

WORKING ALONE

Division employees who are required to work alone will implement the following procedures.

Periodic Contact

Employees who are required to work alone will have regular access to a telephone or one of the Division's two way radios and will have periodic contact with the supervisor or other designated personnel as is reasonable.

Employees who are required to work alone outside of regular office hours shall ensure that a personal designate (co-worker, spouse, friend etc.) knows that they are working. Each employee in this situation will complete the Division's *Working Alone After Normal Working Hours: Personal Contact Declaration Form* and implement the contact as required.

In the event the employee as scheduled does not contact his or her personal designate, the personal designate will attempt to contact the employee. If the employee cannot be reached or located, the personal designate will contact the following in the order listed, until someone is notified:

- the employee's immediate supervisor and / or designate (e.g.: School Principal or Vice Principal)
- the employee's Divisional Supervisor (e.g.: Maintenance Supervisor)
- the local police service

Sample Working Alone Procedures

<i>Maintenance Staff & Computer Technicians</i>	<i>Working Alone Situation</i>	<i>Minimum Procedure</i>
Low Risk Tasks	Travelling alone in a vehicle	Prearranged personal contact or the ability to make contact by phone or two way radio.
High Risk Tasks	Working in confined spaces (e.g.: crawl spaces etc.)	Buddy system, frequent scheduled personal contact or two way radio
	Working with hazardous materials; high pressure systems; moving equipment or machinery	Buddy system, scheduled personal contact or two way radio
	Working at heights or on scaffolding (e.g.: painting, roofing, etc.)	Buddy system, frequent scheduled personal contact or two way radio
	Working outside in extreme weather conditions (e.g.: snow clearance, outside maintenance work)	Buddy system, scheduled personal contact or two way radio

<i>Bus Drivers</i>	<i>Working Alone Situation</i>	<i>Minimum Procedure</i>
Low Risk Tasks	Travelling alone in a vehicle	Prearranged personal contact or the ability to make contact by phone or two way radio.
	Travelling after hours	Prearranged personal contact or the ability to make contact by phone or two way radio.
	Extreme weather conditions	Prearranged personal contact or the ability to make contact by phone or two way radio.

<i>Custodial Staff</i>	<i>Working Alone Situation</i>	<i>Minimum Procedure</i>
Low Risk Tasks	Working alone after normal work hours	Scheduled personal contact by phone.
High Risk Tasks	Working in confined spaces (e.g.: crawl spaces etc.)	Buddy system, frequent scheduled personal contact or two way radio
	Working with hazardous materials; high pressure systems; moving equipment or machinery	Buddy system, scheduled personal contact or two way radio
	Working at heights or on scaffolding (e.g.: painting, roofing, etc.)	Buddy system, frequent scheduled personal contact or two way radio
	Working outside in extreme weather conditions (e.g.: snow clearance, outside maintenance work)	Buddy system, scheduled personal contact or two way radio

<i>Staff Assigned to Call Outs</i>	Intrusion alarm call-out	Buddy system or contact local Police
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<i>Instructional / Administrative Staff</i>	<i>Working Alone Situation</i>	<i>Minimum Procedure</i>
Low Risk Tasks	Travelling alone in a vehicle	Prearranged personal contact or the ability to make contact by phone or two way radio.
	Travelling after hours	Prearranged personal contact or the ability to make contact by phone or two way radio.
	Extreme weather conditions	Prearranged personal contact or the ability to make contact by phone or two way radio.

If a staff feels that a particular work situation is not safe they have the right to refuse the task and notify their supervisor to investigate the situation.

Working Alone After Normal Working Hours:
Personal Contact Declaration

Employee Name: _____

Job Title: _____

Primary Personal Contact:

Name: _____ Phone #: _____

Relationship: _____

Alternate Personal Contact:

Name: _____ Phone #: _____

Relationship: _____

I _____ declare that I will inform my personal contact when I choose or am required to work alone and do not have a personal communication device with me. If in the case of concerns due to no communication with the personal contact he/she will call my supervisor or designate and in his/her absence will contact the appropriate local authorities.

I will provide the necessary information to my Personal Contact and Alternate to ensure he/she can contact my supervisor if required.

I understand that I must update this information sheet in the event my Personal Contact or Alternate changes.

Signed: _____ Date: _____
Employee Signature

This Document is Confidential