**Working Alone or in Isolation Program**

**Purpose**

The purpose of the University of British Columbia (UBC) Working Alone or in Isolation Program is to provide information on working alone or in isolation as described within the Occupational Health and Safety Regulation (OHSR). It is also to implement a system which requires regular check-ins to ensure the health and safety of employees who are working alone or in isolation.

**Scope**

This program applies to all UBC employees (faculty, staff, and paid students) who have been assigned to work alone or in isolation under the [OHSR Section 4.20.1-4.23](https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-04-general-conditions#SectionNumber:4.20.1).

**Regulations**

WorkSafeBC OHSR Working Alone or in Isolation Section 4.20.1- 4.23.

**Definitions**

Administrative Controls

* The modification of work processes or activities to minimize risk

Engineering Controls

* The modification of the physical work environment to minimize risk

Regular Working Hours

* The hours in which there are people available at UBC to help in the event of an incident. These hours normally fall between 8:30 am and 4:30pm. Should a department have modified office hours, they should be noted in Appendix D: Working Alone or in Isolation Form.

Risk Assessment

* The process (Appendix A) where hazards are identified, their risk evaluated, and controls for the risk are determined to eliminate the hazard or minimize the risk

Supervisor

* Refers to the person directly responsible for overseeing the tasks of the worker

Worker

* Refers to all employees of UBC including faculty, staff, and paid students

**Definitions (cont’d)**

Working Alone or in Isolation

* Means to work in circumstances where assistance would not be readily available to the worker

1. in case of an emergency, or
2. in case the worker is injured or in ill health

Workplace

* The location where the work is performed

**Responsibilities**

Supervisor

* Identify all workers who work alone or in isolation to ensure they know the associated risks.
* Conduct a risk assessment, to identify the risks associated with potential hazards
* Implement controls using the hierarchy of controls to minimize the risk due to the hazard
* Eliminate working alone or in isolation in the workplace by ensuring others are in the vicinity, where possible.
* Ensure safe work procedures are documented
* Ensure proper training has been provided to workers PRIOR to commencing work (e.g. safe work procedures, use of equipment or tools, personal protective equipment requirements, identifying and reporting hazards, etc.) and that the training has been documented
* Ensure workers have access to and understanding of any required documentation such as manuals, Safety Data Sheets (SDS), etc.
* Educate workers on emergency procedures, contacts and numbers (e.g. First Aid). If emergency contact information is not posted at the workplace, provide the worker with a copy to carry with them. The worker must know what to do in case of emergency/injury.
* Participate in the development of a written check-in procedure
* Implement the written check-in procedure by training worker(s) and check-in designate, PRIOR to commencing work alone or in isolation.
* Supervise the workplace and ensure that the written check-in procedure is followed.
* Consult with the Joint Occupational Health and Safety Committee (JOHSC) on the written check-in procedure.

**Responsibilities (cont’d)**

Worker

* Communicate any unsafe conditions to your supervisor
* Understand and follow the written check-in procedure
* Ensure the communication tool (e.g. telephoneor radio) is operable and capable of completing the check-in procedure
* Follow all job procedures and use proper Personal Protective Equipment (PPE)

Check-in Designate

* Understand and follow the written check-in procedure
* Perform and record check-ins
* Ensure the communication tool (e.g. telephone or radio) is operable and capable of completing the check-in procedure

Joint Occupational Health and Safety Committee (JOHSC) Representatives

* Review the completed risk assessment and written check-in procedure, ensuring the check-in interval is appropriate
* Participate in the review of the Working Alone Program
* Ensure appropriate revisions are made to the Working Alone Program as a result of any incidents/accidents associated to the procedures

**Training Requirements**

Minimum training required:

* [Mandatory Training](http://rms.ubc.ca/training-and-general-education-courses/mandatory-training-for-all-ubc-workers/) Courses
* [Job Specific Training with documentation](http://rms.ubc.ca/training-and-general-education-courses/mandatory-training-for-all-ubc-workers/#What training is required for job specific tasks?)
* Workers have access to and are familiar with UBC safety and emergency procedures and contact information

**General Procedure**

These steps are to be completed by the supervisor.

