



Working Alone or in Isolation

1. Introduction

Providence Health Care (PHC) is committed to taking all reasonable steps to ensure persons on PHC property are safe while carrying out work-related activities. Part of that commitment involves ensuring the safety of all PHC staff who work alone or in isolation.

1.1. Scope

This policy applies to all PHC sites where [staff](#) may be assigned to work alone or in isolation.

2. Policy

Every reasonable effort will be made to limit the occurrences of staff working alone or in isolation. When this is not operationally possible, PHC is committed to having procedures in place to protect the safety of all PHC staff, to prevent incidents and to check the well-being of those who are required to work alone or in isolation. Whenever possible, preference should be given to implementing available and practical engineering controls to minimize the risks from hazards. When this is not practical or not sufficient to reduce risks, administrative controls need to be developed and implemented. This policy does not apply to employees who work remotely on a voluntary basis and not as a condition of employment or as a requirement of their job.

The following is to be addressed when developing unit or site-specific procedures. Refer to the BC Occupational Health and Safety Regulation 4.20-4.23 for more details.

- Prior to any staff working alone or in isolation, using a risk assessment process, supervisors/leaders must identify any potential workplace hazard and corrective actions that can be reasonably anticipated.
- A procedure to check the well-being of staff must be developed in consultation with the affected staff prior to working alone or in isolation. Contact information for the staff working alone or in isolation, the Supervisor/Leader or designate, and any others required for the Emergency Response Protocol must be kept in a designated and easily accessible location. Staff will check-in at regular, predetermined intervals and at the end of shift. The checks must be done by a trained, designated person and the results recorded and kept. Higher risk facilities/situations should perform checks more frequently than low risk facilities /situations.
- An Emergency Response Protocol must be available in the event a staff member working alone or in isolation fails to check-in. All key stakeholders such as the Leader-On-Call must be notified in the event the Emergency Response Protocol is activated.

3. Responsibilities

3.1. Supervisors/Leaders(or delegate)

- Ensure every attempt has been made to limit the occurrences of staff working alone or in isolation, including scheduling of office appointments between regular business hours

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(0800-1700) Monday to Friday as much as operationally possible.

- Identify and then eliminate or minimize any risk of hazards to any staff working alone or in isolation by implementing control measures.
- Develop and maintain site-specific written procedures in consultation with staff for working alone or in isolation, including a check-in, shift-end check response and an Emergency Response Protocol for action if the staff does not check in.
- Designate a person to establish contact with the staff at predetermined intervals. All contacts must be recorded by the designated person including the shift-end check.
- Review procedures annually and whenever there is a change in work arrangements that could adversely affect a staff's well-being or safety.
- Review procedures in the event a report is received indicating that current procedures are not working effectively.
- Ensure appropriate training is provided for staff who are required to work alone or in isolation.
- Ensure appropriate training for staff designated to conduct the person-check procedure.
- Provide appropriate communication equipment, considering geography, reliability etc. as required.

3.2. Designated Check-in Staff

- Be familiar with and follow the site-specific Working Alone or in Isolation Procedure, including a check-in, shift-end check response and an Emergency Response Protocol for action if the staff member does not check in.
- Ensure all contacts are current and accurate for the staff working alone or in isolation, the Supervisor/Leader or designate, and any others required for the Emergency Response Protocol.
- Ensure access to appropriate communication equipment for check-in, considering geography, reliability etc. as required.
- Establish contact with the staff at predetermined intervals as per the site-specific Working Alone or in Isolation Procedure.
- All contacts must be recorded by the designated person including the shift-end check.
- Immediately initiate the Emergency Response Protocol in the event a staff member working alone or in isolation fails to check-in.

3.3. Staff

- Be familiar with and follow all established safe work procedures and guidelines to ensure personal safety when working alone.
- Assist in the development and review of check-in and follow up procedures.
- Be aware of how to contact the Leader/Supervisor or designate, and person designated to conduct the check-ins.
- Communicate any hazards, issues or changes in risk to Leader/Supervisor.
- Report all injuries, incidents, exposures or near misses as per the PHC reporting protocol.

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- Use or wear protective equipment, devices and clothing as required by policy or by regulation.
- Attend and actively participate in training on established safety procedures for working alone safely.
- Ensure all contact information, including cell phone number, is up to date and on file with your facility/department as applicable.
- Notify the Supervisor/Leader of any staffing or schedule changes so the Supervisor/Leader is aware of which staff member is on shift in the event of a missing worker.

3.4. Occupational Health and Safety

- Provide consultation, education and subject matter expertise to guide compliance with Workers Compensation Act and the Occupational Health & Safety Regulation.
- Advise on the development of Working Alone policies/procedures according to individual facility requirements and applicable legislation.

3.5. Joint Occupational Health and Safety Committees

- Provide input into the Working Alone guidelines/procedures specific to their area, and assist in their implementation.
- Review the Working Alone procedures specific to their area of representation on a regular basis and when concerns are raised.

3.6. Contractors

- Comply with all aspects of the PHC Occupational Health and Safety Programs requirements as well as any safety programs administered by contractors.
- Ensure the health and safety of all their workers (workers of subcontractors' inclusive) as defined by Workers Compensation Act.

4. Compliance

All staff members are responsible for adhering to this policy and monitoring their activities in accordance with the policy. Staff members should notify the Supervisor/Leader if they observe a violation of this policy. Failure by staff to comply with this policy may result in disciplinary action up to and including termination of employment, services or privileges.

5. Supporting Documents

5.1. Related Policies

- [Violence Prevention in the Workplace](#)
- [Right to Refuse Unsafe Work](#)

6. Definitions

“Administrative controls” means the provision, use and scheduling of work activities and resources

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in the workplace, including planning, organizing, staffing and coordinating, for the purpose of controlling risk.

Examples include:

- Scheduling a balance of experienced and casual employees;
- Adjusting staffing to cope with peak flows to minimize crowding and delays;
- Avoiding staff working alone for high risk situations in community settings;
- Providing personal alarms systems or panic buttons
- Training and instruction

“Engineering controls” means the physical arrangement, design or alteration of workstations, equipment, materials, production facilities or other aspects on the physical work environment, for the purpose of controlling risk.

Examples include:

- Redesigning waiting areas to provide welcoming, calming surroundings;
- Controlling access/egress to an area by using access cards;
- Installing security lighting, protective barriers & remote control door locks;
- Improving surveillance and visibility where there is a potential for offending behaviours; and,
- Environmental restraints such as seclusion rooms.

“Joint Occupational Health and Safety Committee (JOHSC)” supports the employer's duty to ensure a healthy and safe workplace. The JOHSC brings together representatives of the employer and the workers, to identify and help resolve health and safety issues in the workplace. The JOHSC includes representation from unions, management and front-line workers and are responsible for reviewing all safety concerns within an organization as defined under WorkSafeBC regulations. At PHC there are site-specific JOHSC.

“Staff” means all employees (including management and leadership), Medical Staff Members (including physicians, midwives, dentists and Nurse Practitioners), residents, fellows and trainees, health care professionals, students, volunteers, contractors and other service providers.

“Working alone or in isolation” refers to work in circumstances where assistance would not readily be available to the employee in the case of an emergency or if the employee is injured or in ill health. The difference between “working alone” and “working in isolation” is not distinguished here, as the mitigation strategy for risk of worker safety is the same. Canadian Centre for OHS (2020) defines “A person is “alone” at work when they are on their own; when they cannot be seen or heard by another person.” Working Alone Program Checkup (gov.bc.ca, 2023) also includes “small groups of staff working in isolated areas in the field where help may not be immediately available” which



describes “working in isolation”. Regardless of whether a worker is working alone, working in isolation, or working alone in isolation, a formal check-in/out process and an emergency response protocol are required to ensure safety of the worker, which are outlined in this policy.

