## Working Alone

1. **Purpose**

The purpose of this procedure is to establish guidelines to ensure the health and safety of employees while working alone. This policy applies to all fulltime, temporary and contract employees.

1. **Responsibility**

The Supervisor Shall:

* Identify all employees who are likely to work alone and maintain a log of their locations.
* Maintain contact with employees who work alone, both internally and externally.
* Take action to contact and locate employees who have failed to make contact or return at the expected time. If employee cannot be located, then contact the police.
* Ensure that all employees who work alone are made aware of this policy and provided with adequate instruction and training.
* Assess the risks associated with working alone initially and periodically to identify control measures.

The Employee Shall:

* Comply with any precautionary measures for working alone.
* Follow employer’s safety, health and environmental policies.
* Carry a cellular phone or electronic monitoring device at all times
* Inform key person on return to base.
* Report to their managers any unsafe or potentially unsafe situation using the incident reporting procedure.
* Take reasonable care for their own safety and not expose themselves to unnecessary risk.
* Attend any training provided.

1. **Control Measures**

Before an employee is assigned a task that requires them to work alone ensure that suitable precautions are put in place such as:

* Two-way radios are provided as a source of back up communication.
* Provide a list of contact and emergency numbers to employee working alone.
* Avoid having a lone work whenever possible, especially for jobs with a recognized risk.
* Evaluate safety measures at each work area such as lighting, egress, phone coverage, etc.
* Report all situations, incidents or 'near misses' where being alone increased the severity of the situation. Analyze this information and make changes to company policy where necessary.
* Establish a check-in procedure. Make sure that regular contact is kept with all employees.
* Schedule higher risk tasks to be done during normal business hours, or when another worker capable of helping in an emergency is present.

1. **Check-in Procedure**

Prior to commencing work alone the designated contact person and the affected employee shall follow check-in procedures as follows:

* The employee must sign out on the log and provide details of work location, method and frequency of contact.
* The employee is provided with contact and emergency numbers.
* The employee will contact the designated check-In contact person via the prescribed method, at the pre-determined check-in time(s).
* If the Check-in contact person is unavailable the employee shall contact the designated back-up contact person.
* If the employee encounters an unsafe situation while working alone this must be reported to the contact person immediately.
* At end of shift or completion of job the employee shall sign back in on the log.

Failure to Check-in:

* If an employee fails to check-in at their pre-determined time the contact person must make an attempt to contact the employee. If the employee can’t be reached a second attempt shall be made within 5 minutes of the first.
* If the employee still can’t be reached the contact person shall attempt to contact the employee in person. If the employee can’t be located contact the local police department.

**Lone Worker Hazard Assessment/ Check-in Log**

Date: \_\_\_\_\_\_\_\_\_ Name of employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Back-up Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time out: \_\_\_\_ AM \_\_\_\_ PM Time in: \_\_\_\_AM \_\_\_\_ PM

Employee will Check-In: 🞎 In Person 🞎 by Telephone 🞎 Other Method

Employee will Check-In: 🞎 Every 30 minutes 🞎 Every Hour 🞎 Every 2 hours 🞎 at End of Shift

**Service** (brief description of Lone Worker Activity): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hazard Identification** (Identify all hazards specific to lone workers activity): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hazard Control Measures** (e.g. alternative work method, training, supervision, protective equipment):

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**Workplace and Conditions**: (remote area, confined space, weather etc):

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**Process** (work with equipment, work with H2S gas etc):

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**Equipment** (manual handling, emergency shutdown controls, gas equipment etc):

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**Individual** (medical condition, female, young, inexperienced, disabilities etc):

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**Work Pattern** (alone all day-alone at night, isolated area etc):

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**Supervision** (Identify level of supervision required) telephone contact/radio, cell phone visits by supervisor:

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Supervisor’s Name (print):

Supervisor’s Signature:

Employee’s Name (print):

Employee’s Signature: