FALL PROTECTION PROGRAM

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IMPORTANT: This document is intended to provide guidance only for developing site-specific fall protection plans for working at heights.
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IMPORTANT: This document is intended to provide guidance only for developing site-specific working at heights fall protection plans. It must be specific for each work site.

THIS WORK PLAN WILL BE AVAILABLE ON THE JOB SITE FOR INSPECTION.
All employees that will be working on this job site will be aware of the fall hazards and will understand the means of mitigation that will be utilized as contained in this fall protection plan.

1. Fill Out the Specific Job Information

Company Name: ____________________________________________________________

Job Name: ______________________________ Date: ______________________________

Job Address: ______________________________________ City: ______________________________

Job Foreman: __________________________________________________________________ Jobsite Phone: _____________________________

2. Fall Hazards in the Work Area - Include locations and dimensions for hazards.

Elevator shaft: ______________________________ Stairwell: ______________________________

Leading edge: ______________________________ Window opening: __________________________

Outside static line: ______________________________ Roof eave height: __________________________

Perimeter edge: ______________________________ Roof perimeter dimensions: __________________________

Other fall hazards in the work area: __________________________________________________________

_________________________________________________________________________________
3. Method of Fall Arrest or Fall Restraint - For fall protection equipment, include details such as, manufacturer etc.

Full body harness: ______________________________

Positioning Lanyard: ___________________________

Lifeline: _______________________________________

Horizontal lifeline: _____________________________

Deceleration device: ____________________________

Locking snap hooks: ____________________________

Guard rails: ___________________________________

Warning Lines: _________________________________

Safety monitor & Name: ______________________________________________________________________

Other: _____________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

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4. Assembly, Maintenance, Inspection, Disassembly Procedures

Assembly and disassembly of all equipment will be done according to manufacturers’ recommended procedures. (Include copies of manufacturer’s data for each specific type of equipment used.) Designate who will be responsible for each task and what level of training they have.

Specific types of equipment on the job are: ________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

A visual inspection of all safety equipment will be done daily or before each use, as stated in the Employee Training Packet. Any defective equipment will be tagged and removed from use immediately. The manufacturer’s recommendations for maintenance and inspection will be followed. ______________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

5. Handling, Storage & Securing of Tools and Material

Toe boards will be installed on all scaffolding to prevent tools and equipment from falling from scaffolding.

Other specific handling, storage and securing is as follows: ________________________________
6. Overhead Protection

Hard hats are required on all job sites with the exception of those that have no exposure to overhead hazards. Warning signs will be posted to caution of existing hazards whenever they are present. In some cases, debris nets may be used if a condition warrants additional protection.

Additional overhead protection will include: ______________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Toe boards (at least 4 inches in height) will be installed along the edge of scaffolding and walking surfaces for a distance sufficient to protect employees below. Where tools, equipment or materials are piled higher than the top of the toe board, paneling or screening will be erected to protect employees below.

7. Injured Worker Removal

Normal first aid procedures should be performed as the situation arises. If the area is safe for entry, the first aid should be done by a foreman or other certified individual.

Initiate Emergency Services – Dial 911 (where available)

Phone location: _______________________________  First aid location: _______________________________
Elevator location: _______________________________  Crane location: _________________________________
Other: _______________________________  Location: _______________________________

Rescue considerations. When personal fall arrest systems are used, the employer must assure that employees can be promptly rescued or can rescue themselves should a fall occur. The availability of rescue personnel, ladders, or other rescue equipment should be evaluated. In some situations, equipment that allows employees to rescue themselves after the fall has been arrested may be desirable, such as devices that have descent capability.

Describe methods to be used for the removal of the injured worker(s): _______________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
8. Training and Instruction Program

All new employees will be given instructions on the proper use of fall protection devices before they begin work. They will sign a form stating they have been given this information. This form becomes part of the employee’s personnel file.

The written fall protection plan will be reviewed before work begins on the job site. Those employees attending will sign below. The fall protection equipment use will be reviewed regularly at the weekly safety meetings.

Date: _________________________

_____________________________________________  ____________________________________________  ____________________________________________

_____________________________________________  ____________________________________________  ____________________________________________

_____________________________________________  ____________________________________________  ____________________________________________

_____________________________________________  ____________________________________________  ____________________________________________

_____________________________________________  ____________________________________________  ____________________________________________

Foreman or Job Superintendent: ______________________________________________________________

Prior to permitting employees into areas where fall hazards exist, all employees must be trained regarding fall protection plan requirements. Inspection of fall protection devices/systems must be made to ensure compliance with OSHA and (Company Name) internal regulations.
IMPORTANT: This document is intended to provide guidance only for developing site-specific rescue plans for working at heights.
1.0 PURPOSE

The purpose of this rescue template is to establish corporate-wide guidelines for responding to falls from height. This rescue plan is intended to reduce risks to an employee’s health after a fall arrest event. The rescue plan should also minimize the amount of at-risk behavior of the rescuer during the rescue attempt, and help to ensure that the rescue is conducted promptly in a safe and professional manner.

