Working Alone or in Isolation Check-In Plan

Note: This is a template and can be modified but the procedure must outline a process for checking the employee's well-being and include the time interval between checks and the procedure to follow in case the employee cannot be contacted.

1. Conduct a risk assessment by filling out the Risk Assessment Template to determine the risks associated with working alone in the workplace and check-in time interval.
   The check-in interval is:

2. Complete the **Working Alone or in Isolation Form in Appendix A**. Collaborate with the Facilities Unit and/or local Occupational Health Committee (OHC) to determine building security details.

3. The Check-in Designate will check in on the employee at the frequency identified by the risk assessment findings and keep a record of it using the **Check-in Record in Appendix B**.

4. If the employee is not available at the predetermined check-in time, the Check-in Designate will attempt to check in with the employee within five minutes of the predetermined time.

5. If the Check-in Designate cannot contact the employee, they will make another attempt within 15 minutes of the original predetermined time.

6. If the Check-in Designate is still unable to contact the employee after the second attempt, they will follow Step 7.
   a. NOTE: If the employee working alone is not available at the determined check-in time, the employee will attempt to call the Check-in Designate within five minutes of the predetermined check-in time.

7. The Check-in Designate will notify employee's emergency contact and local building security or Facilities contact (as determined in **Appendix A – Working Alone or in Isolation Form**). If contact has been made and an employee is okay no further steps must be taken.

8. If the Emergency Contact and/or the building security cannot reach the employee, the Check-in Designate will call 9-1-1. When calling 9-1-1, the Check-in Designate will need to communicate that the person is not just missing. The Check-in Designate and employee have already taken all the precautions before making this call:
   a. The employee successfully checked in at the commencement of their shift; however, their current status is unaccounted for.
   b. Multiple attempts to establish direct contact with the employee have been unsuccessful.
   c. We have contacted the employee's emergency contact to locate the employee, but also unsuccessful.

By signing, you have participated in the development of this written check-in plan and understand its purpose/content and application. If this check-in procedure applies to several employees, please ensure all employees understand and sign this check-in plan document.

Supervisor	Supervisor (Print Name)	Date
Check-in Designate (If applicable)	Check-in Designate (Print Name)	Date
Employee	Employee (Print Name)	Date

Appendix A: Working Alone or in Isolation Form

NOTE: File this form in the employee personnel file, ensure that Check-In Designate has access to the form.

1. GENERAL INFORMATION

Employee Name

Employee Title

Employee Phone Number (specify: work, mobile)

Emergency Contact Name (refer to information in UKG)

Emergency Contact Phone Number (refer to information in UKG)

Supervisor Name

Supervisor Title

Check-in Designate Name

Check-in Designate Number (specify: work, mobile)

Department

Employee's Building Name

Employee's Building Address

Hazards at Location

Location Details (i.e. room number, the back corner of the room, at a cubicle, etc.)

Local Security or Facilities Contact to reach out to if unable to contact employee

2. METHOD OF COMMUNICATION (CHECK ONE THAT APPLIES)

☒ In person – identify location for Visual check-in

☐ By Telephone — See Employee and Check-in Designate Numbers above

☐ By other method (please specify)

3. FREQUENCY OF CHECK-IN (Choose the shortest time interval identified in your Risk Assessment):

☐ Beginning of scheduled work each day (mandatory). Indicate the time:

☐ Every 30 minutes to 3 hours (Potentially High Risk). Indicate exact interval to be used:

☐ Every 2 hours to 5 hours (Potentially Moderate Risk). Indicate exact interval to be used:

☐ Every 4 hours to 8 hours (Potentially Low Risk). Indicate exact interval to be used:

☐ Completion of scheduled work each day (mandatory). Indicate the time:

Appendix B: Check-in Record

NOTE: File this form in the employee personnel file, ensure that Check-In Designate has access to the form.

Check-in Designate Name _____

Employee Name _____

Check-in Interval _____

Start Time of Working Alone or in Isolation Session _____

End Time of Working Alone or in Isolation Session _____

Date	Check-in Time	Method of Communication	Check-in Designate Initials	Comments (Document relevant details, including action taken if no contact)