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<b>Title:</b>	Fall Protection Program
<b>Adopted on:</b>	December 7, 2020
<b>Adopted by:</b>	City Manager
<b>Jurisdiction of Procedure:</b>	Safety Coordinator
<b>Revision Date:</b>	March 4, 2021

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**1. FALL PROTECTION POLICY**

The City of Weyburn is committed to providing a safe work environment for its employees and preventing occupational injuries due to falls. Fall protection is an integral part of our commitment to a safe work environment. Any time a worker is exposed to a fall hazard, there will be a procedure and equipment to reduce and/or eliminate the hazard of working at height.

Fall protection shall be achieved through a hierarchy of controls that will involve all levels of management, safety, shop, supervisory and field personnel. This hierarchy shall be: identification of hazards; elimination of hazards through engineering (design) and procedural practices; control and mitigation of hazards through prevention and restraint systems and finally the use of fall arrest. Workers shall be expected to assess the risks associated with a task and ensure that proper mitigation is in place to protect them while climbing and working at heights. Where a worker is unsure of the methods, equipment or procedures to reduce the risk they are to seek direction from their supervisor.

Any worker that may be required to work from heights or may be injured in a fall is required to be trained in the use, inspection and maintenance of fall protection equipment and must use the provided personal fall protection system. This policy is supported by the highest levels of management and shall be enforced without exception. It is the intention of the City of Weyburn to reduce and ultimately eliminate any injuries resulting from working at heights.

It is the duty of all personnel employed by the City of Weyburn to report to their supervisor, manager, safety representative, or member of the Occupational Health Committee as soon as possible, any hazardous conditions, injury, accident, or illness related to the workplace. In addition, employees must protect their health and safety by complying with applicable Acts and Regulations and to follow policies, procedures, rules and instructions as prescribed by the City of Weyburn.

The City of Weyburn recognizes the employee's right and duty to identify hazards and supports, and encourages employees to play an active role in identifying hazards and to offer suggestions or ideas to improve the health and safety program.

This document is designed to enable workers to recognize fall hazards on the job, to establish the steps that are to be followed in order to prevent the injuries associated with falls and to outline rescue procedures associated with working at heights.

**2. FALL PROTECTION PLAN**

A written fall protection plan is required where a worker may fall three (3) metres or more and where workers are not protected by a guard rail or similar barrier. The written fall protection plan will be reviewed before work begins on the job site. Fall protection equipment use will be reviewed regularly at safety meetings.

It is the responsibility of the individual worker to implement this fall protection plan. The implementation of safety policies and procedures shall be enforced by Supervisors and the Safety Group through continual observation and safety checks of work operations. The Supervisor and the Safety Department are responsible for immediately correcting any unsafe practices or conditions.

The written fall protection plan must describe (OH&S Reg 9-3);

1. The fall hazards at the worksite;
2. The fall protection system to be used at the worksite;
3. The procedures used to assemble, maintain, inspect, use and disassemble the fall protection system; and
4. The rescue procedures to be used if a worker falls, is suspended by a personal fall arrest system or safety net and needs to be rescued.

**2.1 Assess Fall Hazards**

- Will workers be working above three metres in height?
- Is there the possibility of injury if a worker falls less than three metres? (e.g. obstructions and protrusions)
- Could the fall protection systems create a hazard? (e.g. multiple workers – entanglement impairing operation)
- Will the workers be on a scaffold or permanent work platform?
- Will the workers be using a Zoom Boom, JLG or similar work platform?
- Have all other means of performing the task been explored?
- Is there limited access or other considerations in the case of a rescue?

Determine the best type of fall protection system to employ in relation to the hazards identified. All fall protection systems must meet the requirements as specified in the *Saskatchewan Occupational Health and Safety Regulations*.

- Guardrails or similar barriers. (OH&S Reg 9-11)
- Control zones (OH&S Reg 9-4)
- Safety net (OH&S Reg 9-15)
- Travel restraint system (OH&S 9-2 to 9-5)
- Personal fall arrest system (OH&S Reg 7-16)

*NOTE: All areas where work is being performed overhead must be barricaded and identified in an appropriate manner to ensure the safety of all workers who may walk beneath the work area.*

## **2.2 Personal Fall Arrest System**

Consists of three main components:

1. Anchor Points and Anchor Plates (OH&S Reg 9-5)
  - Tie off point (e.g. – I beam, scaffolding).
  - Choose an anchor point where there are no obstacles you could fall into and high enough that you will not reach the ground if a fall occurs.
  - Anchor above your work area to maintain the free fall distance.
  - Anchor points and anchor plates must have a load capacity of at least 5000 lbs-force per worker attached.
  - Anchor straps must be inspected and have a load capacity of at least 5000 lbs.
2. Full Body Harness (OH&S Reg 7-17 & 7-21)
  - Designed to distribute impact throughout the body if a fall were to occur.
  - Ensure proper sizing and adjustment.
  - Take into account environmental considerations (e.g. chemical resistance).
  - Full body harness and connecting linkage must be approved, inspected and maintained.
3. Connecting Device (OH&S Reg 7-15, 7-18, 7-19, 7-20)
  - Joins the anchor point to the harness.
  - Example: shock absorbing lanyard, self-retracting life line.
  - Should be as short as working conditions permit.
  - Must be approved, inspected and maintained.
  - Is protected by padding where it passes over sharp edges.
  - Is protected from heat, flame or abrasive or corrosive materials during use.
  - On a shock absorbing lanyard, attach the shock absorber closest to the harness.
  - Always connect the dorsal D-ring, (in the middle of the back), to distribute your weight properly in case of a fall.

## **2.3 Assembly, Maintenance and Inspection of Fall Protection Equipment**

- Assembly and disassembly of all equipment will be done according to the manufacturer's recommended procedures.
- A visual inspection of all safety equipment will be done before each use.
- The manufacturer's recommendations for maintenance and inspection will be followed.
- Any defective equipment will be tagged and removed from use immediately. Notify the Supervisor, Safety Coordinator or Inventory Controller.

- Any time a fall protection device has sustained a fall, the equipment must be removed from service, tagged and returned to the Safety Coordinator.
- An annual inspection of all fall arrest equipment. Results of inspection will be documented.

### **2.3.1 Inspection of the Full Body Harness**

Any defective equipment will be tagged and removed from use immediately and the Safety Coordinator will be notified.

- Webbing – frayed edges, broken fibers, pulled stitches, cuts, burns, chemical damage.
- D rings/Back Pad – Distortion, cracks, breaks, rough or sharp edges.
- Inspection of back pad for damage.
- Attachment of Buckles – Unusual wear, frayed or but fibres, or broken stitching of the buckle or D ring attachment.
- Tongues/Grommets – Loose, distorted or broken grommets.
- Webbing should not have any additional punched holes.
- Friction/Mating Buckles – Distortion, outer bars and centers must be straight, excessive corrosion.

### **2.3.2 Inspection of Lanyards and Self Retracting Devices**

Any defective equipment will be tagged and removed from use immediately and the Safety Coordinator will be notified.

- Snaps – Inspect for hook and eye distortions, corrosion, pitted surface. The latch spring should exert sufficient force to close the latch and be self-locking.
- Self-Retracting Lanyard or Lifeline (SRL) – Check the snap hooks. Fully extend the lanyard out and examine webbing or stainless steel line for breaks and abrasion, burns, knots, discoloration, kinks and swelling. Pull the limiter to ensure the locking mechanism engages (hold SRL with one hand and with the other hand grasp the lanyard snap hook and give a quick pull). The lanyard should stop if working properly.
- Shock Absorbing Lanyard – Outer portion of the pack should be examined for burns or tears. Stitching on where the pack is sewn into D rings, belts or lanyards should be examined for rips, loose strands, or deterioration. Check the webbing for breaks and abrasion, burns, knots, discoloration, and swelling.

### **2.3.3 Inspection of Tripod**

- Carefully inspect the entire tripod for cracks, corrosion or other damage. Inspect the center and side anchor points for damage. Make certain the leg locking mechanisms properly lock the tripod legs into position. (These are located where the upper tripod legs meet the tripod cap)
- Inspect all tripod leg holes making certain they are in good condition.
- Inspect the pushpins and connecting chain assemblies of each leg. Make certain the pushpin can be inserted and that it locks properly into place.
- Inspect the tripod foot assemblies to make certain they are securely attached. Check the rubber pad on the bottom of the assembly for excessive wear and also for secure attachment.

