



Fall Prevention

eSafetyLine

Case Study #2

Although portable ladders and step ladders don't specifically need fall protection, employees can experience fatal falls from these everyday pieces of jobsite equipment. In this case study an employee died from a fall of only 8 feet from a step ladder. The employee was standing at the top of an 8 foot step ladder straddling the topmost step. The ladder was placed on an unstable surface so that when the employee shifted his weight to work, the ladder became unstable and tipped over. The employee fell backwards off the step ladder and struck the back of his head on a slab of rock. A coworker called emergency medical services for assistance. The employee was dead when the EMT personnel arrived at the scene. The cause of death was determined to be multiple skull fractures and brain trauma.

This very simple situation caused an easily preventable death. While fall protection wasn't necessary in this situation and really didn't play any role in the death, there are ways to avoid such an accident. The number one rule of safe ladder use is to NEVER use the top on the ladder as a step. If the employee needed to climb on the top step to complete the task at hand then a taller ladder should have been used. Also necessary to ensure safe ladder use is to place the ladder on a firm, stable surface before anyone climbs on it.

The employee may have thought that by using this particular ladder in this particular setting would save time. There would be no time "wasted" finding a more stable surface or bringing in another ladder. Unfortunately this possible attempt at saving some time on the job cost this employee his life. This tragedy could have been avoided by following simple ladder safety.

Discussion Questions

What was the major factor contributing to this accident?

What could have been done to prevent it?

MEETING / TRAINING ATTENDANCE ROSTER

COMPANY: _____

_____ SAFETY MEETING

JOB/DEPT: _____

_____ SAFETY TRAINING

DATE: ___/___/_____

TIME: _____

TOPICS ADDRESSED: _____

EMPLOYEE'S SIGNATURES

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYEE SUGGESTIONS AND RECOMMENDATIONS: _____

ACTION TAKEN: _____

Supervisor's Signature

_____/_____/_____
Date

Safety Coordinator's Signature

_____/_____/_____
Date