## POLICY

The policy of **<ENTER ORGANIZATION’S NAME>** is to ensure that our workers and volunteers are protected while working on our worksite(s) in a manner that complies with the B.C. Workers Compensation Act and Occupational Health and Safety Regulation, as well as human rights legislation. This includes times when workers are working alone or in isolation, either at the organization’s workplace or remotely from home.

Working alone is defined as working in circumstances where assistance is not readily available in case of an emergency, injury, or poor health.

If a worker is working alone, they will complete the Working Alone Information Form attached at APPENDIX B with their supervisor, and a record of checks will be maintained. The Check-in Form attached at APPENDIX C may be used for this purpose. As part of this working alone or in isolation policy, a person will be designated to establish contact with the worker at predetermined intervals, and the results will be recorded by that person. At a minimum, this schedule will include contact at the start and end of the worker’s scheduled hours.

The interval between checks is based on a risk assessment of the workplace. The worksheet attached at APPENDIX A can be used for this risk assessment.

This policy and procedure will be developed in consultation with the Joint Occupational Health and Safety Committee (if applicable) or worker representative.

### SCOPE AND APPLICATION

This Policy applies to the “workplace”. “Workplace” is defined as any land, premises, location, or thing at, upon, in or near which a worker works. For the purposes of this Policy, the “workplace” includes but is not limited to:

* **<ENTER ORGANIZATION’S NAME>** offices, property or facilities, including shops and off-site storage areas (interior and exterior).
* Remotely from the worker’s home or a satellite office/location.

This Policy applies to all individuals working for **<ENTER ORGANIZATION’S NAME>.** For the purposes of this Policy, workers are defined as full-time workers, temporary workers, contract service providers, volunteers, all managerial personnel, managers, officers, and directors.

### RESPONSIBILITIES

**The Employer will**:

* Attempt to avoid or minimize the need to work alone or in isolation.
* Conduct risk assessments for work tasks/activities using the worksheet attached at APPENDIX A, in consultation with supervisors and worker(s), to identify hazards and implement measures to eliminate or control those hazards, and determine whether working alone is permitted.
* Ensure a system is in place for establishing regular contact with the worker/individual working alone or in isolation, at intervals appropriate to the nature of the hazards or the work performed and initiate emergency response procedures as appropriate.
* Implement engineering controls, safe work practices, and written work procedures to eliminate or reduce the workers’ potential alone or in isolation.
* Provide supervisors and workers with appropriate training and education on on **<ENTER ORGANIZATION’S NAME>’s** working alone or in isolation policies and procedures.

**Supervisors will:**

* Identify workers required to work alone or in isolation.
* Regularly check in on workers and volunteers that may be working alone or in isolation as outlined in this policy and procedure document and the Working Alone Safety Plan.
* Ensure that workers and volunteers use available controls and follow safe work practices and written work procedures.
* Ensure that workers and volunteers receive education and training on the **<ENTER ORGANIZATION’S NAME>’s** working alone or in isolation policy and procedures when they first start work (initial orientation).

**Workers and volunteers will:**

* Participate in the evaluation of the hazards associated with the working alone tasks.
* Follow the Working Alone Safety Plan developed by the Employer.
* Report any/all hazards and all incidents that occur while working alone to their Supervisor or to the Employer.
* Use the provided engineering controls.
* Follow safe work practices and written work procedures.
* Attend education and training (occupational first aid training courses and additional company training sessions).

### MISSED CHECK-INS

If the worker fails to check-in within 15 minutes of the scheduled time, the supervisor/check-in designate will try to contact the worker. If the supervisor/check-in designate fails to check-in within 15 minutes of the scheduled time, the worker will try to contact the supervisor/check-in designate.

If the supervisor/check-in designate has made all reasonable efforts to contact the worker but has not been successful within 30 minutes of the scheduled check-in, the supervisor/check-in designate will immediately notify the employer.

Working with the supervisor/check-in designate, the employer will initiate appropriate emergency response measures. See emergency response procedures for specific steps to follow.

## PROCEDURE

When a worker is assigned to work alone where other individuals may be present, consideration needs to be given to if the worker is considered to be working alone.

Consideration includes:

* Presence of others: are there other people in the vicinity?
* Awareness: Will other persons capable of providing assistance be aware of the worker’s need?
* Willingness: Is it reasonable to expect those other persons to provide assistance?
* Timeliness: Will assistance be provided within a reasonable period of time?

If the supervisor and worker believe these considerations are satisfied, the worker is not considered to be working alone or in isolation. The assessment of these considerations should be documented. Otherwise, the procedures established in this policy must be followed.

Elimination controls, such as always having two or more workers in the same worksite at all times, are the preferred means to eliminate or minimize the risk s associated with working alone or in isolation. If such controls are unavailable or impracticable, or do not completely eliminate exposure, workers, volunteers and supervisors will work within the outlined working alone procedures to minimize the risk.

**EMERGENCY RESPONSE**

**Missed Check-ins**

* If the worker is working on site and a check-in is missed, the supervisor/check-in designate will first attempt an in-person check-in to the work location & contact the employer if the worker is not at their designated worksite. The employer will initiate appropriate emergency response measures which may include:
  + Attempting to contact the worker via another means of communication
  + Contacting the worker’s emergency contact
  + Beginning a search for the worker.
  + Contacting Emergency First Responders (Police)
* If the worker is working remotely and a check-in is missed, the supervisor/check-in designate will first attempt to contact the worker via another means of communication (i.e. telephone, text, email). If they are unable to make contact, the worker’s emergency contact will be notified.

**What to do in case of an injury**

* In case of any workplace injuries, workers must get medical assistance right away by calling 911 in an emergency or driving to a nearby health centre/hospital for treatment if it’s not an emergency. They must also reach out to the managers and/or HR to inform them.
* When the worker is able, they must email their supervisor or employer with details of the nature of the incident to have it recorded in case of any worker’s compensation or EI claims. Engineering controls

**SAFE WORK PROCEDURES**

* Develop individual working alone plan(s). Ensure the plan addresses all potential risks associated with the worker, while working alone or in isolation. For example, traveling in inclement weather, working from heights, use of machinery, tools, chemicals, and violence and harassment.
* If working at a different location, workers must contact supervisor/check-in designate by calling, texting or email to check-in to inform them of the time of arrival at that location.
* Workers must contact supervisor/check-in designate as outlined in the Working Alone Risk Assessment.
* Always follow safety rules when working on a particular task. For example, use of personal protective equipment (PPE) following manufacturer's instructions.
* In emergencies such as fire, violence, harassment and others, call 911 immediately and inform operator of the type of emergency and the location's address.
* Call supervisor and inform them of the emergency.
* If working at a different location and once worker has reached home, the worker must contact the supervisor/check-in designate for check-out.
* If working alone inside of the employer’s main workplace, that worker shall lock all exterior access doors to prevent unauthorized or unexpected persons to enter the premises.

**EDUCATION AND TRAINING**

All workers and volunteers will be educated and trained regarding **<ENTER ORGANIZATION’S NAME>’s** working alone or in isolation policy and procedures before their initial start of work. This education and training will be part of the young and new workers orientation delivered on the worker’s or volunteer’s first day of work. It will include:

* Training on job specific working alone or in isolation procedures, if any.
* Applicable sections of the Occupational Health and Safety Regulation, including OHS-R 4.20.1 through 4.20.22.
* An explanation of this company’s working alone program, their responsibilities and where to access the policy and developed individual working alone plans.
* When a working alone risk assessment and plan is required.
* Check-in and check-out procedures and responsibilities.

The employer and Joint Health and Safety Committee (if applicable) will review this working alone or in isolation policy annually and update it as necessary.

INSTRUCTIONS FOR COMPLETING THIS WORKSHEET

* List hazards that can be found on the worksite in Column 1. Suggestions can be found in Table 1.
* List possible injury that worker could receive
* In column C, list numerical value from Table 2 of likelihood of injury
* In column D, list numerical value from Table 3 of how likely the possible injury will be disabling

WORKING ALONE RISK ASSESSMENT WORKSHEET

APPENDIX A -

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A | B | C | D | E |
| **HAZARDS**  From Table 1 | **POSSIBLE INJURY** | **LIKELIHOOD OF INCIDENT**  (Table 2) | **LIKELIHOOD OF DISABLING INJURY**  (Table 3) | **LIKELIHOOD OF HELP**  (Table 4) |
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| TABLE 1 - HAZARDS | | | | |
| **PHYSICAL** | **BIOLOGICAL** | **CHEMICAL** | **PSYCHOLOGICAL** | **ERGONOMIC** |
| Temperature | Pests / Insects | Cleaning Products | Violence in the workplace | Repetitive Movements |
| Noise | Mould/Pollen/Dust | Flammable Materials | Stress | Extended postures (long periods of standing, sitting) |
| Indoor Air Quality | Viruses / Bacteria | Corrosive Materials | Bullying & Harassment | Pushing and Pulling |
| Working at Heights | Animals | Toxic Materials | Working Alone | Lifting heavy loads |
| Slips, Trips, and Falls | Plants | Asbestos | Cognitive Loads | Poor Lighting |
| Electrical Shock | Biohazards | Lead | Job Demands | Shift Work |
| Mobile Equipment | Blood and bodily fluids | WHMIS ot TDG Regulated materials | Unclear directions | Office Design / setup |

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| --- | --- |
| F | G |
| **RATING**  (C x D x E) | **RECOMMENDED CHECK-IN INTERVAL**  (Table 5) |
|
| 0 | **4 to 8 hours** |
| 0 | **4 to 8 hours** |
| 0 | **4 to 8 hours** |
| 0 | **4 to 8 hours** |

* In column E, list numerical value of how likely help will be available to worker from Table 4
* The Rating in column F and Recommended Check-in Interval will be automatically calculated for you.

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| TABLE 2 - LIKELIHOOD OF INJURY | SCORE |
| Most likely | 10 |
| Very high likelihood | 8 |
| Quite possible, not unusual | 6 |
| Unusual, not likely | 4 |
| Remote possibility | 2 |
| Extremely remote possibility, but conceivable | 0.5 |
| Practically impossible (one in a million chance) | 0.1 |

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| TABLE 3 - LIKELIHOOD OF DISABLING INJURY | SCORE |
| Expected | 10 |
| Probable | 8 |
| Unusual, not expected | 6 |
| Remotely possible | 4 |
| Practically impossible | 2 |

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| TABLE 4 - LIKE LIHOOD OF HELP | | SCORE |
| Almost Never | Worker is in an isolated area with no one likely to pass by or see the worker for 2 hours or more | 12 |
| Rare | Worker is working in an area where people pass by infrequently, e.g. every 30 to 60 minutes. | 8 |
| Occasionally | Worker is in an area where some people pass by regularly e.g. every 30 minutes or so. | 6 |
| Usual | Worker is not in the constant view of others, but if the worker was unexpectantly gone for any length of time, someone would notice and take action. | 4 |
| Frequently | The Worker is in an area where people pass by often enough that there is a high likelihood of witnesses. | 2 |
| Continuous | The worker is in an area surrounded by a high volume of potential witnesses | 1 |

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| SCORE | RISK LEVEL | RECOMMENDED CHECK-IN FREQUENCY |
| 250 OR Less | Low | Low Check-in Frequency (every 4 to 8 hours) |
| 251 to 400 | Moderate | Moderate Check-in Frequency (every 2 to 5 hours) |
| 401 and above | High | High Check-in Frequency (every 30 minutes to 2 hours) |

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| WORKSITE INFORMATION | | | |
| **AREA / DEPARTMENT:** |  | YES | NO |
| ACCESS CONTROL - Lock doors when working alone inside premises? | |  |  |
| SECURITY OR SURVEILLANCE CAMERA AVAILABLE? | |  |  |
| ALARM SYSTEM? | |  |  |
| SAFE AREA OF REFUGE - Lockable office/room inside? | |  |  |

WORKING ALONE INFORMATION FORM

APPENDIX B -

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| METHOD OF COMMUNICATION | |
|  | IN-PERSON / VISUAL CHECK-IN |
|  | VERBAL BY TELEPHONE - SEE ABOVE FOR PHONE NUMBERS |
|  | TEXT MESSAGE BY MOBILE PHONE - SEE ABOVE FOR PHONE NUMBERS |
|  | VERBAL BY TWO-WAY RADIO |
|  | OTHER METHOD (SPECIFY) |

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| --- | --- | --- |
| GENERAL INFORMATION | | |
| WORKER NAME: | WORKER TITLE: |  |
| DATE: | TIME: |  |
| CHECK-IN PHONE NUMBER: | MOBILE OFFICE HOME | |
| SUPERVISOR/CHECK-IN DESIGNATE: |  |  |
| CHECK-IN PHONE NUMBER: | MOBILE OFFICE HOME | |
| HAZARD(S) ASSOCIATED WITH WORKSITE: | | |
|

CHECK-IN INTERVAL: 30 minutes 45 minutes 60 minutes 90 minutes Other

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| EMERGENCY CONTACT INFORMATION | | |
| CONTACT NAME: | RELATIONSHIP: |  |
| EMERGENCY CONTACT PHONE NUMBER: | MOBILE OFFICE HOME | |
| ALTERNATE PHONE NUMBER: | MOBILE OFFICE HOME | |

CHECK-IN INTERVAL: 30 minutes 45 minutes 60 minutes 90 minutes Other

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| DATE | CHECK-IN TIME | METHOD OF COMMUNICATION | SUPERVISOR/DESIGNATE INITIALS | COMMENTS |
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| DATE: | |
| WORKER NAME: | WORKSITE: |
| SUPERVISOR/CHECK-IN DESIGNATE: |
| START TIME OF WORKING ALONE OR IN ISOLATION: | **COMMUNICATION METHOD** |
| END TIME OF WORKING ALONE OR IN ISOLATION: |
| HAZARD(S) ASSOCIATED WITH WORKSITE: | |
|

CHECK-IN RECORD

APPENDIX C -