**Safe Work Practice** Working Alone SWP Policy Procedure Form

| **Department/Area:** | **Approved by:** | **Date Created:** | **Review/Revision Date:** |
| --- | --- | --- | --- |
| insert text here |  |  |  |

| **Potential Hazard** | **Risk level** |
| --- | --- |
| Awkward/sustained postures - bend, reach, lift |  |
| Forceful exertions - lifting |  |
| Repetitive movements |  |
| Vibration |  |
| Compression |  |
| Sharp points/edges - sharp materials |  |
| Pinch points - bin lids |  |
| Materials falling - bin lids |  |
| Surfaces causing falls - icy, snow in winter |  |
| Moving machinery |  |
| Chemicals |  |
| Biological pathogens - contact with waste |  |
| Electrical |  |
| Extreme heat/cold |  |
| Noise |  |
| Combustibles/flammables |  |
| Risk of falling |  |
| Other |  |

| **Risk control devices, personal protective equipment, and other safety considerations** | **Training/Reference info** |
| --- | --- |
|  |  |

**Working Alone Safe Work Practice**

**XXX** defines "to work alone” as to work in circumstances where assistance would not be readily available to the worker.

* In case of an emergency, or
* In case the worker is injured or in ill health.

Prior to assigning an employee or sub-contractor to work alone on-site after hours, **XXX** will review the most recent hazard assessment with the worker and implement measures to eliminate or minimize any hazards identified.

**XXX**  will develop and implement a written procedure for checking the well-being of a worker assigned to work alone which includes the following:

* The appropriate time interval between checks and the procedure to follow in case the worker cannot be contacted, including provisions for emergency rescue.
* The person designated to establish contact with the worker at predetermined intervals (results must be recorded).
* Shift estimated end time.

The worker is to check-in with the designated contact person at the end of the shift. The designated contact person is to contact the worker if they fail to check-in at the required time.

**Purpose**

All employees have the right to immediate and appropriate assistance if they are injured on the job. This policy and the associated procedures are designed to ensure that all workers who are required to work alone or in isolation have access to a check-in system that will ensure that help is readily available to them.

**Scope**

This policy applies to all **XXX** workers doing jobs or tasks that require them to work alone or in isolation where assistance is not readily available to them in the event of an emergency, injury, or illness.

**Policy**

**XXX** will work in consultation with the JHSC committee to develop and maintain a program to ensure the well-being of workers who are assigned to work alone or in isolation.

**Definitions**

|  |  |
| --- | --- |
| **To work alone or in isolation**  | Means to work in circumstances where assistance would not be readily available to the worker: (a) in case of an emergency, or  (b) in case the worker is injured or in ill health.   |
| **Contact Person**  | The person or agency that will be called when a worker is working alone or in isolation and is required to use a check-in system. The person or agency will monitor the situation, keep records of the check-in activities, and contact the worker who is working alone if he/she fails to check-in.     |
| **Check-in**  | The act of notifying the Contact Person that a task is starting, continuing or ending, or that the worker is OK.  |

**Responsibilities**

**Employer**

* Ensure that procedures and resources are in place to minimize harm to employees who are working alone or in isolation.
* Ensure that workers are trained in these procedures.

**Managers / Supervisors**

* Assess the level of risk in their areas to determine the appropriate procedures needed to ensure employee safety.
* Develop procedures for checking on employee’s wellbeing, including time intervals between check-ins. This must be done in consultation with the employee and the Joint Occupational Health and Safety (JHSC) Committee.
* Arrange for trial runs of the procedures to ensure that each employee working alone is following the process.
* Ensure that the person designated to maintain contact with the employee working alone documents the check-in times and other applicable information.
* Ensure there is a means of summoning help in an emergency where an employee has been assigned to work alone or in isolation.
* Maintain a list of positions or situations where workers have been assigned to work alone or in isolation.

**Workers**

* Consult with your supervisor as necessary to schedule work done in isolation and to maintain communication during such periods.
* Use the check-in procedures provided.

**Joint Occupational Health and Safety Committees**

* Periodically review the program to ensure its effectiveness and provide comments or recommendations.

**General**

As part of the worker’s orientation, the Supervisor will review this procedure and provide a copy to the worker and the designated contact person before the worker commences working alone.

Working alone procedure developed for this work location will be reviewed at least annually or more frequently if there is a change in work arrangements which could adversely affect the worker’s well-being or if the reporting system is not working effectively. The worker and/or the designated contact person are expected to inform the supervisor of any concerns they may have with the reporting system.

**Written Procedure for Working Alone Form**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will be working alone at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ between the hours of \_\_\_\_\_\_ am/pm and \_\_\_\_\_\_ am/pm on the following days of the week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is responsible for checking on the above-noted employee at these set intervals:
* Every 2 hours starting at \_\_\_\_\_\_ am/pm and at end of shift. \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Method of contact will be by text message and e-mail and or telephone call and or face to face contact.
2. If the worker cannot be reached or does not respond within 20 minutes, the designated contact person will arrange for face-to-face contact to be made with the employee by driving to the worksite.
3. If the worker encounters an unsafe situation while working alone, the worker is to immediately alert the designated contact person cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and, if deemed necessary, the police 911.
4. As part of the worker’s orientation, the Supervisor will review this procedure and provide a copy to the worker and the designated contact person before the worker commences working alone.
5. Working alone procedure developed for this work location will be reviewed at least annually or more frequently if there is a change in work arrangements which could adversely affect the worker’s well-being or if the reporting system is not working effectively. The worker and/or the designated contact person are expected to inform the supervisor of any concerns they may have with the reporting system.

Acknowledgements and Signatures:

My supervisor has explained to me the working alone procedure developed for my work location. I understand this procedure is for my well-being and will co-operate with the check-ups initiated by my supervisor, the designated contact person.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Worker                                               Date

I have explained the working alone procedure to the worker. I understand this procedure and agree to regularly check on the employee’s well-being as directed above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor /                                         Date

Designated Contact Person