

PRE-ENTRY CLINICAL READINESS

RAPID CHECK - USE WITH THE RESCUE PLAN

Operation / site: _____ Space / task: _____

Date / time: _____ Permit / reference: _____ Topside Controller: _____

01 PEOPLE AND CAPABILITY

Rescue Lead: _____ Clinical Lead / qualification: _____

Rescue team present: _____ Clinically capable members / level: _____

☐ Emergency activation and communication arrangements confirmed.

02 CLINICAL READINESS

- ☐ Access and extraction constraints considered for casualty care.
- ☐ Clinical capability available to reach and treat the casualty confirmed.
- ☐ Agreed clinical equipment can enter and pass through the extraction route.
- ☐ Essential care that may need to continue during movement has been considered.
- ☐ Any BA / RPE implications for casualty care have been addressed where relevant.

03 RECEPTION AND HANDOVER

- ☐ Capable person identified to receive the casualty clinically.
- ☐ Reception area and agreed clinical equipment prepared before entry.
- ☐ Contamination / decontamination arrangements addressed where relevant.
- ☐ Ambulance access and rendezvous point agreed; emergency services informed where necessary.
- ☐ S.P.A.C.E. records completed, relevant declarations referred and records secured topside.
- ☐ Clinical element included in the briefing or exercise.

04 UNRESOLVED CLINICAL ACTIONS

RECORD ONLY CLINICAL GAPS NOT ALREADY CAPTURED IN THE RESCUE PLAN.

ACTION	OWNER	BY WHEN

ANY UNRESOLVED CLINICAL GAP REFERRED TO THE RESCUE LEAD BEFORE ENTRY

INITIALS

☐ YES

RESCUE ACTIVATED

TOPSIDE EMERGENCE AIDE-MEMOIRE

MAINTAIN THE RESCUE | PREPARE THE CLINICAL RESPONSE

DO NOT LET THE CASUALTY EMERGE INTO A CLINICAL VACUUM

01 ACTIVATE

- ☐ Activate the rescue plan and call 999 if required.
- ☐ Give the known location, incident, hazards and casualty number.
- ☐ Consider M/ETHANE for significant or multiple casualties.

M/ETHANE PROMPT

If no major incident is declared, send ETHANE.

Use known information only.

- M** Major incident declared? Yes / No
- E** Exact location
- T** Type of incident
- H** Hazards present or potential
- A** Access / egress and safe approach
- N** Number and severity of casualties
- E** Emergency services present / required

02 PREPARE THE CLINICAL RESPONSE

WHO

- ☐ Capable person ready to receive the casualty

WHERE

- ☐ Designated clinical reception area ready

WHAT

- ☐ Agreed equipment, S.P.A.C.E. record and decontamination ready

ROUTE

- ☐ Casualty route and ambulance access clear; escort sent to RVP

03 RECEIVE AND TRANSFER

- ☐ Direct the casualty to the prepared clinical reception area.
- ☐ Transfer the S.P.A.C.E. record to the receiving clinician.
- ☐ Record extraction and clinical handover times.

KEY TIMES

ALARM

999 CONFIRMED / CALLER

CASUALTY EXTRACTED

HANDOVER

S.P.A.C.E. EMERGENCY INFORMATION RECORD

COMPLETE BEFORE ENTRY - ONE RECORD PER ENTRANT

KEEP SECURELY AVAILABLE TOPSIDE - RETRIEVE AND TRANSFER WITH THE CASUALTY IN AN EMERGENCY

Special-category health data - keep covered; access only as necessary for rescue planning or emergency care

S

STAFF IDENTITY

Full name: _____

Date of birth: _____ Employer / company: _____

Role / task: _____

P

PRESCRIPTIONS AND PAST HISTORY

Relevant medical conditions / past history: _____

Regular medication (include dose if known): _____

Current symptoms, illness or injury before entry: _____

Carried emergency items: ☐ Inhaler ☐ Auto-injector ☐ Medical-alert device

Item location / further detail: _____

A

ALLERGIES

Medicine / substance: _____ Reaction: _____

☐ No known allergies declared

C

CONTACT IN AN EMERGENCY

Name: _____

Relationship: _____ Telephone: _____

E

ENTRY DETAILS AND CREDIBLE EXPOSURES

Operation / site: _____ Space / task: _____

Date: _____ Entry time: _____ Permit / reference: _____

Credible exposures / incident information:

☐ Oxygen deficiency ☐ Toxic gas / vapour ☐ Chemical ☐ Heat
☐ Fire / explosion ☐ Flooding / drowning ☐ Machinery / energy ☐ Fall / trauma

Other / specific substance / known concentration: _____

Specified PPE / RPE / BA relevant to emergency care: _____

ACKNOWLEDGEMENT

I confirm that the information recorded above is accurate to the best of my knowledge. I understand it will be kept securely and may be accessed or shared as necessary for rescue planning and emergency care.

Entrant signature: _____ Date / time: _____

Record custodian: _____ Returned / disposed date / time: _____

This record supports rescue planning and emergency care. It is not an entry permit, medical fitness certificate, risk assessment or blanket consent. Keep covered, disclose only as necessary, and return or dispose of it under the responsible organisation's information-governance procedure.