**Code of Practice for Working Alone**

Employers must establish a code of practice for all employees who work alone.

A code of practice must outline procedures for employees to follow in these situations. The code must include the responsibilities of the employer and employees and provide details on how employees can readily access help in case of an emergency.

**Employers must:**

* Develop and implement a code of practice that will protect the health and safety of an employee from risks arising out of, or in connection with, work assigned to employees who work alone.
* Develop and implement a training program for each employee who works alone.
* Develop and implement a training program for supervisors who are responsible for employees who work alone.
* Confirm supervisors who are responsible for employees who work alone are competent (resource: [supervisor competency tool](https://www.worksafenb.ca/about-us/news-and-events/news/2023/supervisor-assessment-tool-launches/)).
* Provide equipment to an employee who works alone so they can protect themselves from hazards and risks.
* Confirm employees follow the code of practice.
* Provide the code of practice to a WorkSafeNB health and safety officer upon request.

**Employees must:**

* Follow the code of practice.
* Report all hazardous situations / conditions to the employer.
* Report workplace injuries and illnesses to employer.
* Ensure their own health and safety.
* Participate in all training that may be required to complete the task.
* Wear and maintain personal protective equipment (PPE) as required.

**IMPORTANT CONSIDERATION FOR EMPLOYEES**: If you have a health condition that could impact your health and safety when working alone, you should discuss this with your supervisor.

**WHEN WORKING ALONE IS PROHIBITED**

The regulations specify types of work and situations where employees are not permitted to work alone. These include:

* + In confined spaces.
  + When operating a chainsaw, brush saw or clearing saw.
  + When performing underwater diving operations.
  + Where there is a risk of drowning unless the employee wears a life jacket.

**Resource:** [Working Alone - OHS Guide](https://ohsguide.worksafenb.ca/topic/alone.html?q=working%20alone#summary)

**Code of Practice - Requirements**

To determine if an employee can safely work alone, the employer must:

* Assess the employee’s competency.
* Assess the level of risk associated with the work. If the risk is identified as *high* or *extreme*, the employer may develop a policy that prohibits working alone.
* Develop safe work procedures to protect the health and safety of employees who work alone.
* Develop a communication strategy for employees who work alone.
* Create an emergency response plan and emergency procedures.
* Train supervisors and employees on the code of practice and other related procedures.

**How to use this template**

This template is provided to help employers, contractors and owners meet their obligations for the ***Code of Practice for Working Alone*** (Regulation 92-133).

Use tables 1, 2 and 3 to help you develop your code of practice for working alone and update the code of practice when new hazards are identified or work conditions change.

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| **Table 1 - Risks Associated with the Assigned Work**  **Resources:**   * [**Hazard Identification, Assessment and Control E-Course**](https://www.worksafenb.ca/education-and-training/e-courses/) * [**OHS Guide - Hazard Identification System**](https://ohsguide.worksafenb.ca/topic/identification.html) |
| Work to be completed, including location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What are the risks associated with the employee’s work? (physical, psychological, ergonomic, chemical and biological)  What is the specific location(s) of each risk identified?  What methods have been developed to reduce or eliminate the risk?   |  |  |  |  | | --- | --- | --- | --- | | **Risk(s) identified** | **Type of risk and the location(s) of the risk** | **Equipment, tools, material and / or methods to reduce the risk** | **Safe work procedures to be reviewed based on risk(s) identified** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| For the risks identified, have safe work procedures been developed and recently reviewed to confirm the risk has been reduced / eliminated? Yes □ or No □  Have safe work procedures been included in the code of practice and reviewed with employees who will be **working alone**? Yes □ or No □ |

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| **Table 2 - Communication Strategy and Emergency Assistance** |
| Who will communicate the code of practice to supervisors? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date communicated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Who will communicate the code of practice to employees? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date communicated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Will employees and supervisors have immediate access to the code of practice? Yes □ or No □ |
| Will the employee have a cellphone with them? Yes □ or No □  Does the employee have a **point of contact** for the time they will be working alone? Yes □ or No □  **Point of contact information**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If the employee’s point of contact is someone outside the workplace (e.g., partner, friend), has contact information for the employee’s supervisor / workplace been shared with the point of contact? Yes □ or No □  **Point of contact schedule**  Has a point of contact schedule been established and approved by the employee’s supervisor? Yes □ or No □  \_\_**NAME**\_\_\_\_ is responsible to contact \_\_\_**NAME**\_\_\_\_\_\_\_\_\_\_\_ every \_\_\_\_\_**XXXXX**\_\_\_\_\_\_\_ hours until the employee has competed their work and has left the workplace / location of work. |
| How will the employee access or receive emergency assistance? Provide specific details. (who to call, location of nearest hospital, geographical area of the worksite, type of transportation needed to reach the location of work, etc.) |

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| **Table 3 - Training Program** |
| Information, instruction and training must be provided to every employee who works alone. Some suggested topics to include in the working alone training program should include:   * All legal requirements under the *Occupational Health and Safety Act* and its regulations that pertain to the work / job. * Hazards, risks and control measures and methods that pertain to the work / job. * Training on the equipment required for the work / job. * Information on how to report hazards and unsafe conditions. * Information on how to report injuries and / or illnesses. * PPE required for the work / job. * Rights and responsibilities of employers, supervisors and employees, including an employee’s right to refuse unsafe work. * Specific policies, safe work procedures, guidelines and codes of practice an employee must follow to complete the work safely. * Emergency procedures and how to access emergency assistance. * Other health and safety related training required when working alone. |

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| **CODE OF PRACTICE FOR WORKING ALONE**  **A written code of practice must be developed, reviewed with employees and updated as work conditions change.** | | | | | | |
| **Working alone code of practice for \_\_\_\_\_\_(List work or job(s)) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Name, address, location and phone number of the place of employment** | **Name, address, location and phone number of the employer** | **The nature of the business at the workplace** | **List the risk(s) that may arise out of, or in connection with, the work assigned (information from table 1)** | **List the procedures to be followed to reduce risks associated with the employee’s work (information from table 1)** | **Emergency procedures including details about how the employee will receive / access emergency assistance (information from table 2)** | **Training program (information from table 3)** | |
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| Supervisor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

**Note – this document is a sample only and the user must adapt it to fit their individual needs.**