1. Identify all workers working alone
2. Conduct a Risk Assessment (Appendix A: Risk Assessment Tool). The objective of the risk assessment is to determine the risks associated with working alone in the workplace and the appropriate check-in time interval.

NOTE: The risk assessment should be based on what is reasonably anticipated for that workplace or work activity. A single risk assessment can be completed for either one worker or a group of workers who perform the exact same tasks; however, if at any time, there is a change in location, timing, equipment, environment or any other factor that could affect the worker’s safety, a new risk assessment will be required and changes to the check-in procedure may be necessary.

1. Develop a written check-in procedure (Appendix C: Check-in Procedure) based on the risk assessment.

NOTE: As stated within the OHSR, high risk activities require shorter check-in time intervals.

1. Assign a check-in designate. Ideally, the supervisor is the one checking in on their workers; however, other systems can be put in place.

NOTE: The preferred method for checking in on workers is visual or two-way voice contact.

1. Consult with the [JOHSC](http://safetycommittees.ubc.ca/johsc/find-your-johsc/). The JOHSC is to review the completed risk assessment and written check-in procedure, ensuring the check-in interval is appropriate.
2. Ensure there are documented training records indicating that the worker has been trained in the task/procedure that will be carried out while working alone or in isolation.

NOTE: It is strongly recommended that handling of hazardous materials or operation of hazardous equipment while working alone be prohibited.

1. Train all applicable workers and check-in designates on the written check-in procedure
2. Maintain records and documents as stated under the “Review and Retention” Section

**References and Resources**

* WorkSafeBC OHSR [4.20.1- 4.23](https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-04-general-conditions#19460E03AA4A486AAF1AE32BB5BE3A95) and OHSR Guidelines [4.20.1 - 4.22.2-2](https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-guidelines/guidelines-part-04#BCDD6BDDE0A3435F8CF0D23026C694FE)
* WorkSafeBC [Working Alone: A Handbook for Small Businesses](https://www.worksafebc.com/en/health-safety/hazards-exposures/working-alone)
* [Safety & Risk Services](http://rms.ubc.ca/health-safety/safety-programs/personal-safety/6969-2/)
* [Emergency and Safety Contacts Poster](http://rms.ubc.ca/health-safety/safety-programs/personal-safety/)
* [First Aid Poster](http://rms.ubc.ca/health-safety/safety-programs/first-aid/)
* [UBC Workplace Violence Risk Assessment Tool](http://rms.ubc.ca/health-safety/safety-programs/personal-safety/6969-2/)

**Review and Retention**

The Working Alone or in Isolation Program shall be reviewed annually by the responsible Safety & Risk Services representative. Upon review, any necessary updates will be made to ensure that the program and related procedures continue to be relevant and provide accurate/appropriate safety measures for all workers affected.

The supervisor must retain the following documents:

* Most recent version of the Working Alone or in Isolation Program
* Completed Risk Assessment(s)
* Written Check-in Procedure(s)
* Working Alone or in Isolation Form(s)
* Check-in Record(s)

**Appendix A: Working Alone or in Isolation Risk Assessment Tool**

1. Before using the Risk Assessment Tool, consider the following questions:
2. What is the location where the work will be performed?
3. What are the job/tasks that will be performed?
4. Complete the risk assessment and document your answers in Appendix D: Working Alone or in Isolation Form.
5. Refer to Appendix B: Risk Assessment Guidance for guidance to the risk assessment tool.

**Table 1:** Check in recommendation by total score (*Referenced from WorkSafeBC*)

|  |  |
| --- | --- |
| **Check in** | **Score** |
| 4-8 hours | 250- |
| 2-5 hours | 251-400 |
| 0.5-3 hours | 401+ |

**Table 2:** Risk assessment check-in tool

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A** | **B** | **C** | **D** | **E** | **F** | **G** |
| **Hazards and specifics/examples** | **Worst probably injury** | **Likelihood of accident happening**  **(Table 3)** | **Likelihood of disabling injury**  **(Table 3)** | **Likelihood of help available**  **(Table 3)** | **Frequency Rating**  **(C\*D\*E)** | **Recommended Check in period**  **(Table 1)** |
|  |  | 4 | 2 | 8 |  |  |
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| **What is the likelihood of an incident occurring while alone or isolated?**  **(Consider past incidents, or those in similar areas)** | **Score** | **If an incident does occur, how likely is it to be seriously disabling?** | **Score** | **In the event of requiring help, access to help is...** | **Score** |
| Most likely | 10 | Expected | 10 | Never | 12 |
| Very high likelihood | 8 | Probable | 8 | Rare | 8 |
| Quite possible, not unusual | 6 | Unusual, not expected | 6 | Occasionally | 6 |
| Unusual, not likely | 4 | Remotely possible | 4 | Usual | 4 |
| Remote possibility | 2 | Practically impossible | 2 | Frequently | 2 |
| Extremely remote possibility, but conceivable | 0.5 |  |  | Continuous | 1 |
| Practically impossible (one in a million chance) | 0.1 |  |  |  |  |

**Appendix B: Risk Assessment Guidance**

**Table 4:** General examples of workplace hazards. This is not an exhaustive list and the supervisor is responsible for listing the detailed site specific hazards.

|  |  |  |
| --- | --- | --- |
| Physical & Mechanical Energy | Environment | Substances |
| Fire or explosions | Temperature/Humidity exposure (heat/cold stress) | Compressed gas, pressurized containers |
| Equipment (moving parts, pinch points, nip points, shear points, sharp edges) | Difficult terrain (slopes, cliffs, rocky, slick/wet, etc.) | Explosive |
| Energy (Arc flash, high voltage, electromagnetic fields, electricity) | Weather (strong rain, wind, waves, etc.) | Corrosive |
| Heights (falling, ladders, etc.) | Lighting | Fumes, vapours, gases |
| Overhead hazards (objects falling from, powerlines, etc.) | Wildlife (aggression, toxic, etc.) | Flammable |
| Traffic, mobile equipment, etc. | Workplace violence (public) | Oxidizer |
| Radiation | Confined Space | Toxic |
| Noise | Entaglement | Allergens |
| Vibration (Contact stress, etc.) | Engulfement | Animals, Insects, etc. |
| Lighting | Traffic | Blood and bodily fluids |
| Repetitive movements |  | Plants, fungus, microorganisms, etc. |
| Sustained/Static/Awkward/Constrained postures |  | Carcinogenic, cytotoxic substances |
| High forces (push, pull, lift) |  | Materials (asbestos, lead, silica, wood dust, etc.) |

**Table 5:** Criteria for assessing the accessibility of help in a situation.

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| --- | --- |
| Help accessibility | Situational example |
| Almost Never | Worker is in an isolated area with no one likely to pass by or see the worker for 2 hours or more |
| Rare | Worker is working in an area where customers and other employees come by occasionally, e.g. every 30 to 60 minutes. |
| Occasionally | Worker is in an isolated area where there is regular traffic of customers and/or other employees, e.g. every 30 minutes or so. |
| Usual | 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. |
| Frequently | The Worker is in an area used by other people who pass by often enough that there is a high likelihood of witnesses. |
| Continuous | 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. |

**Appendix C: Check-in Procedure Template**

**Procedure**

NOTE: A complete check-in is two way communication between the worker and the check-in designate. A separate check-in procedure should be completed per risk assessment and per person.

1. The Check-in Designate will check in on the worker as indicated on the Working Alone or in Isolation Form (Appendix D).
2. If the worker isn’t available at the predetermined check-in time, the check-in designate will attempt to check-in with the worker within 5 minutes of predetermined time.
3. If the Check-in Designate does not make contact with the worker, they will make another attempt within 10 minutes of the predetermined time.
4. If the check-in designate is unable to make contact with the worker after the second attempt, they will follow: steps 5-10.
   1. NOTE: If the individual working alone is not available at the determined check-in time, this individual will attempt to call the check-in designate within 5 minutes of the predetermined check in time.
5. The Check-in Designate will call UBC Campus Security at 604-822-2222 (or equivalent if the work location is off UBC-V campus) and provide the following information about the worker: name of worker, location, phone number, last time of contact and potential hazards.
   1. If the work location is off UBC-V campus, indicate the equivalent name and number that will be called in the box below:

|  |
| --- |
|  |

1. UBC Campus Security(or equivalent) will attempt to call the worker’s mobile number. If there is no answer, they will visit the work location and check in on the worker in-person.
2. UBC Campus Security (or equivalent) will call the Check-in Designate and inform them if they were able to locate or make contact with the worker or not.
3. If UBC Campus Security (or equivalent) was unable to locate or make contact with the worker, the Check-in Designate will contact the worker’s emergency contact to verify it is not a false alarm (this must be done delicately so as not to cause alarm to the family).
4. If the worker was not located or contacted through communications with their emergency contact, the Check-in Designate will travel to the worker’s location to ascertain their status.
5. If necessary, call 911 and request help

By signing, you have participated in the development of this written check-in procedure, have been trained on the procedure, and understand its purpose/content. If this check-in procedure applies to several workers, please ensure all workers understand and sign this check-in procedure document.



**Appendix D: Working Alone or in Isolation Form**

|  |  |
| --- | --- |
| **PART 1: GENERAL INFORMATION** | |
| Employee Name: | Description of employee’s vehicle and license plate (optional): |
| Employee Title: | Employee’s Emergency Contact Name: |
| Employee Phone Number: | Emergency Contact Phone Number: |
| **PART 2: WORK INFORMATION** | |
| Supervisor Name: | Department: |
| Supervisor Title: | Regular Office Hours of Department: |
| Location where work will be performed: | |
| Describe the job/tasks that will be performed and document the highest risk score from the risk assessment: | |
| **PART 3: CHECK-IN DESIGNATE** | |
| Name of Check-in Designate: | Title of Check-in Designate: |
| Method of Communication (check one that applies):   |  |  | | --- | --- | | ☐In person. Location for visual check-in: |  | | ☐By telephone. Employee’s Phone Number: |  | | Check-in Designate’s Phone Number: |  | | ☐By other method (please specify): |  | |  |  | | |
| Frequency of Check-in (Choose the shortest time interval identified in your Risk Assessment):   |  |  | | --- | --- | | ⌧ Beginning of scheduled work each day (mandatory). Indicate the time: |  | | ☐Every 30 minutes to 3 hours (Potentially High Risk). Indicate exact interval to be used: |  | | ☐ Every 2 hours to 5 hours (Potentially Moderate Risk). Indicate exact interval to be used: |  | | ☐ Every 4 hours to 8 hours (Potentially Low Risk). Indicate exact interval to be used: |  | | ⌧ Completion of scheduled work each day (mandatory). Indicate the time: |  | | |

**Appendix E: Check-in Record**

**Check-in Designate Name:**

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| --- | --- | --- | --- | --- | --- |
| **CHECK-IN RECORD** | | | | | |
| Employee Name: | | | Location of work: | | |
| Check-in Intervals: | | | |  |  | | --- | --- | | Shift Start: | am/pm | | Shift End: | am/pm | | | |
| **Date** | **Check-in Time** | **Method of Communication** | | **Check-in Designate Initials** | **Comments** |
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