“Working alone or check-in procedures” refers to a work practice designed by both the Leader and employees of a department to ensure that an appropriate mechanism is in place for checking on the well-being of an employee working alone or in isolation. This includes a defined Emergency Response Protocol for use in the event that an employee does not check in.

7. References

1. WorkSafeBC Occupational Health and Safety Regulation Part 4, 4.20 -4.23
2. Interior Health Authority – Persons Working Alone or in Isolation AV0200
3. Canadian Centre for Occupational Health and Safety, Violence in the Workplace Guide.
4. The Occupational Health and Safety Agency for Healthcare in BC– OHSAH (BC) Preventing Violence and Aggressive Behavior, 2005
5. POLICY #B-00-11-10213 Working Remotely on a Voluntary Basis

8. Appendices

Appendix A: Sample Questions to Aid in Determining Risk

Appendix B: Example of Emergency Response Protocol for Failure to Check-in Appendix C:
Sample Working Alone Log



Effective Date:				
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Approved By:	PHC Senior Leadership Team / Executive Sponsor:			
Owners:	PHC Occupational Health and Safety			
Revision History:	Version	Date	Description/ Key Changes	Revised By
	2	29-March-2016		Sandy Coughlin
	3	15-July-2019	Editorial changes/ position updates	Sandy Coughlin
	4	11-April-2022	Grammatical inconsistencies	Priscilla Lam, Violence Prevention Advisor
	5	10-November-2023	Clarification on roles and definition and on the scope of the policy	Emma Lee, Violence Prevention Advisor



Appendix A: Sample Questions to Aid in Determining Risk

1. Does the employee work alone (out of sight and hearing of other workers)?
2. Does the employee have direct contact with patients/residents/clients?
3. Does the employee work with a high-risk patient/resident/client group?
4. What time of day and how long is the employee working alone?
5. Is the employee physically secured during his or her shift (e.g. is the work place only accessible to authorized staff)?
6. Is the employee able to easily and quickly summon help in the event of an emergency?
7. Is the employee in contact with other workers regularly during their shift?
8. Are there other environmental hazards in the workplace (heavy equipment or potentially toxic substances)?
9. Are there any special risks or considerations for a particular employee that may require additional safety checks when working alone (a medical condition or a restraining order)?

Low Risk:

An employee who does not work with patients/residents/clients, is in a secured work area, is engaged in low risk work activities, and is in regular contact with other employees or who is able to summon help (e.g. security checks in once every shift).

High Risk:

An employee who works alone in an unsecured work area and who is unable to easily access help. This includes situations where an employee is working:

- With patients/residents/clients
- At height (more than 3 meters)
- In confined / enclosed spaces
- With electricity
- With hazardous substances or materials
- With hazardous equipment
- Or in any situation that presents an increased risk of disabling injury



Appendix B: Example of an Emergency Response Protocol – For Failure to Check In

If unable to reach the staff working alone or in isolation, immediately start the Emergency Response Protocol. Follow each step as quickly as possible until the staff is contacted or the Police is notified.

1. Leader/Supervisor is made aware that a staff member has not checked-in.
2. Leader/Supervisor or designate calls the contact numbers provided by the staff.
3. The Leader/Supervisor or designate performs a visual check for the staff member at the last known location as appropriate.
4. Leader/Supervisor contacts Security to have them check when and where the staff member last used their access card swipe system. Leader/Supervisor or designate or Security to search this area as applicable.
5. Have the missing staff member paged using the overhead paging system.
6. If still unable to reach the staff member, contact the Leader On Call (if not already aware), other key individuals.
7. Consider requesting Security (if available) do a wider search, encompassing common areas, areas the staff member have been or could potentially be, and any other areas suggested by the Leader or co-workers.
8. If still unable to reach the staff member, Supervisor/Leader, in consultation with Security, notifies the Police.



Appendix C: Working Alone Log

Date	Name	Department/Area	Time In	Approximate Working Location(s)	Check In Time Period	Contact Means (phone, radio, walk-by etc.)	Check Out Time ✓

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