	Consider: All rescue equipment that includes patient packaging, egress and additional P.P.E. for co-workers
Rescue Equipment Location:	Consider: Staging all required equipment at direct worksite location
Emergency Actions:	Consider: Scene assessment, scene stabilization, activation of Emergency Service and Internal Response System, initial access to patient, required equipment, patient stabilization (FIRST-AID), patient egress to safety, and patient egress to EMS.

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Benchmarks during activation of Rescue Plan	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assess Situation <input checked="" type="checkbox"/> Activate Emergency Services <input checked="" type="checkbox"/> Determine <i>Hot Zone</i> <input checked="" type="checkbox"/> Assign <i>Rescue 1</i> <input checked="" type="checkbox"/> Assign <i>Rescue 2</i> <input checked="" type="checkbox"/> Confirm Rescuers have required P.P.E. to effectively and safely access the patient's location <input checked="" type="checkbox"/> Confirm Rescuers have required Rescue Equipment to effectively and efficiently stabilize and egress the patient <input checked="" type="checkbox"/> Re-assess and Communicate Hazards –Mitigate where feasible <input checked="" type="checkbox"/> Conduct a <i>System Safety Check</i> prior to placing the packaged patient onto a life-load system <input checked="" type="checkbox"/> Confirm area is accessible to Emergency Service Apparatus and Personnel <input checked="" type="checkbox"/> Communicate with Emergency Services through formulating an Incident and Patient Verbal Report
Patient Reporting:	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> :Patient's Name <input checked="" type="checkbox"/> Patient's Age: <input checked="" type="checkbox"/> Chief Complaint: <input checked="" type="checkbox"/> Vitals: <input checked="" type="checkbox"/> Incident History: <input checked="" type="checkbox"/> Actions and Treatment:

Immediately after the scene is stabilized and the patient is provided to E.M.S., secure the immediate worksite and all equipment