FIRST AID

RESCUE OF EMPLOYEE FROM POLE

1. GENERAL

1.001 This addendum supplements Section 010-100-012.

1.002 It is issued to include instructions on pole top resuscitation.

1.003 In cases of electric shock, the prompt application of artificial respiration, if normal breathing has stopped, is extremely important. The importance of early ventilation of the lungs is shown by the following:

% Chance for Survival	Minutes after breathing has stopped
98%	1 min.
90%	2 min.
55%	3 min.
30%	4 min.
15%	5 min.

1.004 Previous sections and addendums have described various forms of artificial respiration to be used in aerial rescue work. These methods, while adequate, are now superseded by the more effective mouth-to-mouth resuscitation technique whenever possible.

7. ARTIFICIAL RESPIRATION and OTHER FIRST AID

The following changes apply to Part 7 of the Section:

(a) 7.01 - revised

(b) 7.02 - revised

7.01 If Pole Top Resuscitation cannot be applied safely, lower the victim from the pole as quickly and as safely as possible. Immediately after the victim reaches the ground, remove the rescue rope or body belt from his chest so that it will not restrict his breathing. Administer mouth-to-mouth resuscitation at once.

7.02 Apply any other first aid as may be necessary in accordance with the recommendations of the American Red Cross First Aid Text Book and Bell System Practices.

Part 8 - added.

8. POLE TOP RESUSCITATION

8.01 Get the first breath of air into the victim quickly. The technique used will depend upon the circumstances of the accident and the conditions at the scene. Where it is not possible or it is unsafe to apply mouth-to-mount resuscitation, then the alternate compression and expansion method should be used. It is far better to give artificial respiration by a less effective method as soon as possible than by the most effective method after it is too late!

8.02 In applying mouth-to-mouth resuscitation, be sure that an open passageway is maintained between the mouth and the lungs. The first blowing efforts should determine whether or not the air passageway is blocked. Listen for the return rush of air which indicates that an air exchange is taking place. Repeat the blowing efforts at the rate of about 12 breaths per minute.

8.03 If the Compression-Expansion method must be used, the proper position for starting artificial respiration is to place the victim astraddle the rescuer's safety strap. This can be done in two ways:

(a) The rescuer positions himself alongside the victim and places his safety strap around the pole just above the victims waist. He reaches down, grasps the victims leg and swings it over his head to a position across his safety strap. He then grasps the victims nearest arm and opposite hip and pulls him into a straddle position on his safety strap.

(b) The rescuer positions himself with his safety strap around the pole and between the legs of the victim. He then proceeds upwards until the victim is straddling the strap. By moving the safety strap as high as possible on the pole much of the victims weight is carried by the rescuer's strap as he places his own weight against it.

8.04 COMPRESSION PHASE

(d) COMPRESSION PHASE - Pressure can best be applied by rescuer locking his

fingers over the lower abdomen, lifting up and back as he rocks back in his safety belt. This expels the air from the lungs as the rib cage is compressed and the intestines are forced up against the diaphragm. After firm resistance is met release pressure by rocking forward.

NOTE: Sometimes electric shock produces a muscle block which can be broken by additional finger pressure up against the diaphragm.

8.05 EXPANSION PHASE

(e) EXPANSION PHASE - Immediately after the completion of the compression phase, raise the arms beneath the victim's so the rescuer's elbows hook beneath the victim's arm pits. The rescuer again rocks back in his safety belt lifting the victim's shoulders up and back, simulating the American Red Cross Arm-Lift Technique.

8.06 The compression and expansion phases described should take about 2-1/2 to 3 seconds each.

8.08 RESCUE

RESCUE: Artificial respiration should be started immediately and continued for a full fifteen minutes before any attempt is made to lower the victim to the ground. If the artificial respiration will have to be discontinued during the victim's descent, the lowering method must not take more than sixty seconds to complete. If this condition cannot be carried out, continue resuscitation on the pole until breathing is restored.

When sufficient help is present the rescuer and his assistant shall work together on the pole, while lowering the victim. In this case, the rescuer continues the artificial respiration while slowly descending the pole with the victim supported partially by rope. The assistant rescuer slides their safety straps alternately down the pole a few inches at a time as the helpers on the ground pay out on the lowering rope. It is recommended that a hand line or its equivalent be passed between the pole and the rescuer's safety strap to assist in pulling or sliding the rescuer's safety strap down the pole rather than by grasping the strap itself. Upon reaching the ground the victim shall be placed in a prone position and artificial respiration continued as required.

8.09 In the event that pole-top resuscitation is successful and the victim revives, do not allow him to climb down the pole under his own power.

8.10 REMEMBER - the rescue procedure to be followed will be determined to a large extent by the training, confidence, resourcefulness and ingenuity of the rescuer.