### **2.3.4 Inspection of Winch**

- Check snap hook for correct operation.
- Fully extend the wire and check for kinking, wire needles and corrosion.
- Check housing and handle are in good condition and secure.
- Ensure the shear pin indicator has not been deployed.
- Product and information labels must be legible.

## **3. RESCUE PLAN**

Call **9-1-1** if there is an injury or the fire department required. Also call your Department Head to inform them of situation.

- Give your name, location, problem and number of workers.
- Do not leave the worker unattended unless your presence puts you in danger. Wait for help to arrive.
- Observe the situation and prepare to give a report to the rescue personnel upon their arrival.
- Assist rescue personnel as instructed.
- Assist the Safety Coordinator in any subsequent investigation.
- Any persons sustaining a fall must see a physician.



**4. SITE SPECIFIC FALL PROTECTION PLAN FORM**

<b>Weyburn</b>		<b>SITE-SPECIFIC FALL PROTECTION PLAN</b>
<b>Department:</b>		<b>Safe Work Permit #:</b>
<b>Supervisor:</b>		<b>Date:</b>
<b>Location:</b>		
<b>Estimated Fall Distance:</b>		
<b>Work Description:</b>		
<b>Fall Hazards Identified:</b>		
<input type="checkbox"/> Climbing Ladder with SRL	<input type="checkbox"/> Working on Rooftop	<input type="checkbox"/> Working on Ladder
<input type="checkbox"/> Climbing Ladder without SRL	<input type="checkbox"/> Scaffolding	<input type="checkbox"/> Lower/Raise man rated winch
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Working on top of equipment	<input type="checkbox"/> Climbing Tank
<input type="checkbox"/> Other		
<b>Fall Protection System Requirements:</b>		
<input type="checkbox"/> Full Body Harness	<input type="checkbox"/> Anchor Sling	<input type="checkbox"/> Vertical Lifeline
<input type="checkbox"/> Lanyard	<input type="checkbox"/> Permanent Anchor Point	<input type="checkbox"/> Self-Retracting Lifeline
<input type="checkbox"/> Shock-Absorbing Lanyard	<input type="checkbox"/> Temporary Anchor Point	<input type="checkbox"/> Temporary Horizontal Lifeline
<input type="checkbox"/> Restraint Lanyard	<input type="checkbox"/> Handrails	<input type="checkbox"/> Permanent Horizontal Lifeline
<input type="checkbox"/> Double-Leg Lanyard	<input type="checkbox"/> Tripod	<input type="checkbox"/> Self-rescuing lifeline
<input type="checkbox"/> Suspension Straps	<input type="checkbox"/> Power Lift	<input type="checkbox"/> Other
<b>Precautions and Safeguards:</b>		
<input type="checkbox"/> Discuss fall hazards and control measures	<input type="checkbox"/> Personal gas monitors required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Verify that all workers are trained in fall protection	<input type="checkbox"/> Buddy check full-body harness and lanyard	
<input type="checkbox"/> Review suspension trauma	<input type="checkbox"/> All snaphooks and carabiners inspected	
<input type="checkbox"/> Review procedures to be followed	<input type="checkbox"/> Anchor points and slings verified & inspected	
<input type="checkbox"/> Swing radius checked for hazards	<input type="checkbox"/> Self-Retracting Lifeline installation inspected	
<input type="checkbox"/> Fall distance calculated (allow for stretch)	<input type="checkbox"/> Document Inspection of Fall Protection Equip	
<input type="checkbox"/> Rescue Kit	<input type="checkbox"/> Safety watch designated: _____	
<input type="checkbox"/> Other		
<b>Procedures to Assemble, Maintain, Inspect, Use &amp; Disassemble the system:</b>		
<b>Emergency Response and Rescue Procedures:</b>		
<b>Have Each Attendee Clearly Print &amp; Sign Their Name:</b>		
<b>Name: (Print)</b>	<b>Company:</b>	<b>Signature:</b>
<b>Supervisor's Signature:</b>		
<b>Sign-off: (This form has been prepared according to City of Weyburn's Fall Protection Policy)</b>		
Reviewed By (Superintendent's or Safety Coordinator's signatures):		
Comments:		