



CITY OF GREENWOOD

## **THE CITY OF GREENWOOD**

### **OCCUPATIONAL HEALTH AND SAFETY PROGRAM WORKING ALONE OR IN ISOLATION PROGRAM**

#### **POLICY STATEMENT**

As the Employer, the City of Greenwood is committed to ensuring the health and safety of all its Workers including those who are assigned to work alone or, who in the course of their work, are isolated from other persons who could reasonably be expected to assist them in the event of injury, illness, or other emergency situations.

To this end, the City has established a Working Alone Program that makes provision for compliance with current legislation for working alone or in isolation.

#### **PURPOSE**

The purpose of this policy is to safeguard Workers who are assigned to work alone or in isolation where assistance is not readily available to the Worker in the event of an emergency, injury, or illness.

#### **APPLICABILITY**

This policy is applicable in all City Departments where Workers are or may be assigned to work alone or in isolation.

#### **DEFINITION**

*Working alone or in isolation means to work in circumstances where assistance would not be readily available to the worker a) in case of emergency or b) in case the worker is injured or in ill health.*

#### **DUTIES AND RESPONSIBILITIES OF CITY**

***This policy makes the City of Greenwood responsible to:***

- Review all work activities they supervise and establish an inventory of Workers who are or may be assigned to work alone or in isolation.
- Identify known or reasonably foreseeable hazards associated with the work/workplace.
- Assess the hazards to determine the risks to Workers.
- Inform Workers assigned to work alone of all reasonably foreseeable hazards associated with their work.
- Develop contact procedures as applicable.
- Introduce contact procedures to Workers as it relates to their work activities.
- “Test” the contact procedures in consultation with Workers concerned.
- Establish an incident reporting and investigation process to ensure all working alone incidents and near-miss incidents are reported immediately and investigated to prevent recurrence.



- Review contact procedures on an at least annual basis, or following an incident, or if there is a change in work arrangements, or if there are indications that procedures are not working effectively.

**DUTIES AND RESPONSIBILITIES OF WORKERS**

*This policy makes Workers at the City of Greenwood responsible to:*

- Participate in all education, training, and instruction as it relates to the Working Alone Program.
- Inform his/her supervisor if he/she has any pre-existing conditions or factors that could predispose sudden onset illness while working alone.
- Participate in the hazard identification and risk assessment process.
- Cooperate with the Supervisor in the implementation process including the “testing” of contact procedures as required.
- Report any/all incidents and near miss incidents that occur while they are working alone or in isolation.
- Participate in any incident investigations initiated by the CAO.
- Follow all established safe work procedures relating to the work.
- Ensure communication devices are maintained in working order and always within reach.
- Ask questions and discuss health and safety concerns with the CAO or Health and safety representative.

**DUTIES AND RESPONSIBILITIES OF THE JOINT HEALTH AND SAFETY REPRESENTATIVE.**

*This policy makes the Joint Health and Safety REPRESENTATIVE responsible to:*

- Assist in reviewing contact procedures.
- Help review all supporting documentation.
- Assist in Periodically review of contact records (log sheets) to ensure contact procedures are being followed by Workers as required.
- Assist in working alone incident investigation reports for the purpose of identifying trends.
- Participate in the annual review process.

This policy is effective at the date signed below.

\_\_\_\_\_  
**Health and safety representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Chief Administrative Officer**

\_\_\_\_\_  
**Date**



# PROCEDURE FOR REGULAR PERSON CHECKS

This section describes procedures for checking on the well-being of an employee working alone.

You will be contacted by: \_\_\_\_\_.

They will contact you:  in person     by phone     other method \_\_\_\_\_.

They will contact you:  every 30 minutes     every hour     every 2 hours     at the end of shift.

You will attempt to call the contact person within 5 minutes if you were not available at the predetermined time.

If your contact person cannot reach you at one of these predetermined times, he or she will make another attempt within 5 minutes. If your contact person is still unable to contact you after a second attempt, he or she will do the following:

Call the neighboring business or resident (if there is one) and have someone check on you.

Call the CAO, councillors or other city employees and send someone to your location.

If necessary, call 9-1-1 and request help at your location.

## EMERGENCY INFORMATION

Call 9-1-1

Record of checks

DATE	TIME	INITIALS	COMMENTS OR ISSUES



# INCIDENT REPORT SHEET

## GENERAL INFORMATION

Your name: \_\_\_\_\_

Today's date: \_\_\_\_\_

Workplace Location: \_\_\_\_\_

\_\_\_\_\_

Witness information (names and contact information):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## THE INCIDENT

Date of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Where did the incident happen: \_\_\_\_\_

\_\_\_\_\_

What type of incident was it (for example, physical or verbal abuse, pushing or robbery)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe what happened. Include factors that led up to incident. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you receive first aid or other medical attention?  Yes  No

Has this incident been reported to the police?  Yes  No  I don't know

If available: Police file #. \_\_\_\_\_



How has this incident affected you (for example, missed work, emotional trauma, physical injury)?

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**The offender**

Offender's name (if known): \_\_\_\_\_.

Offender's relationship to you (customer, co-worker, spouse, ex-friend):

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Describe the offender:

Use suspect and vehicle identification sheet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**TRAINING RECORD FOR WORKING ALONE  
NEW EMPLOYEES**

Date of training: \_\_\_\_\_

Employee name: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Supervisor contact information: \_\_\_\_\_

**The trainer must ensure that training includes the following procedures. Both the trainer and the employee should initial each item to indicate that it has been covered during training.**

Opening and closing city office or public works building		
Handling money		
Person-check procedure		
Dealing with theft of robberies		
Dealing with irate or abusive customers		
Emergency procedures		
other		



## WORK ALONE CHECK-IN PROCEDURE WHEN TRAVELING

When traveling out of the city during regular work hours the contact person shall be someone from city hall office.

The main contact person should know the following details:

Name: \_\_\_\_\_.

Date: \_\_\_\_\_ Time leaving the city: \_\_\_\_\_.

Destination: \_\_\_\_\_

Estimated time of arrival: \_\_\_\_\_ Return time or date: \_\_\_\_\_.

Contact information (cell phone number) \_\_\_\_\_.

City  Personal vehicle  Other: \_\_\_\_\_.

If the contact person is unavailable to continue as contact person a substitute person will be required.

When returning after regular business hours notify CAO of your return.



# Suspect & Vehicle Description Form

(In An Emergency, Call Police First)

SEX: Male <input type="checkbox"/> Female <input type="checkbox"/>	RACE: White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/>	AGE	<b>Facial Appearance</b> 	
HEIGHT		LEFT/RIGHT HANDED		
WEIGHT		HAT (COLOR/TYPE)		
HAIR		TIE		
EYES		COAT		
GLASSES TYPE		SHIRT		
TATTOOS		TROUSERS		
SCARS/MARKS		SHOES		
COMPLEXION		WEAPON		
<p style="text-align: center;">4 Door Sedan</p>			Windows Tinted: Yes / No Tail Lights: Round / Square Single / Double Make Model Color License Plate #	
<p style="text-align: center;">2-Door Coupe</p>				