

RISK MANAGEMENT PLAN - 214

1. Barricading Plan

- ★ In the event of an emergency, rescue team will initiate an initial action circle designating Hot and Cold Zone restricting non essential personnel.
- ★ IPS safety will conduct a scene size-up (pre rescue hazard assessment) to determine Hot, Warm and Cold Zones for emergency operations.
- ★ Consider wind direction, runoff direction when establishing; *P - Tape & tags; A - Utility Rope; C - Rescue Rope; E - Stationed safety personnel.
- ★ An attendant assigned upwind at access points for accountability; Barricade medium*, tags, radio and attendant form will be needed.

2. Fall Protection Plan

- ★ 100% Tie off when on scaffolding or other non permanent structures or railing is not present; Proper PPE donning
- ★ Minimize fall factor by: selecting anchor points high and above dorsal or ventral harness attachment point; reduce lanyard slack
- ★ On Terrain: Class 3 Harness; Y Lanyard; purcell pruiks for edge restraints; Bombproof anchors = 5000lbs/person; Whistle Test; Critical Point Test
- ★ On Rope - Independent and redundantly anchored 1/2" rope; ASAP w energy absorber; tandem prusiks; closed systems; rescue knots

3. Monitoring Plan

- ★ Independently calibrated IPS rescue monitoring devices will be function tested prior to every shift
- ★ Emer Ops: IPS safety will fresh air start monitor; approach upwind to initial barricading for scene size-up with appropriate dermal and respir. PPE
- ★ Monitoring Hazard Order: Radioactivity, Oxygen Deficiency, Flammability, Toxicity, Corrosivity
- ★ Monitoring location order: General site; perimeter; internal space; victim area (1 sec every 4' of tubing)

4. Ventilation Plan

Pre Emer Ops: Use SDS to establish contaminant profile; Calculate volume of space; Conduct an initial monitoring reading for baseline levels
Initial Ventilation' safety margin: Bombproof - 20 air exchanges; Questionable - 15 air exchanges; Marginal - 10 air exchanges
Emer Ops: Continuously monitor space for oxygen and toxic concentration levels
Continuous Ventilation' safety margin: B - 15 air exchanges/hr; Q - 10 air exchanges/hr M - 7 air exchanges/hr

5. PPE Plan

Pre Emer Ops: Use SDS to establish contaminant profile; Conduct an initial monitoring reading for baseline levels

- Level A -
- Level B -
- Level C -
- Level D -

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6. BSI Plan

Social distancing practices of 6'. When encountering someone ill, injured or unknown condition body, universal precautions will be used.
Dermal Protection: Nitrile, non latex gloves to prevent allergic reactions; safety glasses for eye / splash protection from blood borne pathogens
No open wounds; bandage cuts and skin irritations prior to providing care; cover with sterile dressing.
Respir. Protection: Use a N95 respirator or higher APV APR or SAR; consider using a mask on victim unless it exacerbates respiratory distress

7. Rehab Plan (Heat Stress/Cold Mgmt)

- ★ Pre shift consumption and continuous hydration to replenish what is lost through perspiration, urination and other body processes
- ★ Clothing layers appropriate for weather forecast: cold insulation, heat dispersion, rain protection
- ★ Work Fatigue: Periodic rotations to minimize physical exhaustion during shift AND staying home for a fatigue day to prevent mental exhaustion
- ★ Logging of trending vital values available with attendant or rescue team pre shift, during shift or post task; At rehab/cooling stations if available

8. Biowaste Plan

- ★ All biohazardous waste must be discarded appropriately, never over fill
- ★ Use red bio waste bags and approved sharps containers. If red bags are not available, label trash bag visibly 'BIOWASTE'
- ★ Secure the bag by tying a square knot and OVERPACK a second bag on top to prevent leakage or spillage, finish second bag with a square knot
- ★ Discard bag in approved red biowaste bin OR request to send offsite with EMS OR have office contact Clean Harbor for collection services

9. Decon Plan

10. Demobilization Plan

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11. Triage Plan

General Impression; Use IPS START Triage and Rapid Treatment Method

Possible Chemical Exposure

Responsive / Able to walk (responsive & follow commands)?

Yes-> IMMEDIATE/DECON (orange)-> send to decon then secondary triage

No-> EXPECTANT/CONTAMINATED (blue)

No Chemical Exposure

Responsive / Able to walk (responsive & follow commands)?

Yes-> DELAYED (yellow)-> to secondary triage in Warm Zone

No-> IMMEDIATE (red), continue to breathing

Check for breathing (may need to be rolled over first using appropriate technique)

No -> Airway position change

Not breathing-> EXPECTANT (black), CPR if triage is complete

Yes-> IMMEDIATE, continue radial pulse/cap refill assessment

Radial Pulse/Cap refill <2 sec?

No-> EXPECTANT, CPR if triage is complete

YES -> IMMEDIATE, continue triage of all patients then critical care

Critical Care

Arterial bleeding out

- ★ Control major bleeds first, even before CPR
- ★ Scan Legs front/back, Neck, Head, Torso front/back, arms front/back.
- ★ If multi areas with major bleeds, treat in same order.

Legs:

- ★ Direct Pressure
- ★ Elevate wound
- ★ Consider tourniquet 2" above injury and high on extremity
- ★ Tightly pretension strap
- ★ Twist x3 or until bleeding stops or no distal pulse
- ★ Record time

Neck, Head, Torso:

- ★ Direct Pressure
- ★ Cover/pack with multi trauma dressing or gauze
- ★ Do not use tourniquet

Arms:

- ★ Direct Pressure
- ★ Elevate wound
- ★ Consider tourniquet 2" above injury and high on extremity or use tourniquet
- ★ Tightly pretension strap
- ★ Twist x3 or until bleeding stops or no distal pulse
- ★ Record time

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11. Triage Plan (continued)

Critical Care (continued)	
<u>Arterial bleeding controlled / Cardiac arrest</u>	★ Move out of an IDLH environment first and or remove all area hazards if possible
	★ Notify team about change of location
	★ Time stamp beginning CPR if possible
<u>Breathing</u>	★ Open airway with position change
	★ Ventilate with bag valve mask or provide rescue breaths with a mouth barrier
<u>Cold/Heat Stress Management</u>	★ Hypothermia: Doff wet clothes; Use blankets and other passive warming methods
	★ Hyperthermia: Doff thick outer garments; passive cooling techniques
★ Extraction plan takes priority over first aid (not arterial bleeding) and continued care but can be done simultaneously	
★ Time stamp and document findings	
★ Utilize safety attendant to scribe findings on attendant form 501	
★ Diagnostic tools will provide trending values	

12. Completion of Duties

IPS Safety (signature)

IC (signature)