

WORKING ALONE

Background

Livingstone Range School Division is committed to ensuring all staff are entitled to work in safe, secure environments. Occasionally staff may work alone as defined by the Alberta Occupational Health and Safety Code. The Division will ensure all legislated requirements are established and communicated.

This procedure applies to all employees during work and school related activities, whether on, or off Division property.

Definitions

1. Working Alone: A worker is considered to be working alone if they work alone at a worksite where assistance is not readily available.
2. Readily Available: in the event of an injury, illness or emergency.
 - Awareness – will other persons capable of providing assistance be aware of the worker's needs?
 - Willingness – is it reasonable to expect those other persons will provide helpful assistance?
 - Timelines – will assistance be provided within a reasonable period of time?

Procedures

1. Principals and Supervisors shall first consider strategies to eliminate situations where employees work alone. Strategies include establishing acceptable hours of work and promoting a buddy system.
2. Employees and contractors shall not work alone when conducting tasks that present a higher risk of injury unless acceptable controls are in place. Higher risk tasks include working at heights above 10 feet, when working inside a confined or restricted space, working with powered equipment, or with potentially aggressive students. Acceptable controls include establishing a system of visible or audible contact with a person that can readily provide assistance in the event of an emergency.
3. In cases where employees are required to work alone, supervisors shall implement suitable control strategies may include visiting the worker at specified intervals, scheduling check-ins with other staff and reporting to a designated person on completion of a task.
4. Principals and Supervisors shall identify employees that potentially could work alone and conduct a hazard assessment involving the employee(s) to identify existing or potential hazards and implement reasonable and practicable steps to eliminate or control the hazards identified by the hazard assessment. Controls will include an effective preferred communication method as well as a backup method, specific check in plans as well as an emergency contact.

5. The completed hazard assessment and controls will be communicated to employees involved and will be reviewed after an incident or near miss, when systems or equipment changes or at least every 3 years.
6. To assist, Principals and Supervisors are encouraged to use the “Working Alone Plan Development” Document

March 2021

References

Alberta Occupational Health and Safety Code, 2018, Part 28
Sections 33, 197, 222 Education Act

Working Alone Plan Development (Part 28 Code)

Date: _____

Employee Name: _____

Position: _____

Location: _____

Type of Work: _____

Normal Hours: _____

Occasional evenings / weekends: Yes No

Supervisor: _____

Alternate Supervisor: _____

Working alone is considered a hazard. Additional hazards can be associated, such as (circle those that apply):

HANDLE CASH VIOLENT or AGGRESSIVE PEOPLE HOME VISITS ISOLATION
 MEDICAL CONCERN (asthma, heart condition, diabetes, etc) HAZARDOUS WORK (chemicals, heights) TRAVEL

Explain or other: _____

Are you normally or occasionally working alone (no other people regularly on site)?

Yes
(you are working alone)

No

Is it reasonable to expect
 someone on site will help in a
 reasonable time?

Yes
 (you are NOT working alone)

No
(you are working alone)

If it is determined that you are working alone, even occasionally, develop a safety plan below:

1. Can this hazard be eliminated: (adjusting work schedules, rearrange location, etc.) Yes No

If yes, how: _____

If No, complete plan below:

a. Communication method: _____ Back up communication method: _____

b. Check in intervals: _____ By whom: _____

i. Plan if no response to check in: _____

c. Training: Assign Public School Works course – Working Alone? Yes No__ Other? _____

d. Emergency Contact information provided to Supervisor Yes No

 Employee signature

 Supervisor signature

*email completed form to stockerl@lrzd.ab.ca