



CHBE Working Alone Policy

1. Purpose:

To protect the health and safety of, and minimize risk to, any worker working at or for the Department of Chemical and Biological Engineering, in circumstances where assistance is not readily available to the worker in the event of an injury, ill health or emergency. Strict adherence to this policy will help to meet health and safety legal requirements and demonstrate due diligence in work alone situations.

2. Scope:

This procedure applies to all CHBE personnel and student, including but not limited to volunteers, visitors, visiting scholars, Post Doc, graduate students, student, coop placements, emeritus professors who are working alone and or in isolation.

3.0 Definition:

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.

4.0 Procedure:

- 4.1 Where at all possible avoid situations requiring workers to work alone.
- 4.2 Request permission to work alone from supervisor.
- 4.3 Identify Hazards and possible elimination and/or control of hazards:
 - 4.3.1 Prior to Working Alone, review hazards and identify risks. To be conducted jointly by the supervisor and worker. Depending upon the complexity of the potential hazards, the assessment process may be as simple as a discussion held with workers who are given the opportunity for input or as complex as using an assessment team for the workplace or for each department. Complete Attachment A: Risk Assessment Form.
- 4.4 Supervisor will complete review of Work Alone forms and approve with signature or reject request. Copy to be forwarded to CHBE Safety Program Officer.
- 4.5 Establish a check-in procedure IF required. (To be agreed upon jointly by the supervisor and worker).
 - 4.5.1 The check in frequency will be based on the level of risk as determined by the Risk Assessment conducted in step 2. Higher risk activities require shorter time between communications with contact person.
 - 4.5.2 Procedures must be developed in the following priority. Only when a method is deemed not practical, can the next method be utilized:

1. Designated persons to conduct visual checks of the worker at designated time intervals

Example: Check in / check out system, site visits

2. Two-way voice contact at designated time interval

Example: Cellular phone or walkie-talkie calls

3. One-way system which allows the worker to call or signal for help and which will send a call for help if the worker does not reset the device after a predetermined time.

Example: Personal alarms

4.4.3 Complete Attachment B: Check-In Procedure IF required.

3.1 Individuals will not be permitted to work alone without a completed Check-In Procedure form. The form must be signed by both parties and a copy submitted to the CHBE Safety Program Officer (Safety Committee representative) for review.

3.2 The procedures and systems for checking a workers well-being must be reviewed at least annually, or more frequently if there is a change in experimental apparatus or procedures or a change in work arrangements which could adversely affect a worker's well-being or after the report that the system is not working effectively.

3.3 All workers affected and any person assigned to check on workers must be trained in the written procedures developed.

4.0 Forms

4.1 Attachment A: Risk Assessment Form

4.2 Attachment B: Check in Procedure

**CHBE - Work Alone Procedure
Attachment A: Risk Assessment Form**

Activity:	
Name of person doing assessment:	
Date of Assessment:	
Period of Work Alone (no more than 1 year):	
Location:	
Equipment /Materials/Activity being assessed:	
Known or expected hazards associated with the activity: (ie. chemical, electrical, pressure, temperature, falling, low oxygen environment, etc.)	
The risk of injury and its severity likely to arise from these hazards: (ie. catastrophe, fatalities, extreme serious injury, disabling injury, minor cuts/bruises, etc.)	
Who is at risk?	
Measures to be taken to reduce the level of risk (Safeguards and PPE etc.):	
Disposal hazardous waste needed:	
Training prerequisites:	
External Audit/Inspection needed:	
Level of risk remaining:	
Action to be taken in an emergency:	
Special First Aid Kits for injury:	
Special Spill Kits needed:	
References, if any:	
Contact information of Assessor:	
Signature of Assessor:	
Contact information of Supervisor:	
Signature of Supervisor:	
Permission to Work Alone:	<input type="radio"/> Granted <input type="radio"/> Denied
Restrictions:	

Forward completed copy to CHBE Safety Program Officer.

CHBE - Work Alone Procedure

Attachment B: Check-In Procedure

- Designated person responsible for contacting the worker at regular intervals as well as responding in emergency situations:

Contact name: _____ Contact phone number: _____

- Form of contact to be practiced (visual, telephone, etc.)

Cellular Phone Walkie-Talkie Pager Personal Alarm

Visual (specify)

Describe the reasons why this method will be effective:

- Contact between worker and designate is conducted every:

30 minutes 1 hour 2 hours 4 hours at end of shift Other _____

If there is not regular contact between worker and designate, how often should the worker be contacted? _____

Note: In accordance with WCB regulation 4.21, a check at the end of the work shift must be done.

- Contacts are recorded by (indicate method) : _____

- The frequency of the checks were determined to be appropriate for ensuring the worker well-being for the following reasons:

- The worker, supervisor and designate will receive training that will include:

Hazards of the work and how to protect Themselves <input type="checkbox"/>	Procedures for checking a worker's well-being <input type="checkbox"/>
Proper use and care of communication Equipment <input type="checkbox"/>	What to do in case of an emergency <input type="checkbox"/>

- Procedure for requesting assistance:

Call Supervisor and report nature of injury <input type="checkbox"/>	Call 911 and report location and nature of injury <input type="checkbox"/>
Call 2-4444 (centralized first aid) and report location and nature of injury. <input type="checkbox"/>	Activate personal alarm or nearest pull station <input type="checkbox"/>

- Actions to take when a worker requests assistance or fails to respond or check in:

After 5 minutes, call worker

Go directly to work site to investigate and if necessary, call authorities for assistance

Call 911 and report location and nature of work

Call Campus First Aid 2-4444 and report location and nature of work

Complete a faculty/staff accident/incident report

- Reviewed by Local Safety Committee

Date:

Supervisor Approval: _____

Date:

CHBE Work Alone

Record of checks

Date	Time	Initials	Comments or Issues