# **Purpose**

The purpose of the University of British Columbia (UBC) Working Alone or in Isolation Protocol 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 all workers (including unpaid students and honorary workers) who are working alone or in isolation.

# **Scope**

This Protocol applies to all UBC workers (faculty, staff and 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)

# **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

Worker

* Communicate any unsafe conditions to your supervisor
* Understand and follow the written check-in procedure

Check-in Designate

* Understand and follow the written check-in procedure
* Perform and record check-ins

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

# **General Procedure**

These steps are to be completed by the supervisor.

1. When possible avoid situations requiring worker(s) to work alone
2. Conduct Risk Assessment (Appendix A: Risk Assessment Tool)
	1. Review hazards and identify risks – conducted jointly by supervisor and worker.
	2. Complete Risk Assessment Form
3. Develop a written Check-in Procedure (Appendix B: Check-in Procedure)
	1. The check-in frequency will be based on the level of risk as determined by the Risk Assessment
	2. Higher risk activities require shorter time between communications with contact person
4. Assign a check-in designate. Ideally the supervisor is the one checking in on their worker; however, a person may be designated by the worker.
5. Consult with JOHSC. The JOHSC is to review the completed risk assessment and written check-in procedure, ensuring the check-in interval is appropriate
6. Train all applicable workers and check-in designates on the written check-in procedures.
7. Maintain records and documents

# **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](file:///C%3A%5CUsers%5Cklaver3%5CDownloads%5Cbk131-pdf-en.pdf)
* [Risk Management 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 Protocol shall be reviewed annually. Upon review, any necessary updates will be made to ensure that the Protocol 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 Protocol
* Completed Risk Assessment(s)
* Written Check-in Procedure(s)
* Working Alone or in Isolation Form(s)
* Check-in Record(s)

# Appendix A: Risk Assessment Summary[[1]](#footnote-1)

Worker’s Name:

 Please print

Supervisor Name:

 Please print

Period of Work: to

Location of work:

Activity:

Equipment used:

Material(s) used:

Known or expected hazards:

Risk of injury and severity:

Person(s) at risk:

Measures taken to reduce level of risk:

Training received:

Action to be taken in an emergency:

 Supervisor Signature Date

 Worker Signature Date

# Appendix B: Check-in 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 C).
2. If the worker is not 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

Please ensure all workers understand and sign Appendix C.

# Appendix C: Working Alone or in Isolation Form

|  |
| --- |
| **PART 1: GENERAL INFORMATION**  |
| Worker Name: | Worker’s vehicle and license plate (optional): |
| Worker Title: | Worker’s Emergency Contact Name: |
| Worker 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. Worker’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 3 hours to 5 hours (Potentially Moderate Risk). Indicate exact interval to be used: |  |
| [ ]  Every 5 hours to 8 hours (Potentially Low Risk). Indicate exact interval to be used: |  |
| ⌧ Completion of scheduled work each day (mandatory). Indicate the time: |  |

 |

By signing, you have been trained on the procedure and understand its purpose/content.

 x x

 Supervisor Signature Worker Signature

x x

 Check-in Designate Signature JOHSC Representative Signature

1. #  based on [UBC SRS Working Alone or in Isolation Risk Assessment Tool (EXCEL)](https://riskmanagement.sites.olt.ubc.ca/files/2018/06/Working-Alone-or-in-Isolation-Risk-Assessment-Tool-00000003.xlsx)

 [↑](#footnote-ref-1)