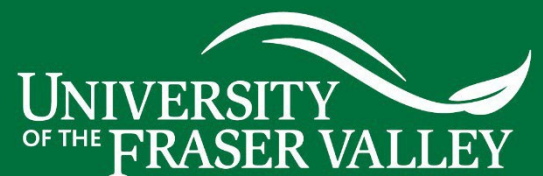


# **WORKING ALONE or in ISOLATION PROGRAM**

**2023**

**SAFETY & SECURITY**

**Ufv.ca**



## Purpose:

At UFV, the Working Alone or in Isolation (WAOII) Program aims to safeguard the health and safety of employees who work alone or in isolation. The university is dedicated to offering resources, training, and practices to support this program. The Working Alone Risk Assessment Template is a critical tool to recognize, eliminate, and control risks related to working alone at UFV.

## Scope:

This policy is applicable to all UFV faculty, staff, and paid students who fall under the definition of WAOII as outlined in OHSR Section 4.20.1-4.23. It does not apply to students.

## Definitions:

Administrative Control: the provision, use, and scheduling of work activities and resources in the workplace, including planning, organizing, staffing, and coordinating to manage risk.

Engineering Controls: the physical arrangement, design, or alteration of workstations, equipment, materials, or other aspects of the physical work environment to manage risk.

Check-In Designate: the person responsible for checking in the worker who is WAOII if they do not contact them.

Office Hours: the UFV regular office hours are 8:30 a.m. to 4:30 p.m. Monday to Friday.

Standard Operating Procedures (SOPs): are written instructions that outline the proper techniques, processes, and best practices necessary to safely conduct work.

Supervisor: a person who has charge of a workplace or authority over another employee.

Working Alone or in Isolation (WAOII): means “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.” In these circumstances, extra precautions and requirements may be warranted.

Worksite: any place where work is performed.

## Responsibilities

### Employer

- Establish and maintain procedures to ensure the well-being of workers who WAOII.
- Consult with the Joint Occupational Health and Safety Committee regarding this program.

### Supervisor

- Identify workers required to work alone or in isolation.
- Conduct a risk assessment, to identify the risks associated with potential hazards.
- Implement safe work procedures related to WAOII.
- Where possible, eliminate working alone or in isolation.
- Ensure that all workers are trained, and the training is documented prior to WAOII.
- Educate workers on emergency procedures including contact information.
- Educate the worker on how to report unsafe conditions or hazards.

- Ensure that workers have access to and required documentation.
- Supervise the workplace and ensure that the written check-in procedure is followed.

### **Workers**

- Understand and follow the written check-in procedure.
- Report any unsafe conditions to your supervisor immediately.
- Ensure that devices/tools needed to complete the check-in procedure are operable. Report any deficiencies to your supervisor.
- Follow all safe work procedures and use safety equipment and devices required.

### **Joint Occupational Health and Safety Committee Representatives**

- Consult with the employer on the institutional procedures for checking on a worker's well-being and time intervals as required by OHSR 4.21.

## **Training Requirements**

Minimum training for workers to work alone or in isolation:

1. Training on Job-Specific working alone procedure.
2. Workers know how to access UFV Safety and Emergency procedures and contact information.

## **Remote Work Considerations**

Where a worker is assigned to work remotely 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, such as via email. Otherwise, the procedures established in this program must be followed.

## **Review Written Procedures**

Written safe work procedures must be reviewed in all of the following cases:

- Annually
- Whenever there is a change in work arrangements, or the procedures are not effective
- Immediately following an incident related to working alone or in isolation procedures.

## Working Alone or in Isolation Risk Assessment Tool (WorkSafeBC, 2012)

Instruction:

1. Complete a worksheet for each situation and location where the worker, may be at risk of an injury that would prevent them from getting help.
2. Consider which of the common hazards from column A might apply. In Column B, give specific examples of how these hazards may apply.
3. In columns C, D, and E use referenced tables to determine numerical likelihoods. Multiple these three values into column F.
4. Reference this value to Table 5 to determine recommended check-in period.

A	B	C	D	E	F	G
Hazards Ref. Table 1	Possible Injury	Likelihood of Incident (Ref. Table 2)	Likelihood of Disabling Injury (Ref. Table 3)	Likelihood of Help (Ref. Table 4)	Rating (C * D * E)	Recommended Check-In Period (Ref. Table 5)

## Working Alone or in Isolation Reference Tables

Table #1				
Examples of workplace hazards				
Physical	Biological	Chemical	Psychological	Ergonomic
Temperature	Pests (insects)	Cleaning products	Workplace Violence	Repetitive movements
Noise	Allergens (dust/mould/pollen)	Flammable materials (gas/propane/etc.)	Stress	Extended postures- Sitting/standing/bending/twisting/ reaching for long periods
Indoor Air Quality (IAQ)	Viruses/bacteria	Corrosive materials (acids/bleach/etc.)	Bullying and Harassment	Pushing and pulling
Working at heights	Animals	Toxic materials (pesticides/lab chemicals/etc.)	Working alone	Lifting heavy loads or repeat lifting Of smaller loads
Vibrations	Plants	Asbestos/Silica/Wood dust	Cognitive load	Inadequate lighting-too bright or too dim
Slips/trips/falls	Blood and bodily fluids	Oxidizers (create their own oxygen in a fire)	Unbalanced workload	Hand tool use – poor design/tool for task/extended use
Electrical shock	Biohazardous materials	Lead	Job demand design	Shift work
Working with moving equipment	NA	WHMIS/TDG regulated materials/products	Unclear direction or expectations	Office design – desk/computer set up appropriate for user?

