

## WORKING ALONE PROCEDURE FOR CUSTODIANS

At certain times of the year (e.g. summer cleaning), the Custodian may be working alone with no other employees in the building. There is a potential for injury when heavy equipment and/or furnishings need to be moved to accomplish the work. The worker could be compromised and not be found for several hours, possibly days.

WCB Regulations require the establishment of a specific checking system when employees are required to work alone or in isolation, under conditions which present a risk of disabling injury if the employee might not be able to secure assistance in the event of injury or other misfortune.

The requirements included in District Regulation B.12, "Working Alone or In Isolation", shall also be followed. A copy is attached to this procedure.

### Procedure

1. No employee shall be required to lift or move any object which is too large or heavy for that employee to safely handle.
2. Any employee who needs to move equipment and/or furnishings that are too heavy to move solely, shall request assistance from another staff member at the worksite.
3. If assistance is not available, the employee shall report this to his/her Supervisor, who shall make arrangements to have assistance provided.
4. During major cleaning times, if there are no other employees in the worksite, the Custodian must establish telephone contact with a designated person at predetermined intervals and that person must record the results.
5. These interval periods must be shortened or lengthened, depending on the level of risk involved in the employee's activities during the day.
6. The Operations Supervisor's office will confirm the contact list with the Custodian prior to each occasion when the employee has the potential for working alone.
7. If the designated person is unable to make telephone contact with the employee at the designated time, that person shall immediately respond by checking the worksite (or delegating such a check) and calling 911 if necessary.
8. These procedures shall be reviewed annually, and amended whenever necessary, to ensure the safety of Custodians while working alone.

*I have read and understand the above procedure, and agree to abide by it:*

Name of Employee (Print): \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date