

**Working Alone or**

**In Isolation**

**Only Appendix A is referenced – none of the others are mentioned.**

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BCMSA

Working Alone or In Isolation

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# REFERENCES

WorkSafeBC OHS Regulation Part 4, Sections 4.20.1, 4.20.2, 4.21, 4.22 and 4.23 (exclude 4.22.1 and 4.22.2).

# PURPOSE

All employees have the right to immediate and appropriate assistance if they are injured on the job. This policy and the associated procedures is 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 [Organization] 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

The [Organization] will 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 well being, including time intervals between check-ins. This must be done in consultation with the employee and the Joint Occupational Health and Safety (JOHS) 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.

# Overview of WorkSafeBC Regulation

The WorkSafeBC OHS Regulation requires that the employer:

1. Conduct a hazard assessment before assigning a worker to work alone or in isolation.
2. Take measures to eliminate or minimize the risk from hazards to the lowest level practicable.
3. Develop and implement a written procedure for checking the well-being of the worker who is assigned to work alone.
4. Consult with the Joint Occupational Health and Safety Committee in the development of the working alone policy and procedures.
5. Consult with the worker regarding how often he/she is to check in.
6. Provide training on the written procedure to the contact person and to any worker assigned to work alone.
7. Review the check-in procedure at least annually, or more frequently if there is a change in work arrangements that could adversely affect a worker’s well being, or if there is a report that the system is not working effectively.

# Inventory of Working Alone Positions

An inventory of positions has been developed that identifies workers who have been assigned to work alone or in isolation. This list will be maintained by [insert name of person or position responsible].

New positions where a worker is assigned to work alone or in isolation will be assessed prior to assigning the work and added to the inventory.

# Risk Assessments

The risk assessment is a step-by-step process that identifies the nature and type of hazard that could reasonably be anticipated in the workplace and assesses the likelihood of such hazards occurring. It is intended to help set priorities and identify tasks that require further analysis to ensure that effective controls are implemented.

A check-in assessment form has been developed to help with the development of controls and in order to determine the frequency of check-in times. These assessments need to be completed only for workers who have been assigned a job or task where they may be working alone or in isolation. The Check-in Assessment Worksheet is located in Appendix A of this document.

Check-in assessments will be done for any new positions where a worker is assigned to work alone and where any positions or situations on the current inventory are substantially changed. A completed worksheet sample is included in Appendix B.

## Risk Scores / Levels

The Risk Assessments will determine the risk of individual tasks. Risks are divided into three categories:

###### Level 1 - Risk Score is greater than 400

Frequency of check-ins: at least every hour and end of shift.

###### Level 2 - Risk Score is between 200 and 400

Frequency of check-ins: every 2 hours or more often as is required by the nature of the task, and end of shift.

###### Level 3 - Risk score is less than 200

Frequency of check-ins: at the beginning and end of the shift or task, or as often as is required by the nature of the task.

## Examples of Positions That May Require Working Alone Procedures

* Park attendants on afternoon shift who have to close facilities
* Parks workers on weekends and evenings
* Pool and arena maintenance workers
* Garage or field service mechanics
* Engineering standby person or callout person
* Waterworks technicians checking alarms after hours
* Building inspectors
* Bylaw enforcement officers

# Training Requirements

## Goal

Every worker, supervisor and affected person will understand the procedure for working alone or in isolation. No worker will be placed at risk because of a lack of understanding of the procedure.

## Objectives

As a result of this training:

* Workers will know when the use of a check-in procedure is required. A sample of a Check-In Log is included in Appendix C.
* Workers and supervisors will understand the check-in procedures.
* All affected persons will understand the emergency response procedure.

## Summary of Training

* Definitions used in the program
* WorkSafeBC regulatory requirements
* Responsibilities
* Risk assessments
* Check-in procedures and other safe work procedures
* Documentation requirements
* Emergency procedures

# Program Maintenance

On an annual basis, if there is a change in work arrangements, or if there is a report that the program is not working effectively, [insert name of person or position responsible], in consultation with the OHS Committee, will review the working alone program to:

* ensure the working alone program and procedures are in place.
* ensure the position and situation inventory and assessments are current.
* review any investigations into incidents that have taken place in the last year to determine if there are any in which a worker was working alone and could not get assistance after the injury.

# Documentation

The working alone program requires the following documentation:

* The list of positions or situations where workers are required to work alone or in isolation.
* The completed Risk Assessment Worksheets.
* Training records for affected workers and the contact person.
* The contact person’s log book.

# Appendices

## Appendix A - Working Alone Risk Assessment Worksheet

**Instructions:**

Complete this worksheet with the worker for each situation where a worker is working alone and may be at risk of an injury that would prevent him/her from obtaining help.

1. In the table on page 2:
	1. Consider which hazards in columns A and B might apply and specify the injury in column C.
	2. For column D - Use Table 1 on page 3 to assess the probability of the accident occurring.
	3. For column E - Use Table 2 on page 3 to assess the likelihood that the accident would result in an injury serious enough to be disabling.
	4. For column F - Use Table 3 on page 3 to assess the likelihood of help being available to the worker.
	5. Rate the requirement for a check-in system by multiplying the numbers in Columns D, E and F. Enter the result in Column G.
2. Enter the score from Column G into the Final Risk Score below. Include comments and recommendations as required.
3. If the Risk Score is:
* Less than 200 (low), no further action is required.
* Between 200 and 400 (moderate), a check-in procedure must be implemented.
* Greater than 400 (high), the checks must be frequent and other mitigation must be considered and implemented.

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title:** |  | **Assessment Done By:** |  |
| **Task:** |  | **Date:** |  |

|  |  |  |
| --- | --- | --- |
| **Final Risk Score:** |  |  |
| **Comments / Recommendations:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A** | **B** | **C** | **D** | **E** | **F** | **G** |
| **Types of Hazard** | **Examples****(Based in part on history)** | **Worst probable incident****that could happen** | **Likelihood of Incident Occurring** | **Likelihood of Worker Being Unable to Call for Help** | **Likelihood of help being available** | **Risk Score** |
| **See Table 1** | **See Table 2** | **See Table 3** |
| **Stored Energy** | * Bins
* Elevated equipment
* Pressurized vessels or pipes
* Volumes of liquid
* Stacked materials
 |  |  |  |  |  |
| **Mechanical Energy** | * Hydraulic equipment
* Tools
* Equipment
 |  |  |  |  |  |
| **Energy Inadequate****or Stopped** | * Failure of part
* External influence
* Fuel sources
* Spills
* Lack of ventilation
* Lighting
 |  |  |  |  |  |
| **Kinetic Energy**  | * Struck by or against
* Pinch points
* Fall to same level
* Fall to lower level
* Animal attack
 |  |  |  |  |  |
| **Chemical Energy** | * Corrosion / Oxidation
* Asphyxiation
* Poisoning
* Explosion
* Infection
* Drowning
 |  |  |  |  |  |
| **Thermal Energy**  | * Ultra-violet & infrared radiation
* Excessive sun exposure
* Steam
* Hot materials
* Cold / Freezing
 |  |  |  |  |  |
| **Electrical Energy** | * Static
* Grounding
* Lightning
 |  |  |  |  |  |
| **Social Energy**  | * Verbal Assault
* Physical Assault
* Bomb threats
* Terrorism
 |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |

**Working** **Alone****Risk Assessment Tables**

|  |  |
| --- | --- |
| **Table 1 - Likelihood of an accident occurring** |  |
| **The risk factors for performing this task mean that an accident:** | **Value** |
| Will probably happen | **10** |
| Has a very high likelihood of occurring | **8** |
| Is quite possible; would not be unusual; has happened before | **6** |
| Would be an unusual event | **4** |
| Would be remotely possible  | **2** |
| Would be extremely remote but conceivably possible | **0.5** |
| Would be almost impossible; a “one in a million” possibility; has never happened in spite of exposure over many years | **0.1** |

|  |  |
| --- | --- |
| **Table 2 - Likelihood of a disabling injury** |  |
| **The seriousness of a likely accident means that a disabling injury, one that would prevent calling for help, would be:** | **Value** |
| The expected result | **10** |
| The probable result | **8** |
| An unusual result | **6** |
| The remotely possible result | **4** |
| The practically impossible result | **2** |

|  |
| --- |
| **Table 3 - Likelihood of help being available for the injured workers** |
| **Work Situation:** | **Availability of Help** | **Value** |
| Worker is in an isolated area with no one likely to pass by or see the worker for 2 hours or more | Almost Never | **12** |
| Worker is working in an area where customers and other employees come by occasionally, e.g. every 30 to 60 minutes. | Rare | **8** |
| Worker is in an isolated area where there is regular traffic of customers and/or other employees, e.g. every 30 minutes or so. | Occasionally | **6** |
| Worker is out of site or isolated from the general public and other employees but other employees come by on a regular and frequent basis, e.g. every 15 to 30 minutes. | Usual | **4** |
| The Worker is in an area used by other people who pass by often enough that there is a high likelihood of witnesses. | Frequently | **2** |
| The worker is in an area where there is a high volume of customers, e.g. shopping mall, sports stadium, or where there is security staff available. | Continuous | **1** |

## Appendix B - Working Alone Risk Assessment Work Sheet – EXAMPLE

**Instructions:**

Complete this worksheet with the worker for each situation where a worker is working alone and may be at risk of an injury that would prevent him/her from obtaining help.

1. In the table on page 2:
	1. Consider which hazards in columns A and B might apply and specify the injury in column C.
	2. For column D - Use Table 1 on page 3 to assess the probability of the accident occurring.
	3. For column E - Use Table 2 on page 3 to assess the likelihood that the accident would result in an injury serious enough to be disabling.
	4. For column F - Use Table 3 on page 3 to assess the likelihood of help being available to the worker.
	5. Rate the requirement for a check-in system by multiplying the numbers in Columns D, E and F. Enter the result in Column G.
2. Enter the score from Column G into the Final Risk Score below. Include comments and recommendations as required.
3. If the Risk Score is:
* Less than 200 (low), no further action is required.
* Between 200 and 400 (moderate), a check-in procedure must be implemented.
* Greater than 400 (high), the checks must be frequent and other mitigation must be considered and implemented.

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title:** | **Electrician** | **Assessment Done By:** | **JB Powers – Manager, Electrical Dept.** |
| **Task:** | **Repairing traffic light after hours** | **Date:** | **The date** |

|  |  |  |
| --- | --- | --- |
| **Final / Highest Risk Score:** | **256** |  |
| **Comments / Recommendations:**Score of 256 for risk of being hit by vehicle – Implement check-in. Electricians agree 60 minutes between checks. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A** | **B** | **C** | **D** | **E** | **F** | **G** |
| **Types of Hazard** | **Examples****(Based in part on history)** | **Worst probable incident****that could happen** | **Likelihood of Incident Occurring** | **Likelihood of Worker Being Unable to Call for Help** | **Likelihood of help being available** | **Risk Score** |
| **See Table 1** | **See Table 2** | **See Table 3** |
| **Stored Energy** | * Bins
* Elevated equipment
* Pressurized vessels or pipes
* Volumes of liquid
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 |  |  |  |  |  |
| **Mechanical Energy** | * Hydraulic equipment
* Tools
* Equipment
 |  |  |  |  |  |
| **Energy Inadequate****or stopped** | * Failure of part
* External influence
* Fuel sources
* Spills
* Lack of ventilation
* Lighting
 |  |  |  |  |  |
| **Kinetic Energy**  | * Struck by or against
* Pinch points
* Fall to same level
* Fall to lower level
* Animal attack
 | Fall from bucket truckHit by vehicle | 24 | 48 | 88 | **64****256** |
| **Chemical Energy** | * Corrosion / Oxidation
* Asphyxiation
* Poisoning
* Explosion
* Infection
* Drowning
 |  |  |  |  |  |
| **Thermal Energy**  | * Ultra-violet & infrared radiation
* Excessive sun exposure
* Steam
* Hot materials
* Cold / Freezing
 |  |  |  |  |  |
| **Electrical Energy** | * Static
* Grounding
* Lightning
 | Electrocution due to faulty wiring | 2 | 10 | 8 | **160** |
| **Social Energy**  | * Verbal Assault
* Physical Assault
* Bomb threats
* Terrorism
 |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |

##

## Appendix C – Check-In Log – EXAMPLE

**Log to be completed by the Contact Person**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Person:** |  | **Date:** |  |
| **Person Working Alone:** |  | **Phone #:** |  |
| **Frequency of check-in:** |  | **Department:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time** | **Location** | **Task** | **Next Check-In Time** | **Final Check-In Time** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |