CITY OF HAMILTON - CORPORATE SAFETY PROCEDURE

DEVELOPED BY: Health, Safety and Wellness Team
PROCEDURE # COH-RQ-WI-006
DATE: 2002-10-01
APPROVED BY: Senior Management Team
REVIEWED: February 24, 2009

WORKING ALONE

1. PURPOSE:

To ensure the protection of workers who are performing their duties, in areas or under conditions, where they are required to work alone.

2. SCOPE:

This procedure applies to all City of Hamilton workers and work places.

3. DEFINITIONS:

**Working Alone:** means a worker working at a workplace who is the only worker of the employer at that workplace, in circumstances where assistance is not readily available to the worker in the event of injury, ill health or emergency.

4. RESPONSIBILITY

**Health, Safety and Wellness Team:**

Provide information and assistance to line departments to allow them to initiate and maintain proper procedures to ensure worker health and safety and compliance with applicable legislation.

**Department:**

In consultation with the Joint Health and Safety Committee and Health, Safety and Wellness Specialist, identify situations where workers are required to work alone and implement appropriate controls to protect the workers.

To ensure that all workers exposed to the hazards of working alone and their supervisors are adequately trained in the departmental procedure.
5. **REQUIREMENTS:**

The Occupational Health and Safety Act does not specifically make reference to working alone. However, the City of Hamilton will take every precaution reasonable in the circumstances for the protection of a worker or others working alone at a City workplace.

Some regulations do specify that certain job task/functions/operations require more than one person to perform the work safely such as; certain electrical job tasks, confined space entry and working inside a trench. In these circumstances workers shall not work alone.

The Department must assess all working alone situations to determine the level of risk and attempt to reduce the probability of such misfortune and to provide a means of securing assistance for workers working alone in the event of injury or other misfortune.

**ASSESSMENT:**

When developing a specific plan, the conditions or circumstances under which workers are required to work alone and the degree of associated hazards to the work must be considered. The degree of risk involved will not eliminate the requirement for developing control methods to minimise these risks. (Refer to Appendix A: Working Alone Hazard Assessment Tool)

**Examples of high risk activity:**

-- Working with Toxic gases, liquids or solids; working on high pressure systems, machines, moving equipment or machinery.

-- Working in **temperature extremes**

-- Working at heights

-- Working with electricity

-- Handling cash or narcotics

-- Working with hazardous equipment such as a Chainsaw

-- Working with a known violent offenders or high risk area’s in the community

**CONTROLS:**

The specific department working alone procedure may include the requirement to issue one or more of the following preventative measures:

-- Speak to employees about their work environment and seek input for possible solutions.

-- Provide appropriate training and education based on the workplace assessment.

-- Workers must report incidents and near misses so the incident can be investigated and corrective action can be put in place to help reduce the risk to the workers working alone.
-- Second person to assist with high risk activity.

-- Personal check by another person at pre-determined time intervals. Length of time between checks depends on the risk assessment.

-- Periodic telephone contact by the worker at pre-determined time intervals. Length of time between contacts depends on the risk assessment. In such instances the telephone numbers should be clearly posted and communicated. Care must be taken to ensure that the person to receive the call is available and that preset times for the calls are determined in advance to avoid false alarms.

-- Personal Alarms/cellular phones/walkie-talkie etc. to notify others help is required.

-- Any other method which may be considered most effective to the specific department's safe operations

6. ASSOCIATED DOCUMENTS:

VIOLENCE (COH-RQ-WI-005);
CELL PHONES (COH-RQ-WI-020)
CONFINED SPACE PROGRAM (COH-RQ-WI-008)

NOTE:

This procedure does not replace or supercede the Occupational Health and Safety Act or its Regulations. Any questions regarding the procedure please contact your supervisor or Health, Safety and Wellness Specialist.

Workers and their supervisors shall be held accountable for violations of health and safety rules, regulations, and procedures. Disciplinary action, where necessary, will be dictated by the City of Hamilton disciplinary procedure and will be based on the merits of the specific case.

Prior to disciplinary measures being taken, management is advised to consult with Labour Relations.
**APPENDIX A**

**WORKING ALONE HAZARD ASSESSMENT TOOL**

The following factors must be considered when developing and implementing a working alone procedure. *(The following information was provided by the Canadian Centre of Occupational Health and Safety)*

### Length of time worker(s) will be working alone:

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- □   | □  | How long will the work need to work alone? |
- □   | □  | Does the worker need to work alone? |
- □   | □  | Is it legal for the worker to work alone, is their any regulation that prohibits the worker to work alone? i.e. confined space. |

### Communication:

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- □   | □  | What forms of communication are available? |
- □   | □  | Do you need to see the person or is voice communication appropriate? |
- □   | □  | Will the voice communication systems work in the area? |

### Location of the Work:

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- □   | □  | Is the work in a remote or isolated area? |
- □   | □  | Is transportation required to get there? Will there be emergency safety supplies available in the equipment? i.e. flashlight, first aid kit |
- □   | □  | Does the person require training in First Aid or any of the other emergency equipment? |
- □   | □  | Will the person need to leave the vehicle for a long period of time? |

### Type of Work:

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- □   | □  | Is there adequate training for the workers to work alone safely? Are the workers experienced? |
- □   | □  | Is fatigue likely to occur? |
- □   | □  | Are there extreme temperatures? |
- □   | □  | Is there a risk of animal attack, insect bite, etc.? |
- □   | □  | Is there a risk of encountering aggressive or violent behaviour? |
- □   | □  | Is the person working inside a locked building? Will Emergency services be able to get through? |
- □   | □  | Does the work require workers to handle cash, narcotics or other valuables? |
Characteristics required by the individual who is working alone:

Yes  No

☐  ☐ Are there any health restrictions that may increase the risk?

COMMENTS/EXPLAIN:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

**WORKING ALONE - ACTION PLAN**

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Location and/or Work Activity: _____________________________
Assessment Date: ____________________________
Name of person completing assessment (print name): ____________________________
c.c.: Supervisor and/or Manager, JHSC member/representative and Department Health, Safety & Wellness Specialist.