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Outdoor Recreation

Industrial Roping

Public Safety

Providing quality training and assessment services to industry since 1993.

This 'Vui Tui' is designed to be used as a field guide.

It contains essential safety information and other prompts which will significantly improve your effectiveness and consistency.

You need to print this document in high quality print – preferably using a laser printer.

Colour printing is preferred, but not essential.

Cut each page along dotted line and then insert into a water resistant clear view display booklet called a 'Vui Tui'. These display booklets are sold in most Army disposal stores.



PAINTER – emergency action briefing acronym

In an emergency situation, written risk assessments (eg JSA's, JHA's, etc) are not undertaken. Instead, the team leader (captain) delivers *verbal instructions* to his team. This is known as an emergency action briefing.

When a team has arrived on scene, the situation may be markedly different than what was originally conceived. The team leader will need to make a scene assessment on arrival and be prepared to alter the original rescue plan.

A useful acronym is 'PAINTER' – with each letter representing an important piece of information.

Using the painter method, the team leader can literally *paint-the picture* and then mobilise his human and physical resources more effectively.

Remember, always *paint the picture* in every emergency.



PAINTER – Paint the picture

p1

Patient - Name (if known) Age, gender, physical build, history, No. of patients

Area & Access

What type of area/environment is the patient in?
How do we reach the patient? (location of patient)
Abseil access, ladder access, stairs, climbing, etc

Injuries - Description of patients physical injuries
A-V-P-U (level of consciousness)

Needs - What are our resource requirements?
Eg extra rope, ground sheets, medical equipment etc

Timings - What are the critical timings that effect us?
ETA ambulance, BA set endurance, etc

Egress - What is the exit pathway for the patient/stretchers?
Is there a narrow hatch, obstacles, hot pipes? etc

Risks - What are the principle risks?
Sharp edges, loose rock, heat/cold, noise, energy
(de-energise power sources), falls from height...

ANY QUESTIONS?





HAULING SYSTEM

p2

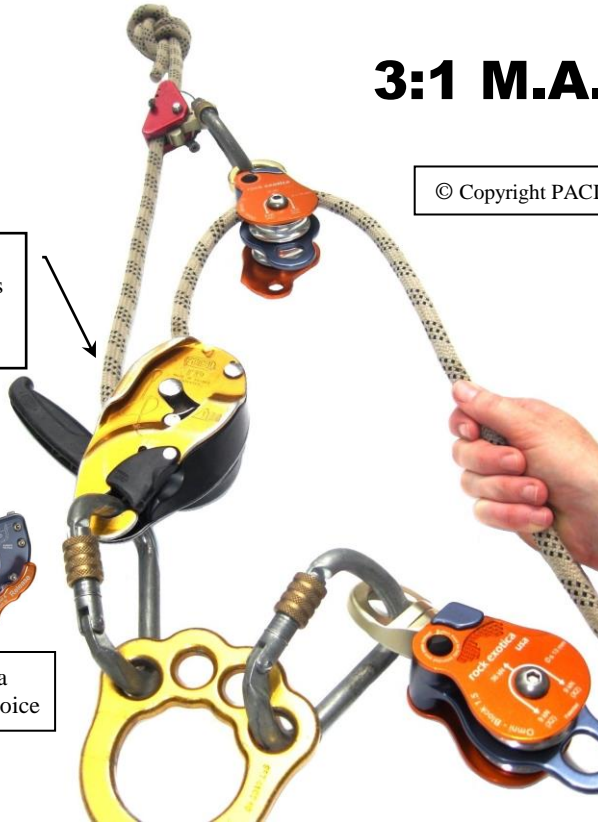
3:1 M.A.

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Petzl ID
(progress capture device)



MPD is a better choice



Use this system if speed is crucial or no stretcher attendant (medic) is required.



HAULING SYSTEM

p3

5:1 M.A.



MPD is a better choice

Petzl ID
(progress capture device)



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Use this system if a medic will ride with the stretcher. Speed is slower than 3:1 system. Be prepared to convert to 15:1 if workload is difficult.



HAULING SYSTEM

p4

15:1 M.A.



