

SD22 Working Alone Procedures



A worker is considered to be working alone or in isolation when he/she does not have assistance that is readily available in case of emergency, injury, or ill health. In order to determine whether or not assistance is readily available, the following conditions should be considered:

- **Presence of others:** Are other people in the vicinity?
- **Awareness:** Will other persons capable of providing assistance be aware of the worker's need?
- **Willingness:** Is it reasonable to expect those other persons will provide assistance?
- **Timelines:** Will assistance be provided within a reasonable period of time?

When School District employees work alone in District facilities this form must be completed yearly, kept on file with the principal/manager.

Date: _____ **School/Facility:** _____

Employee Name: _____

Area(s) where employee will be working: _____

Type of work which will be conducted by the employee: _____

Contact Controls (Worker will communicate with a contact of their choosing (ie: friend/spouse etc.)

Contact will be made at (interval, not greater than 2 hours) _____

Contact person is _____ Phone # _____

(Contact person must be informed of the procedure to obtain assistance if there is no response at the designated time).

The contact person is to call _____ **(name of administrator)** at # _____ and ask for an employee on the SD No 22 call-out list for the facility to go and check on the well-being of the employee working alone at the school.

Administrators & staff checking in with Graydon Securities can reach them at 1-888-887-0744.

Administrative Controls

1. Under **NO** circumstances are employees of School District No 22, who are **not assigned** work and while working alone, permitted to conduct the following work:

- a) Using or climbing a ladder which is over 6 feet.
- b) Working or entering a crawlspace in the building.
- c) Working or being on a roof.
- d) Lifting weights or other heavy objects.

2. Sign in sheet must be completed and left beside the security alarm panel.

Employee Signature: _____

Principal/Manager Signature: _____

Note: This form is to be kept on file by principal/manager.