Rescue Team or Rescue Service Evaluation Criteria

I. This appendix provides guidance to employers in choosing an appropriate rescue service. It contains criteria that may be used to evaluate the capabilities both of prospective and current rescue teams. Before a rescue team can be trained or chosen, however, an analysis of all confined spaces in the facility needs to be done to identify all potential hazards in those spaces. Experience indicates that circumstances may arise where entrants will need to be rescued from confined spaces. It is important for employers to select rescue services or teams, either on-site or off-site, that are equipped and capable of minimizing harm to both entrants and rescuers if the need arises.

II. For all rescue teams or services, the employer's evaluation should consist of two components: an initial evaluation, in which employers decide whether a potential rescue service or team is adequately trained and equipped to perform confined space rescues of the kind needed at the facility and whether such rescuers can respond in a timely manner, and a performance evaluation, in which employers measure the performance of the team or service during an actual or practice rescue. For example, based on the initial evaluation, an employer may determine that maintaining an on-site rescue team will be more expensive than obtaining the services of an off-site team, without being significantly more effective, and decide to hire a rescue service. During a performance evaluation, the employer could decide, after observing the rescue service perform a practice rescue, that the service's training or preparedness was not adequate to perform a timely or effective rescue at his or her facility and decide to select another rescue service, or to form an internal rescue team.

A. Initial Evaluation

1. The employer should meet with the prospective rescue service to facilitate the evaluations. At a minimum, if an off-site rescue service is being considered, the employer must contact the service to plan and coordinate the evaluations required by the standard. Merely posting the service's number or planning to rely on the 911 emergency phone number to obtain these services at the time of a confined space emergency would not comply with confined entry standards.

2. The capabilities required of a rescue service vary with the type of confined spaces from which rescue may be necessary and the hazards likely to be encountered in those spaces. Answering the questions below will assist employees in determining whether the rescue service is capable of performing rescues in the confined spaces present at the employer's workplace.

a. What are the needs of the employer with regard to response time (time for the rescue service to receive notification, arrive at the scene, and set up and be ready for entry)? For example, if entry is to be made into an IDLH atmosphere, or into a space that can quickly develop an IDLH atmosphere (if ventilation fails or for
other reasons), the rescue team or service would need to be standing by at the confined space. On the other hand, if the danger to entrants is restricted to mechanical hazards that would cause injuries (e.g., broken bones, abrasions) a response time of 10 or 15 minutes might be adequate.

b. How quickly can the rescue team or service get from its location to the confined spaces from which rescue may be necessary? Relevant factors to consider would include: the location of the rescue team or service relative to the employer’s workplace, the quality of roads and highways to be traveled, potential bottlenecks or traffic congestion that might be encountered in transit, the reliability of the rescuer’s vehicles, and the training and skill of its drivers.

c. What is the availability of the rescue service? Is it unavailable at certain times of the day or in certain situations? What is the likelihood that key personnel of the rescue service might be unavailable at times? If the rescue service becomes unavailable while an entry is underway, does it have the capability of notifying the employer so that the employer can instruct the attendant to abort the entry immediately?

d. For off-site services, is the service willing to perform rescues at the employer’s workplace? (An employer may not rely on a rescuer who declines, for whatever reason, to provide rescue services.)

e. Is an adequate method for communications between the attendant, employer and prospective rescuer available so that a rescue request can be transmitted to the rescuer without delay? How soon after notification can a prospective rescuer dispatch a rescue team to the entry site?

f. For rescues into spaces that may pose significant atmospheric hazards and from which rescue entry, patient packaging and retrieval cannot be safely accomplished in a relatively short time (15-20 minutes), employers should consider using airline respirators (with escape bottles) for the rescuers and to supply rescue air to the patient. If the employer decides to use SCBA, does the prospective rescue service have an ample supply of replacement cylinders and procedures for rescuers to enter and exit (or be retrieved) well within the SCBA’s air supply limits?

g. If the space has a vertical entry over 5 feet in depth, can the prospective rescue service properly perform entry rescues? Does the service have the technical knowledge and equipment to perform rope work or elevated rescue, if needed?

h. Does the rescue service have the necessary skills in medical evaluation, patient packaging and emergency response?
i. Does the rescue service have the necessary equipment to perform rescues, or must the equipment be provided by the employer or another source?