2.0 APPLICATION

2.1 This rescue plan applies to all locations where personnel are employed to work at height.

2.2 The requirements of this rescue plan must be observed by all personnel involved in working at heights.

2.3 This rescue plan must be reviewed or included in any job safety analysis or pre-task planning for activities that require working at heights.

3.0 DEFINITIONS

3.1 RESCUE PLAN: A strategy or procedure, planned in advance, to safely retrieve a person who has fallen from an elevated work surface and is suspended in a full body harness. This includes self-rescue or mechanically aided rescue.

3.2 SELF RESCUE: An act or instance of an employee using his fall protection equipment to rescue him or herself.

3.3 MECHANICALLY AIDED RESCUE: A strategy or procedure, planned in advance, to safely retrieve a person who has fallen from an elevated work surface using mechanical means.

3.4 SUSPENSION TRAUMA: A serious medical condition that can lead to unconsciousness, injury or death, which can occur when a worker is suspended in a harness for too long after a fall.

3.5 PROMPT RESCUE: The recommended goal for rescue subject contact is less than six minutes, per ANSI Z359.2-6.1.
4.0 RESPONSIBILITIES

4.1 EMPLOYEES:

• Must be trained in and familiar with the Fall Protection Program.
• Must understand and be able to evaluate the risks associated with working at heights.
• Must be trained and competent in the use of fall protection equipment prior to conducting work at heights.
• Must report unsafe conditions or behaviors to the Person-In-Charge.
• Must be familiar with and understand the company’s rescue plan to provide prompt rescue in the event of an arrested fall event.

4.2 AUTHORIZED RESC UER:

• Must be trained by a competent rescuer trainer before being exposed to a fall hazard or potential rescue application.
• Must be re-trained when the nature of the work, workplace, or methods of control or rescue change to an extent that prior training is no longer adequate.
• Must be trained on how to inspect, anchor, assemble and use the fall protection and rescue equipment used in locations where employees work. Training must include physical demonstrations by trainees.
• Training must include at least the following:
  o Fall hazard recognition;
  o Fall hazard elimination and control methods;
  o Applicable fall protection and rescue regulations;
  o How to use written fall protection and rescue procedures;
  o Inspection of equipment components and systems before use.
• Refresher training must occur at least every two years for the authorized rescuer to stay current with fall protection and rescue educational requirements per ANSI.
• Must be evaluated by a competent rescuer or competent rescuer trainer at least annually to ensure competency of the duties assigned. This evaluation must include both a written examination and a physical demonstration of usage of all equipment the person is authorized to operate.
4.0 RESPONSIBILITIES

4.3 COMPETENT RESCUER:

- Must be trained by a competent rescuer trainer.
- Must be trained on how to inspect, anchor, assemble and use the fall protection and rescue equipment used in locations where employees work. Training must include physical demonstrations by trainees.
- Training must include use of all types of equipment and systems used in locations where rescues may be required, including inspection of systems prior to use, installation, component compatibility, descent control, secondary systems, packaging methods, dismantling, storage and the common hazards associated with each system and component.
- Training must include at least the following information:
  - Fall hazard elimination and control methods;
  - Applicable fall protection and rescue regulations;
  - Assessment of fall hazards to determine rescue methods;
  - Responsibilities of designated persons under this standard;
  - Detailed inspection and recording of rescue equipment components and systems;
  - Rescue systems assessment and determination of when a system is unsafe;
  - Development of written fall protection rescue procedures;
  - Selection and use of non-certified anchorages.
- Refresher training for Competent Person Rescuers must be conducted at least every year per ANSI.
5.0 PROCEDURE

5.1 A rescue plan must be a part of the Job Safety Analysis for any job that requires work at height. The rescue plan must include consideration of the following rescue types and circumstances:

5.1.1 SELF RESCUE:
If the person working at heights has properly selected and used his or her fall protection equipment, 90% of workers will be able to perform a Self Rescue, which should include these steps:

1. Climbing back up to the level from which he fell (from a few inches to 2-3 feet).
2. Returning to the floor or ground to be evaluated for possible medical attention per OSHA.
3. Removing all components of fall arrest system impacted by the fall event from service and documenting (bag and tag) the components with name, date and activity at time of fall and giving the equipment to management.