MPD is a better choice

Petzl ID (progress capture device)



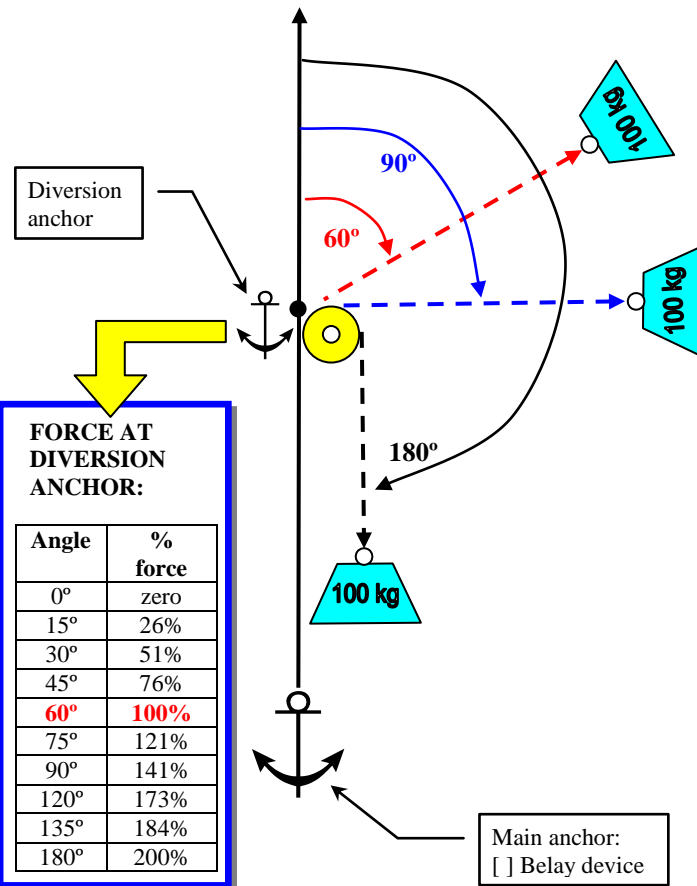
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Use this system for very heavy loads or if man-power is limited. This system will provide maximum lifting force.



DIVERSIONS – Force due to direction change p5



FORCE AT DIVERSION ANCHOR:

Angle	% force
0°	zero
15°	26%
30°	51%
45°	76%
60°	100%
75°	121%
90°	141%
120°	173%
135°	184%
180°	200%

Main anchor: [] Belay device



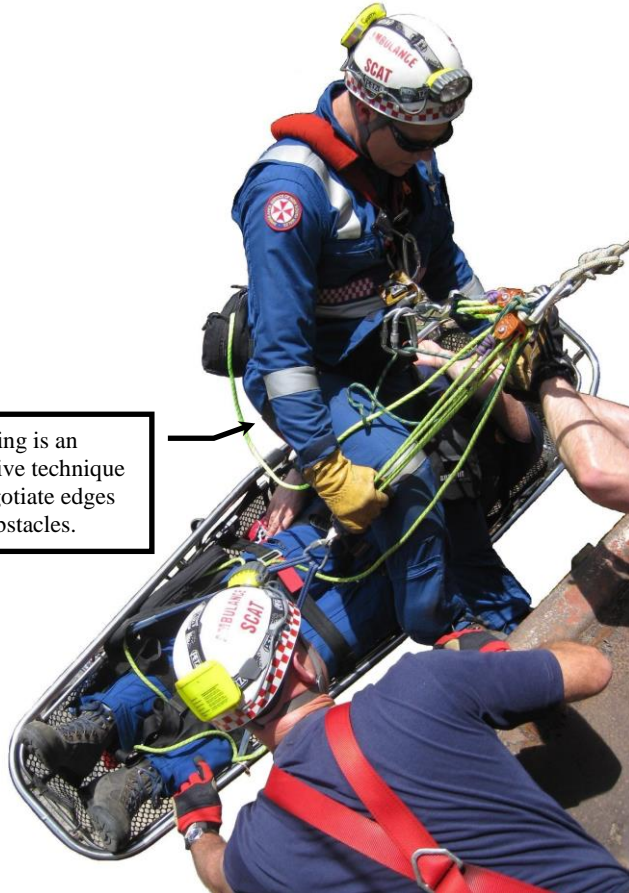


IN-RIDING

p6



In-riding is an effective technique to negotiate edges and obstacles.