B. Performance Evaluation

Rescue services are to practice rescues at least once every 12 months, provided that the team or service has not successfully performed a confined space rescue within that time. As part of each practice session, the service should perform a critique of the practice rescue, or have another qualified party perform the critique, so that deficiencies in procedures, equipment, training, or number of personnel can be identified and corrected. The results of the critique, and the corrections made to respond to the deficiencies identified, should be given to the employer to enable it to determine whether the rescue service can quickly be upgraded to meet the employer’s rescue needs or whether another service must be selected. The following questions will assist employers and rescue teams and services evaluate their performance.

1) Have all members of the service been trained as confined space entrants, at a minimum, including training in the potential hazards of all confined spaces, or of representative confined spaces, from which rescue may be needed? Can team members recognize the signs, symptoms, and consequences of exposure to any hazardous atmospheres that may be present in those confined spaces?

2) Is every team member provided with, and properly trained in, the use and need for PPE, such as SCBA or fall arrest equipment, which may be required to perform confined space rescues in the facility? Is every team member properly trained to perform his or her functions and make rescues, and to use any rescue equipment, such as ropes and backboards, that may be needed in a rescue attempt?

3) Are team members trained in the first aid and medical skills needed to treat victims overcome or injured by the types of hazards that may be encountered in the confined spaces at the facility?

4) Do all team members perform their functions safely and efficiently? Do rescue service personnel focus on their own safety before considering the safety of the victim?

5) If necessary, can the rescue service properly test the atmosphere to determine if it is IDLH?

6) Can the rescue personnel identify information pertinent to the rescue from MSDSs?

7) Has the rescue service been informed of any hazards to personnel that may arise from outside the space, such as those that may be caused by future work near the space?
8) If necessary, can the rescue service properly package and retrieve victims from a confined space that has a limited size opening (less than 24 inches (60.9 cm) in diameter), limited internal space, or internal obstacles or hazards?

9) If necessary, can the rescue service safely perform an elevated (high angle) rescue?

10) Does the rescue service have a plan for each of the kinds of confined space rescue operations at the facility? Is the plan adequate for all types of rescue operations that may be needed at the facility? Teams may practice in representative spaces, or in spaces that are “worst-case” or most restrictive with respect to internal configuration, elevation, and portal size. The following characteristics of a practice space should be considered when deciding whether a space is truly representative of an actual confined space:

i. Internal configuration

   (a) Open – there are no obstacles, barriers, or obstructions within the space. One example is a water tank.

   (b) Obstructed – the confined space contains some type of obstruction that a rescuer would need to maneuver around. An example would be a baffle or mixing blade. Large equipment, such as a ladder or scaffold, brought into a space for work purposes would be considered an obstruction if the positioning or size of the equipment would make rescue more difficult.

ii. Elevation

   (a) Elevated – a confined space where the entrance portal or opening is above grade by 4 feet or more. This type of space usually requires knowledge of high angle rescue procedures because of the difficulty in packaging and transporting a patient to the ground from the portal.

   (b) Non-elevated – a confined space with the entrance portal located less than 4 feet above grade. This type of space will allow the rescue team to transport an injured employee normally.

iii. Portal size

   (a) Restricted – A portal of 24 inches or less in the least dimension. Portals of this size are too small to allow a rescuer to simply enter the space while using SCBA. The portal size is also too small to allow normal spinal immobilization of an injured employee.
(b) **Unrestricted** – A portal of greater than 24 inches in the least dimension. These portals allow relatively free movement into and out of the confined space.

iv. **Space access**

(a) **Horizontal** – The portal is located on the side of the confined space. Use of retrieval lines could be difficult.

(b) **Vertical** – The portal is located on the top of the confined space, so that rescuers must climb down, or the bottom of the confined space, so that rescuers must climb up to enter the space. Vertical portals may require knowledge of rope techniques, or special patient packaging to safely retrieve a downed entrant.