5.1.2 ASSISTED SELF RESCUE WITH MECHANICALLY AIDED HAULING/ROPE SYSTEM:
If self-rescue is not possible, than an Assisted Self Rescue will be needed. The following guidelines should be used during a mechanically aided rescue:

1. The Capital Safety Rollgliss™ R550 or other compliant rescue and descent device will be secured to an anchor that is rated for at least 3,000 lbs.
2. The haul line may be swung over or lowered to the fallen worker, who will grab the rescue lifeline snap hook and secure it to the appropriate D-ring on his body support. A positive connection to the D-ring must be verified by one of the rescue team members.
3. The rescue team will raise or lower the fallen employee to the appropriate work platform or ground and provide medical aid as required by OSHA.
4. Remove all components of fall arrest system impacted by the fall event from service and document (bag and tag) the components with name, date and activity at time of fall and give the equipment to management.
5.0 PROCEDURE

5.1.3 MECHANICALLY AIDED *(UNCONSCIOUS) WITH HAULING/ROPE SYSTEM:

If the worker’s injuries prevent the worker from attaching to the rescue system, both self-rescue and assisted self-rescue are not options, and a fully Assisted Rescue is necessary:

1. The Capital Safety Rollgliss™ R550 or other compliant rescue and descent device will be secured to an anchor that is rated for at least 3,000 lbs.

2. A rescue team member must attach the haul line to the worker’s fall arrest system. This can be performed by accessing the fallen worker and then attaching the rescue system directly to a D-ring on the worker’s harness, or by using a rescue pole for the attachment. The rescue team could also attach a rescue grab to the lanyard or vertical lifeline.

3. The rescue team must raise or lower the fallen worker to the appropriate work platform or ground and provide medical aid as required by OSHA.

4. Remove all components of fall arrest system impacted by the fall event from service and document (bag and tag) the components with name, date and activity at time of fall and give the equipment to management.

5.1.4 ASSISTED RESCUE WITH MECHANICALLY AIDED AERIAL LIFT:

If another means of performing a fully Assisted Rescue is to use an aerial lift under the following guidelines:

1. A rescuer will get into the aerial lift and make sure there is a second fall protection device, such as a shock absorbing lanyard or self-retracting lifeline available for the fallen worker.

2. The aerial lift must be maneuvered into position (raised up underneath the fallen worker) so that the rescuer can perform the rescue.

3. Attach the second lanyard or self-retracting lifeline in the aerial lift to the fallen worker.

4. Disconnect the rescued worker from the impacted fall arrest equipment.

5. Lower the worker to the ground and provide medical aid as required by OSHA.

6. Remove all components of fall arrest system impacted by the fall event from service and document (bag and tag) the components with name, date and activity at time of fall and give the equipment to management.
### RESCUE PLAN

This document is intended to provide guidance only for developing site-specific rescue plans for working at heights.

**DATE:** __________________________ **JOB DESCRIPTION:**

___________________________________________________________________________________________

___________________________________________________________________________________________

**LOCATION:**

___________________________________________________________________________________________

### CONTACTS

**Rescuer(s):**

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

**Competent Person:**

___________________________________________________________________________________________

**Emergency Contact:**

___________________________________________________________________________________________

**Method of Contact:**  
- PA □ Verbal/Face to Face  
- Radio Channel: ______________________  
- Phone Number: _____________________  
- Other: ______________________________

### RESCUE EQUIPMENT

- Ladder  
- Rescue Pole  
- Rescue Rope  
- Scaffold  
- Crane  
- Aerial Lift  
- Alternative Lifting & Lowering Device  
- RSQ  
- First Aid Kit  
- Life Ring  
- RPD  
- RS50  

**Location of Equipment:**  
- Jobsite  
- Gang Box  
- Tool Box  
- Other: ______________________________

### CRITICAL RESCUE FACTORS

**Anchor Point:**

___________________________________________________________________________________________

___________________________________________________________________________________________

**Landing Area:**

___________________________________________________________________________________________

___________________________________________________________________________________________

**Rescue Obstructions or Hazards:**

___________________________________________________________________________________________

___________________________________________________________________________________________

**Other:**

___________________________________________________________________________________________

### CHECK FOR YES

- Have alternatives to using fall arrest equipment been considered?  
- Has rescue equipment been inspected and in good shape?  
- Is equipment adequate for the rescue plan?  
- Have communication devices been identified, located and tested?  
- Are all rescuers familiar with the use of the rescue equipment?  
- If working over water, is there a boat available?

### COMMENTS

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

### PRE-WORK TASKS:

1) __________________________________________________

2) __________________________________________________

3) __________________________________________________

4) __________________________________________________

5) __________________________________________________

6) __________________________________________________

### RESPONSE PROCEDURE:

1) Notify Emergency Contact.

2) Make medical assessment of person.

3) If possible, have employee perform self-rescue.

4) __________________________________________________

5) __________________________________________________

6) __________________________________________________