OUT-RIDING

p7

Use *outriding* in preparation for landing the stretcher.



Switch to the 'outriding' position in preparation for landing. Ensure you can reach the patients airway

STRETCHER – VERTICAL ORIENTATION

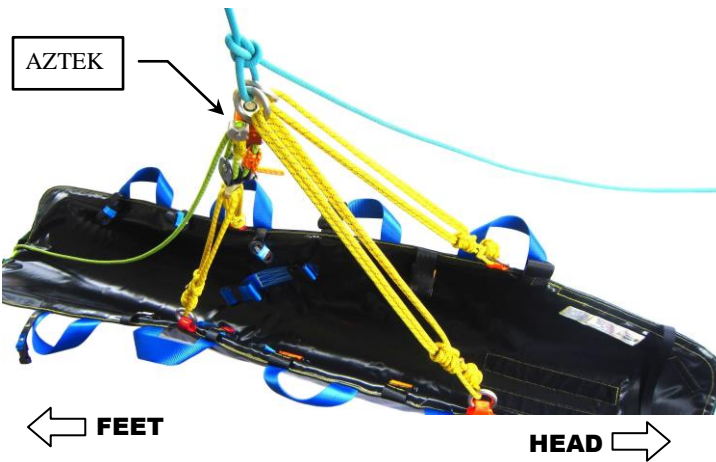
p8



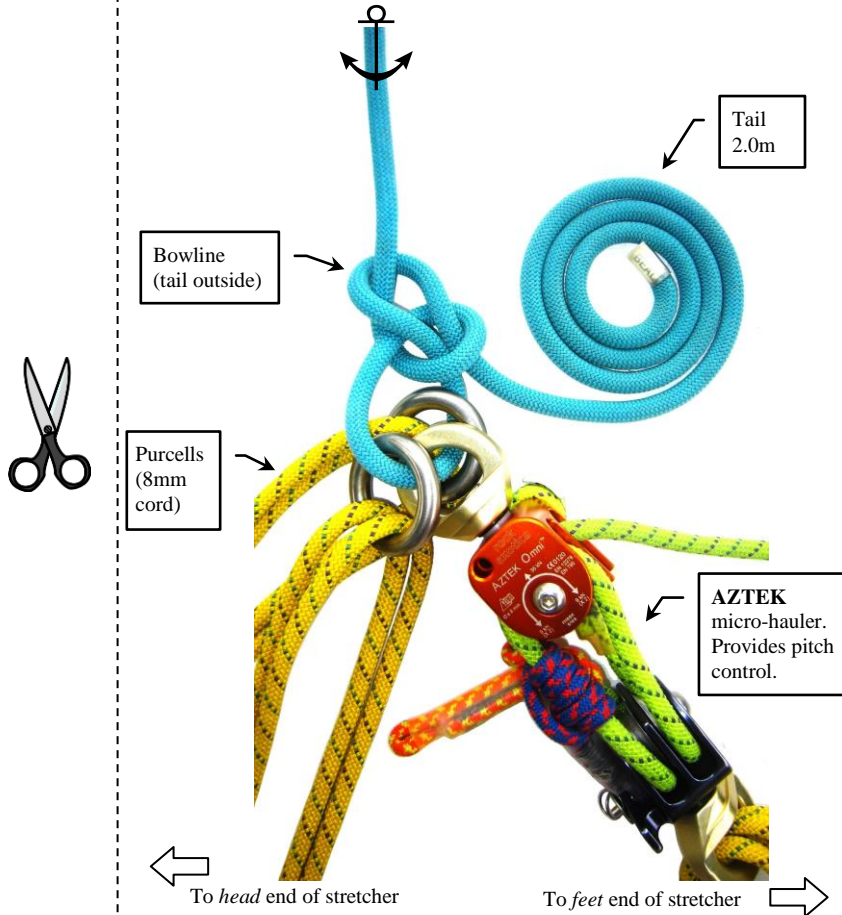
Pitch the stretcher into a vertical orientation when egress is through restricted or confined spaces.

STRETCHERS – Suspension rigging detail

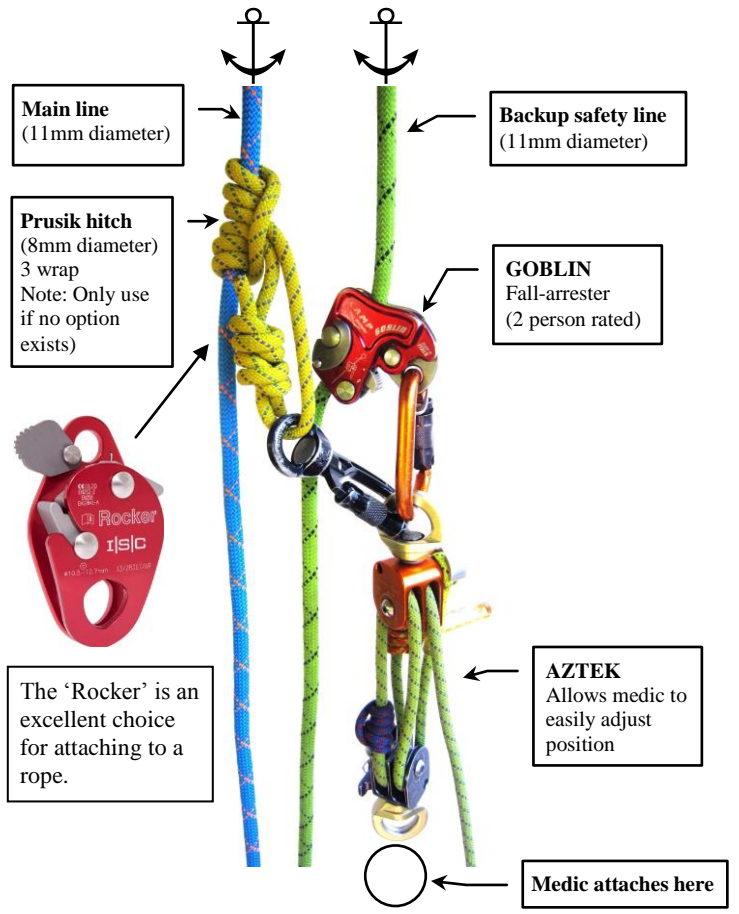
p9



STRETCHERS – Suspension rigging detail p10

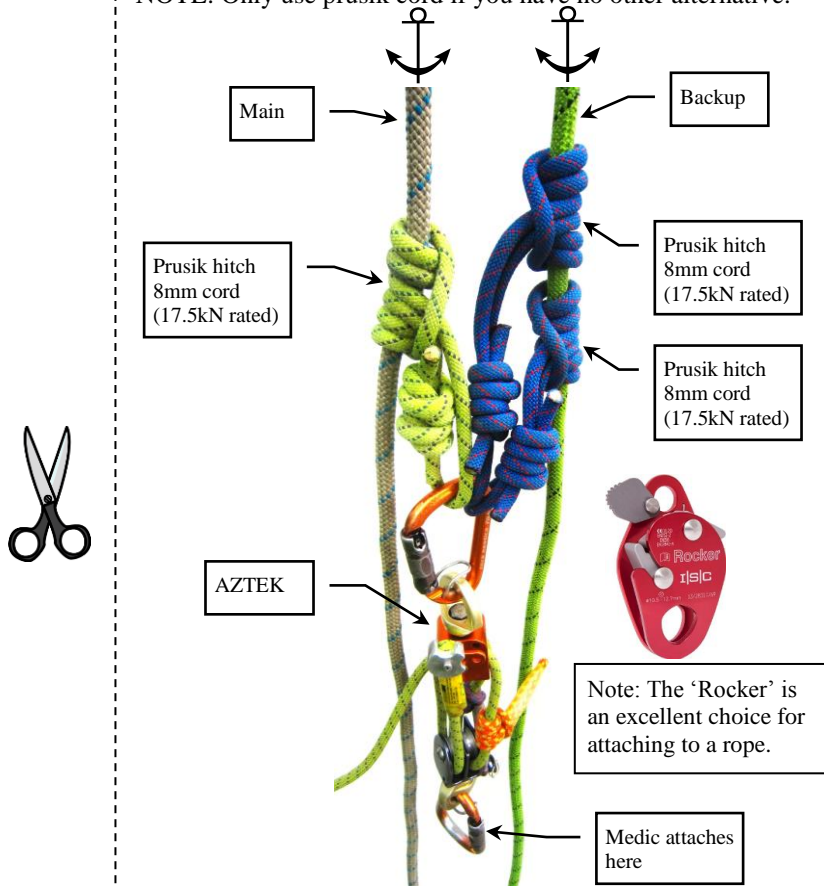


MEDIC ATTACHMENT – detail p11

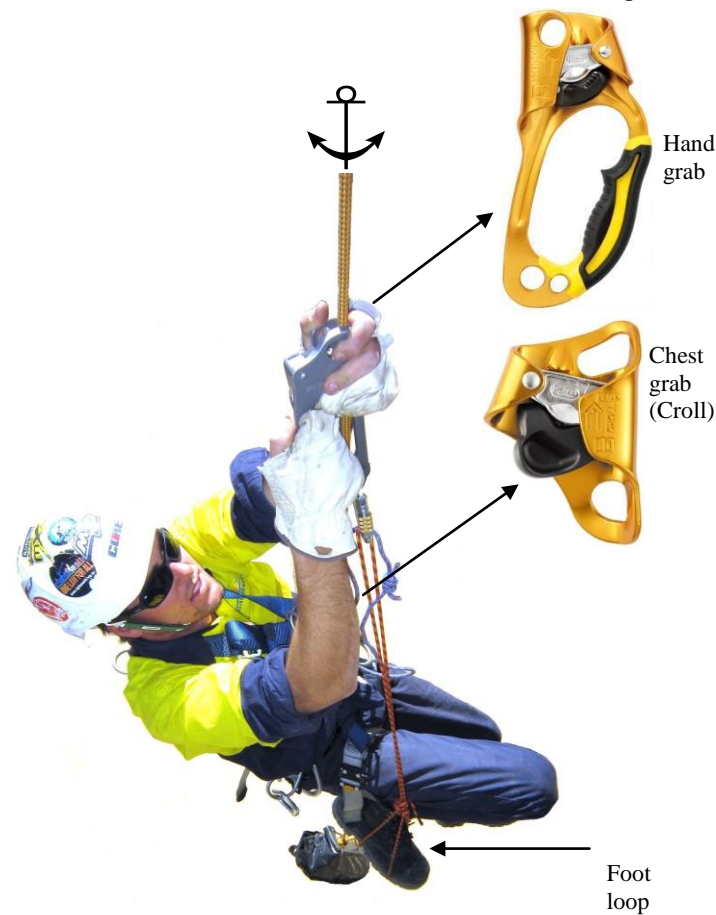


MEDIC ATTACHMENT (Prusiks) – detail p12

NOTE: Only use prusik cord if you have no other alternative.

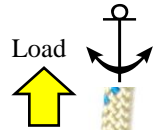


ROPE ASCENDING PROCEDURE p13



PETZL ID DEVICE

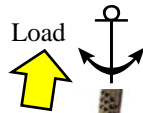
p14



Confirm rope diameter is compatible with Petzl ID.

LOWERING WITH PETZL 'ID'

p15



Must increase friction with heavy loads
(eg patient + medic rider).

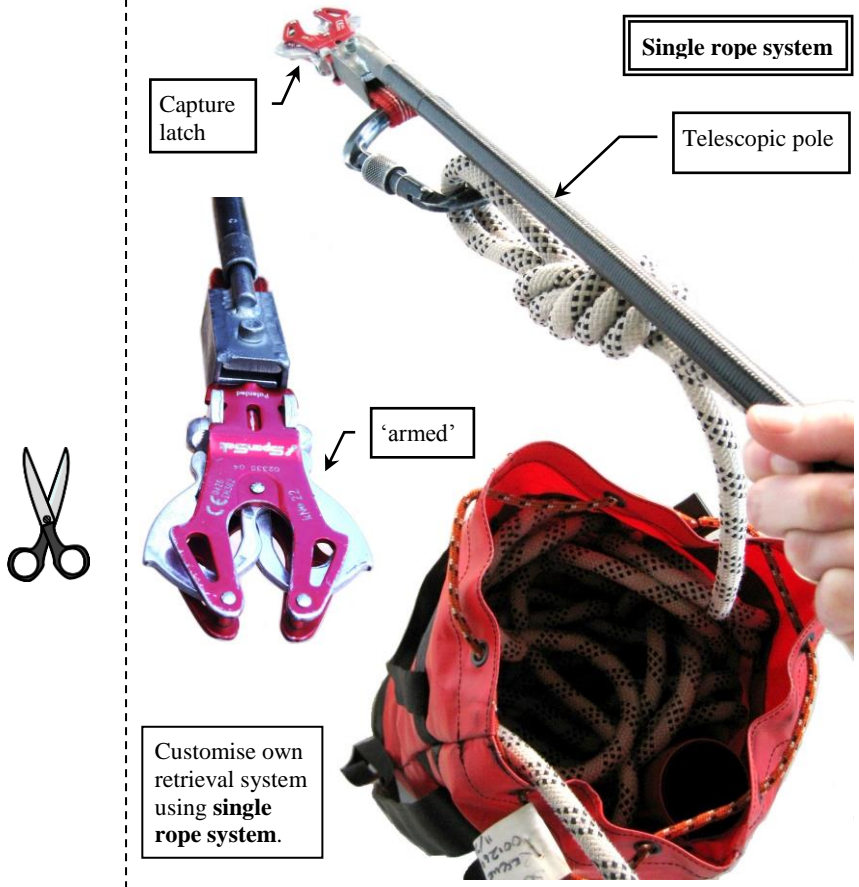
Max 250 kg



This simple technique dramatically improves control over the ID when lowering.

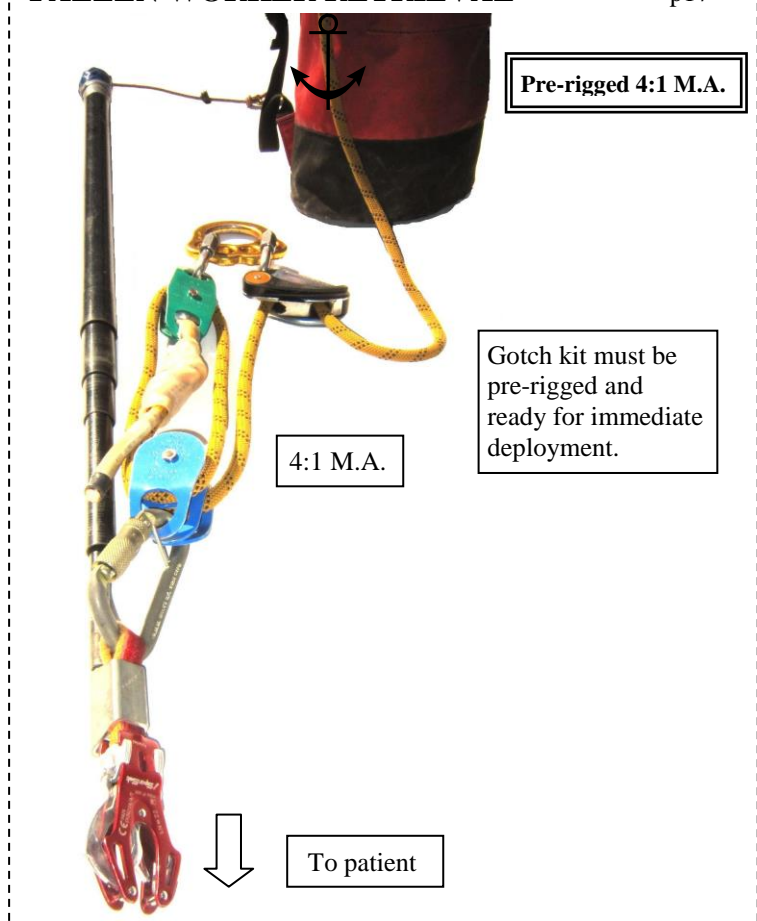
FALLEN WORKER RETRIEVAL

p16



FALLEN WORKER RETRIEVAL

p17



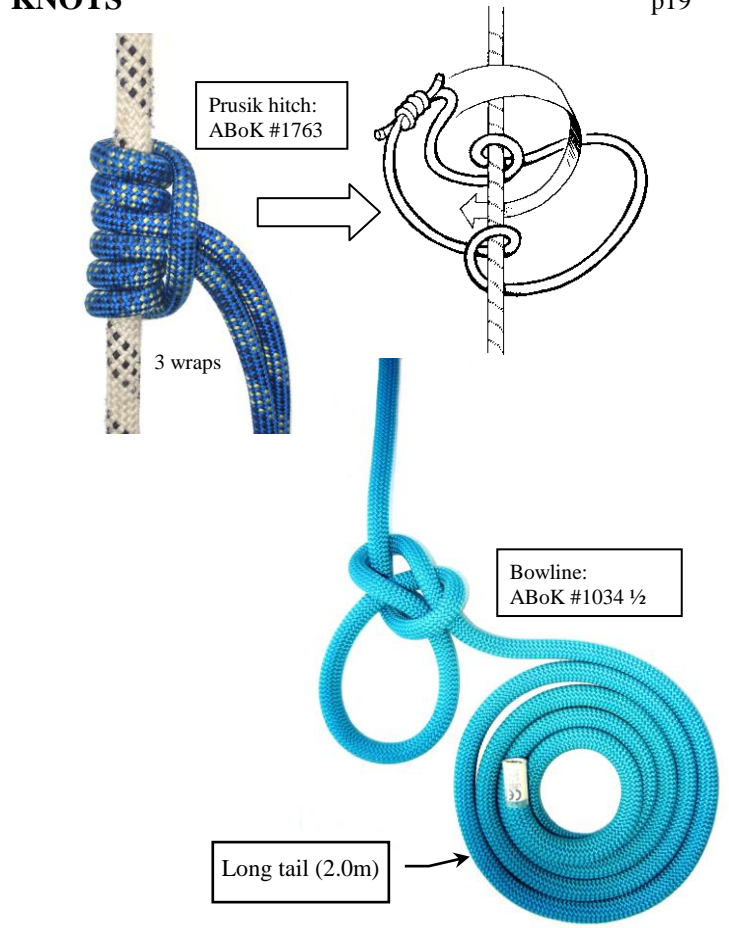
GOTCHA KIT – training exercises

p18



KNOTS

p19



KNOTS

p20



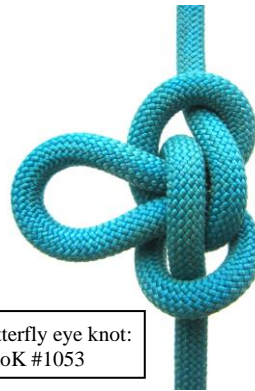
Clove hitch:
ABoK #1773



Tensionless hitch:
ABoK #2047
[] Min of 3 wraps



Munter Hitch:
ABoK #1195



Butterfly eye knot:
ABoK #1053

KNOTS

p21

Figure 8 eye knot:
ABoK #1047



Double Figure 8
eye knot:
ABoK #1085



Double overhand
noose: ABoK #409

Double fishermans:
ABoK #1415





Anch

- solid & reliable?
- go for 'absolute' anchors where possible (ie stronger than rope)
- stable?
- alignment / trajectory of force correct?

Buckles & Belts

- adjusted according to manufacturers instructions?
- free from cracks, deformity & corrosion?
- webbing and load bearing stitching serviceable?

Connectors

- screwed and squeezed?
- proper alignment (eg not cross loaded)?
- connected to correct points?
- free from cracks, deformity & corrosion?
- compatible to avoid roll-out?

Devi

- rope threaded (routing) according to manufacturer instructions?
- test device function before committing to task
- free from cracks, deformity & corrosion?
- connected to correct points?

Ends Equipment & Edges

- confirm all knots (tails at least 200mm)
- rope reaches target position? (or enough in rope bag)
- loose ends (eg hair & clothing) secured?
- stopper knot tied in end of rope? (or secured in rope bag)
- sufficient equipment & tools for the task?
- pad/bag sharp edges