



# Working Alone/In Isolation

Company Name		
Address		
Contact Information (Names and Phone Numbers)		

Working alone or in isolation means that you are working in circumstances where it would be hard to get help in an emergency or if you are injured or become ill.

## **Working Alone**

Working by yourself with no other people around. In an emergency or if you become ill, you may have difficulty getting help.

## **Working in Isolation**

Working in the same general area with a partner or other crew, but not in contact with the other person or crew for a certain amount of time: \_\_\_\_\_ hours. Contact with others can include visual, verbal or being in the same area. Like working alone, it may be difficult to get help.

\_\_\_\_\_ workers are now assigned to work alone or at home office(s) for their regular workday(s) due to COVID-19. They may also work alone or in isolation before or after normal working hours. \_\_\_\_\_ is required to set up check-in procedures to protect employees working alone or in isolation.

## **Person Working Alone (The Lone Worker)**

- The lone worker must choose a contact person to check in with on a pre-planned schedule. The check-in will be every \_\_\_\_\_ hours plus at end-of-shift.
- The lone worker must carry a working cell phone or other communication device. They must also have the contact information of their contact person.
- The chosen contact person must have a copy of the procedure for working alone. They must be ready to rescue the lone worker. They must have the correct ERP (Emergency Response Plan), contact information, locations and/or maps.
- The contact person must record the time of each contact with the lone worker.
- The contact person must begin search procedures after \_\_\_\_\_ if the lone worker does not check in.



## Person Working in Isolation

- Two people working in the same immediate area should each carry a working cell phone or communication device. They must check in with each other on a schedule: \_\_\_\_\_.
- There may be a time when neither person has a working communication device. In that case, the two workers must make visual contact at the scheduled time at the location agreed upon: \_\_\_\_\_.

## Supervisor Responsibilities

The supervisor (or the worker in cases of one-person companies) has:

1. Told the worker about hazards
2. Managed the known risks from hazards
3. Trained the contact person in what to do, including emergency response.

\_\_\_\_\_ may be working alone at \_\_\_\_\_ between the hours of \_\_\_\_\_ and \_\_\_\_\_ Monday through Friday.

\_\_\_\_\_ is responsible for checking on \_\_\_\_\_.

\_\_\_\_\_ will contact \_\_\_\_\_:

- in person     by telephone     Other Method: \_\_\_\_\_

\_\_\_\_\_ will contact \_\_\_\_\_:

- Every 30 minutes     Every hour     Every 4 hours     At end of shift\*

\*\* It is **mandatory** that there is contact with the worker at the end of each shift.

All contacts are to be recorded in the \_\_\_\_\_ archive.

If \_\_\_\_\_ cannot be reached or does not respond within \_\_\_\_\_, the contact person will make sure they see the employee by:

1. driving to the worksite (\_\_\_\_\_),
2. calling a neighbouring worksite,
3. calling Security,
4. calling 911 (police, fire, ambulance)

# COVID-19



If \_\_\_\_\_ encounters an unsafe situation while working alone, the worker is to alert the contact person immediately (Telephone # \_\_\_\_\_). If necessary, the worker is to call the police (911). The procedures outlined above are part of \_\_\_\_\_'s COVID-19 Pandemic Response. The \_\_\_\_\_ will review these procedures and provide copies to the worker and the contact person.

The company will review the procedures for working alone at this work location and the pandemic response at least once a year. They may be reviewed more often if a change in work arrangements affects the worker's well-being. They may also be reviewed if the reporting system is not working well. We expect the worker and/or the contact person to tell the supervisor if they have any concerns with the reporting system.

Signatures: The following persons have agreed to the above procedures:

Worker Name:	Signature:	Phone #:	Date:
Chosen Contact Name:	Signature:	Phone #:	Date:
Supervisor Name:	Signature:	Phone #:	Date: