Working Alone Check-In Procedure Template

Risk and Safety Services
RSS 18.24.5C
AUGUST 2024

Purpose:

To support the safety of employees working alone or in isolation. Thompson Rivers University (TRU) is committed to providing the necessary resources, training, and practices to ensure effective management of our Working Alone Program. The Working Alone Check-In Procedure Template is a key tool to document the process the supervisor and employee will take to ensure the worker(s) who are required to work alone on campus or remote worksites are routinely checked upon during their time working alone.

This program is applicable to all employees, including co-op and work study students, and visiting researchers. Embedded contractors (i.e., housing, security, food services staff) are to have a Working Alone Program for their employees as required if they work alone or in isolation and are to provide a copy of their program and training records to Risk and Safety Services (RSS) upon request.

For those working from home up to 3 days per week, refer to the Hybrid Work Program (HWP) OneTRU site for details on how to implement working alone procedures with applicable Hybrid Work Arrangements (HWA).

Definitions

1. **Check-in Designate:** the person responsible for checking on a worker working alone or in isolation. In most cases this will be the supervisor or security.
2. **Hierarchy of Controls**: a system used to minimize or eliminate exposure to a hazard. Controls need to be addressed starting at the top of the pyramid, working downward. Layering controls is important as you move down the pyramid. Controls are:
   a. Elimination: do not work alone, work during regular hours, have another person with you etc.
   b. Substitution: similar to elimination, do not work during times you would be alone or in isolation.
   c. Engineering controls: for working alone, this is typically a "man down alarm" system, GPS monitoring (vehicles), alert software etc.
   d. Administrative: safe work procedures, such as this one. Check in schedules, policies, log in sheets etc.
   e. Personal Protective Equipment or PPE: safety glasses, gloves, goggles, respirators protective clothing etc. Not applicable for working alone.
3. **Risk Assessment**: a documented systematic process that identifies hazards, evaluates the risks and identifies controls to mitigate or eliminate the risks.
4. **TRUSafe:** a web-based system (App) for employees to log their location and estimated time of departure to allow security to know where people are located on campus. This will allow security to check on the well-being of staff working alone.
5. **Worker:** as described in the *Workers Compensation Act*, a person who has entered into or works under a contract of service or apprenticeship, whether the

contract is written, oral, express, or implied and whether by way of manual labour or otherwise; or otherwise defined in the *Act.* This means, anyone who is employed by TRU (paid directly by TRU).

6. **Working alone or in isolation:** to work by yourself (i.e., no one else in the building/department space); in circumstances where assistance would not be readily available to the worker in the event of an emergency; or if the worker is injured or in ill health.

Working Alone Check-In Template – Option 1

For situations where the Working Alone Module in TRUSafe <u>is</u> used

Note: This procedure applies if you are using the Work Alone Feature in the TRUSafe App and the worker working alone is on campus or at a remote worksite. Do not modify the steps in this procedure as this is how the app functions.

1. Conduct a Risk Assessment to determine the risks associated with working alone or in in isolation and check-in time interval. The check-in interval is<mark>: Click or tap here to enter text.</mark>
2. The Worker and Check-in Designate review the Work Alone App Step-by-Step Guide
3. The Worker enters the following details into the Work Alone App located in the TRUSafe App in order to start a Work Alone Session:
   a. Worker Name
   b. Worker Phone Number
   c. Check-in Designate Name (ideally Security when on the Kamloops campus or the worker's supervisor if remote or in Williams Lake)
   d. Check-in Designate Contact Number
   e. Building Name or Working Remotely
   f. Building or Remote Location Address
   g. Room Number (write N/A if working remotely)
   h. List Identified Hazards at the location
   i. Other Important Location Details
   j. How often the App check in on you? (Based on the risk assessment from step (1))
   k. Duration of Working Alone session
   l. Personal Emergency Contact Name
   m. Personal Emergency Contact Number
4. Upon successfully starting a session, the Worker is encouraged to contact their Check-in Designate to verify that they received a text indicating that the worker has begun their working alone session.
5. The Worker will be notified by push notifications from the Work Alone feature to check-in at the frequency they have selected as per the risk assessment findings.
6. If the Worker does not check in within **5 min** after receiving the automated notification, the Work Alone app will notify the Check-in Designate via a phone

call and text message and instruct them to contact the worker to check on their wellbeing.

7. The Check-in Designate will contact the worker directly to verify that the worker is okay
   a. If contact is made, and the worker is okay no further steps have to be taken
   b. If contact is made, and the worker is in distress or unwell, the Check-in Designate will call Campus Security (if the designate is not Security) and inform them or call 9-1-1 as appropriate. If the designate IS security, an officer will be sent to the workers location to provide assistance.
   c. If the Check-in Designate cannot contact the worker, they will contact Campus Security who will physically check on the worker at the location entered into the session.
   d. If the Check-in Designate misses the alert notifying them that the worker has not checked in, the Work Alone app will attempt to contact the Check-in Designate again 2 min later. If the Check-in Designate misses the alert again, 3 minutes later, the Work Alone app will notify Campus Security.
8. If there is a serious incident or immediate assistance is required, the "Emergency" button can be used which will immediately contact Campus Security.

NOTE: Campus Security will follow their internal procedures upon being contacted.

A record of all automatic notifications and whether they were acknowledged or not will be recorded in the Work Alone Dashboard accessible by Risk and Safety Services (RSS).

By signing, you have participated in the development of this written check-in procedure, have been trained on the procedure, and understand its purpose/content. If this check-in procedure applies to several workers, please ensure all workers understand and sign this check-in procedure document.

_____   _____
Supervisor (Signature)   Supervisor (Print Name)

_____   _____
Check-in Designate (Signature)   Check-in Designate (Print Name)

_____   _____
Worker (Signature)   Worker (Print Name)

Working Alone Check-In Template – Option 2

For situations where the Working Alone Module in TRUSafe is NOT used

Note: *This procedure applies if you are NOT using the Work Alone module in the TRUSafe App. This is a template procedure and can be modified but the procedure must outline a process for checking the worker's well-being and include the time interval between checks and the procedure to follow in case the worker cannot be contacted. Do not assign a role to Campus Security/other TRU groups/other Non-TRU groups outside of what is listed in this procedure template without consulting with them first.*

1. Conduct a Risk Assessment to determine the risks associated with working alone in the workplace and check-in time interval. The check-in interval is: Click or tap here to enter text.
2. Complete the Working Alone or in Isolation Form in Appendix A.
3. The Check-in Designate will check in on the worker at the frequency identified by the risk assessment findings keep a record of it using the Check-in Record in Appendix B.
4. 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.
5. If the Check-in Designate does not contact the worker, they will make another attempt within 10 minutes of the predetermined time.
6. If the Check-in Designate is still unable to contact the worker after the second attempt, they will follow Step 7
   a. NOTE: If the worker working alone is not available at the determined check-in time, the worker will attempt to call the Check-in Designate within 5 minutes of the predetermined check in time.
7. The Check-in Designate will call Campus Security at 250-828-5033 (or equivalent if the work location is off campus) and provide the following information about the worker as per the Working Alone or in Isolation Form:
   a. Name of worker
   b. Worker Phone Number
   c. Location where worker was working alone
   d. Last time of contact
   e. Potential hazards where the worker was working alone

If the work location outside the jurisdiction of Campus Security, indicate the equivalent name and number that will be called in the box below after confirming that they have a process to respond to working alone calls.

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NOTE: Campus Security (or equivalent) will follow their internal procedures upon being contacted.

By signing, you have participated in the development of this written check-in procedure, have been trained on the procedure, and understand its purpose/content. If this check-in procedure applies to several workers, please ensure all workers understand and sign this check-in procedure document.

_____   _____
Supervisor (Signature)   Supervisor (Print Name)

_____   _____
Check-in Designate (Signature)   Check-in Designate (Print Name)

_____   _____
Worker (Signature)   Worker (Print Name)

Annual Review

On an annual basis, RSS will complete a formal review of the Working Alone program to ensure it is up to date and working effectively. The JOHSC may be consulted as a part of this review process. This review may also take place at any time if:

- A change in regulatory requirements could affect this program or procedures.
- Aspects of this program or its procedures are reported to be working ineffectively.
- Or an incident occurred that involved aspects of this program.

Revision Control

Date of Revision:	Position of Approver:		Signature:	
August 15, 2024	Safety Advisor		*Henry Chan*	
Version:	**Author:**	**Date:**	**Description of Version:**	
1	Manager, Health, Safety & Environment	August 20, 2022	OSEM 18.24.3C - First Draft	
2	Safety Tech	June 9, 2023	Review	
3	Safety Advisor	August 15, 2024	RSS update	

Appendix A: Working Alone or in Isolation Form

NOTE: This form does not need to be completed if you are using the WorkAlone Feature in the TRUSafe App

1. GENERAL INFORMATION

Worker Name
Worker Title
Worker Phone Number
Supervisor Name
Supervisor Title
Check-in Designate Name
Check-in Designate Number
Department
Building Name
Building Address
Room Number
Hazards at Location
Location Details (ie. back corner of room, at a cubicle, etc.)

2. METHOD OF COMMUNICATION (CHECK ONE THAT APPLIES)

☐ In person. Location for Visual check-in:

☐ By Telephone   See Worker and Check-in Designate Numbers above

☐ By other method (please specify)

3. 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 2 hours to 5 hours (Potentially Moderate Risk). Indicate exact interval to be used:

☐ Every 4 hours to 8 hours (Potentially Low Risk). Indicate exact interval to be used:

☒ Completion of scheduled work each day (**mandatory**). Indicate the time:

Appendix B: Check-in Record

NOTE: This form does not need to be completed if you are using the Work Alone App

Check-in Designate Name _____

Worker Name _____

Check-in Interval _____

Start Time of Working Alone or in Isolation Session _____

End Time of Working Alone or in Isolation Session _____

Date	Check-in Time	Method of Communication	Check-in Designate Initials	Comments