Table #2	
What is the likelihood of an incident occurring while WAOII?	Value
Most likely	10.0
Very high likelihood	8.0
Quite possible, not unusual	6.0
Unusual, not likely	4.0
Remote possibility	2.0
Extreme remote possibility, but conceivable	0.5
Practically impossible, "one in a million" chance of happening	0.1
Table #3	
What is the likelihood of a disabling injury from this accident?	Value
Expected	10
Probable	8
Unusual, not expected	6
Remotely possible	4
Practically impossible	2

Table #4		
What is the likelihood of help being available?	Availability	Value
Isolated areas where no one is likely to pass by or see worker for 2 hrs. or more	Never	12
Areas where people pass by infrequently e.g., 30 – 60 minutes	Rare	8
Areas where some people pass by regularly. e.g., 30 minutes	Occasionally	6
Areas where the worker is not in constant view of others, but if the worker was unexpectedly gone for any length of time, someone would notice	Usual	5
Areas where people pass by often and there is a high likelihood of witnesses	Frequently	2
Areas surrounded by potential witnesses	Continuous	1

Table #5		
Frequency Rating	Risk Level	Suggested Check-In Frequency
250 or Less	Low	*Low check-in frequency (every 4-8 hours)
251 - 400	Moderate	*Moderate check-in frequency (every 2-5 hours)
410 or More	High	*High frequency (every 30 minutes – 2 hours)
<b>*Start and end-of-shift check-ins are required no matter the frequency.</b>		

## Working Alone or in Isolation Employee Check Setup Form

This form establishes the parameters from which employee checks will take place, based on information determined in the Risk Assessment. Refer to the Procedure for Regular Person Checks on Campus for directions on how person checks are to take place, and escalation if needed.

General Information:	
Employee's Name:	Employee's Emergency Contact Name:
Employee's Mobile Phone Number:	Emergency Contact Phone Number:
Work Information:	
Supervisor's Name:	Description of work performed, highest risk score from risk assessment:
Supervisor's Phone Number:	
Location of Where Work is Performed:	
Check-In Designate	
Name of Check-in Designate	Check-in Designate Contact Phone Number
<p>Method of Communication (<u>must be established in consultation with the worker involved</u>):</p> <p><input type="checkbox"/> In-Person (preferred) - Location for visual check-in:</p> <p><input type="checkbox"/> Phone – Employee's phone number for call:                              – Check-in designates' phone number for call:</p> <p><input type="checkbox"/> Other Method – Specify the check-in method:</p>	
<p>Check-in Frequency established from the highest risk item in the Risk Assessment (<u>must be established in consultation with the worker involved</u>):</p> <p><input type="checkbox"/> <b>Beginning and Ending</b> of scheduled shift each day (mandatory). Specific time:          _____</p> <p><input type="checkbox"/> Low Risk. Every 4 to 8 hours. Exact interval:          _____</p> <p><input type="checkbox"/> Moderate Risk. Every 2 to 5 hours. Exact interval:          _____</p> <p><input type="checkbox"/> High Risk. Every 30 minutes to 2 hours. Exact interval:          _____</p>	

## Procedure for Regular Person Checks

This procedure requires two-way communication between the worker and the check-in designate, meaning that the worker will attempt to contact the check-in designate at the predetermined times. Workers will contact the check-in designate at the predetermined time and through the predetermined method.

1. **Within 5 minutes of the pre-determined time**, the worker will contact the check-in designate. If contact is not made, the check-in designate will attempt to contact the worker through the pre-determined method (leave a message if possible). *If contact is not established, proceed to next step.*
2. **Within 10 minutes of the pre-determined time** the check-in designate will make a second attempt to contact with worker. *If contact is not established, proceed to next step.*

**Steps 3-8 are to be completed in immediate succession to each other.**

3. The check-in designate will **immediately** contact UFV Campus Security Operations Center (SOC) at 1-855-239-7654 (local 7654). The check-in designate will provide SOC with the worker's name, location of work, phone number, last time of contact, and potential hazards in the worker's area.
4. SOC will attempt to call the worker's mobile number (leave a message if possible). *If contact is not established, proceed to next step.*
5. *If the worker is working remote, proceed to the next step.* If the working location is on campus, SOC will visit the location to attempt an in-person check. *If contact is not established, proceed to next step.*
6. SOC will notify the check-in designate that contact has not been established. SOC will notify the on-call Safety & Security Department representative.
7. The check-in designate will contact the worker's emergency contact to verify that it is not a false alarm. This must be done carefully to not cause alarm. *If contact is not established, proceed to the next step.*
8. SOC will contact relevant non-emergency police department to check on the employee.
9. The supervisor and SOC will report all instances of Working Alone or in Isolation that escalate passed Step 3 of this process to [EHS@ufv.ca](mailto:EHS@ufv.ca)

Each person below has participated in creating the working alone plan (Working Alone or in Isolation Person Check Setup Form) and reviewed and understood the Procedure for Regular Person Checks on Campus.

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Supervisor (Signature)

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Supervisor (Print Name)

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Worker (Signature)

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Worker (Print Name)

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Check-In Designate (Signature)

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Check-In Designate (Print Name)

## Check-In Record

Employee Name:		Location of Work:		
Check-in Intervals:		Shift Start Time:		
		Shift End Time:		
Date	Check-In Time	Communication Method	Check-In Designate Initials	Comments