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Working Alone
or in Isolation

Working Alone or in Isolation

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Preventing Workplace Violence Associated with Working Alone or in Isolation: A Resource for Employers, Supervisors and Workers in Hospitals

Table of Contents

Introduction

This resource is developed to ensure the safety and health of workers who work alone or in isolation in the context of workplace violence prevention. Working alone or in isolation are occupational hazards and every attempt should be made by employers to avoid having workers exposed to these hazards. Certain occupations and situations, however, may require workers to work alone or in isolation. Some examples of situations where health care workers in hospitals may be exposed to working alone or in isolation may include:

- providing care to a patient during night or weekend shifts where there may be little interaction with coworkers (e.g. staffing levels inappropriate for the patient population and risk level, etc.);
- handling cash/medication (may include narcotics); and
- working alone in an office especially after normal working hours.

Employers, supervisors and workers in hospitals need to know the risks that are involved in working alone or in isolation and the control measures required to keep workers safe on the job.

Definitions

Working Alone or in Isolation

For the purpose of this document, the terms 'working alone or in isolation' refers to "the performance of any work function by a worker in circumstances where the worker cannot be seen or heard by another worker capable of providing assistance in a timely manner in the event of injury, ill health, or emergency". The level of risk of workplace violence that results from working alone or in isolation depends on the nature of the workplace, the type of work or the conditions of work. An important risk factor to consider is whether the worker can summon immediate assistance in case of emergency, injury or illness.

The following criteria has been used to determine if a worker has access to assistance that is readily available: (1) presence of others to respond to a call for help, (2) awareness of call for assistance by others, (3) willingness of others to respond to emergency, injury or illness and (4) timeliness of emergency response. (WorkSafeBC, n.d) Risk factors relating to working alone or in isolation can be mitigated in part with appropriate measures and procedures to summon immediate assistance in the case of an emergency, injury or illness. An example in hospitals may include the use of technology (e.g. personal panic alarms, code buttons, telephones, cell phones with emergency numbers pre-programmed, etc.).

Workplace

The word 'workplace' is used throughout this document and means "any land, premises, location or thing at, upon, in or near which a worker works". (OHSA R.S.O 1990) Examples include a hospital, a patient's home while worker is present or worker's vehicle while used for work purposes.

Workplace Violence

Workplace violence means:

    (a)   the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker,

    (b)   an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker,

    (c)   a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker. (OHSA R.S.O 1990)

Legislation

In Ontario, there are no stand-alone regulations on working alone as in the majority of other provinces and territories such as Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Prince Edward Island, Quebec, Saskatchewan, Northwest Territories and Nunavut. For the most part in Ontario, protecting workers from the hazards of working alone is addressed under the 'general duty' employer and supervisor sections of the *Occupational Health and Safety Act* (*OHSA*), s. 25(2)(h) and s. 27(2)(c) to take every precaution reasonable in the circumstances for the protection of a worker.

It is important to note that working alone may also be dangerous due to hazards other than the risk of workplace violence, such as working around toxic chemicals, in laboratories, or in many types of other dangerous contexts. It is for this reason that other regulations in Ontario (most not likely to impact health care) prohibit working alone, such as in cases of confined space, on electrical systems in excess of 300 volts, working around water, or working in trenches, tunnels, shafts, caissons and cofferdams.

With regards to preventing workplace violence, reliance is placed on the employer's duty to comply with the violence provisions in the *OHSA*, in addition to the 'general duty' under the employer and supervisor sections of the *OHSA* noted above and the requirements under the *Health Care and Residential Facilities Regulation*. Those violence provisions in the *OHSA* that may relate to working alone or in isolation are found below:

Violence and Harassment

- s. 32.0.1 (1): An employer shall prepare a policy with respect to workplace violence.
- s. 32.0.2(2)(a): The program shall include measures and procedures to control the risks identified in the assessment as likely to expose a worker to physical injury.
- s. 32.0.2(2)(b): The program shall include measures and procedures for summoning immediate assistance when workplace violence occurs or is likely to occur.
- s. 32.0.2(2)(d): The program shall set out how the employer will investigate and deal with incidents or complaints of workplace violence.
- s. 32.0.3(1): An employer shall assess the risks of workplace violence that may arise from the nature of the workplace, the type of work or the conditions of work.
- s. 32.0.3(2)(a)(b)(c): The assessment shall take into account circumstances that would be common to similar workplaces; circumstances specific to the workplace; and any other prescribed elements.
- s. 32.0.5(2)(a)(b): An employer shall provide a worker with information and instruction that is appropriate for the worker on the contents of the policy and program with respect to workplace violence; and any other prescribed information or instruction.

- s.32.0.5(3): An employer's duty to provide information to a worker under clause 25 (2) (a) and a supervisor's duty to advise a worker under clause 27 (2) (a) include the duty to provide information, including personal information, related to a risk of workplace violence from a person with a history of violent behaviour if, (a) the worker can be expected to encounter that person in the course of his or her work; and (b) the risk of workplace violence is likely to expose the worker to physical injury. (*OHSA* R.S.O 1990)

Addressing Working Alone or in Isolation

As noted above, employers must conduct a workplace violence risk assessment to identify the risks that may arise due to the nature of the workplace, the type of work or the conditions of work (which may include working alone or in isolation). This is a legislative requirement regardless of whether there are workers that work alone or in isolation. With appropriate risk assessments in place, gaps can be identified, controlled and mitigated so that incidents and the risk of violence can be prevented or minimized in the workplace. The following diagram illustrates four steps to addressing the hazards of working alone or in isolation in order to eliminate or reduce the risk:

1. Identify jobs or tasks at risk for working alone or in isolation

2. Conduct a Workplace Violence Risk Assessment (incl. working alone or in isolation)

3. Identify and Implement Control Measures

4. Evaluate and Make Improvements

1. Identify jobs or tasks at risk for working alone or in isolation

The tool in Appendix A can be used to identify the specific jobs or tasks that have hazards when working alone or in isolation in the hospital. Input during the completion of this tool should come from a variety of levels, including supervisors/managers, workers, Joint Health and Safety Committee (JHSC) or Health and Safety Representative (HSR) and the trade union, if applicable. If a risk exists for particular job positions or tasks, it is important to make sure those workers are also consulted on the subsequent workplace violence risk assessment or working alone or in isolation risk assessment. (See #2 below).

2. Conduct a Workplace Violence Risk Assessment (incl. working alone or in isolation)

PSHSA's Workplace Violence Risk Assessment toolkit for Acute Care is a comprehensive risk assessment tool that can be used to identify workplace violence hazards (including working alone or in isolation) within an acute care setting, establish a risk ranking, identify control measures associated with the risk and implement an action plan. Another option to assess the risk for working alone or in isolation is to conduct a working alone/in isolation risk assessment. It is important that there is participation from the employer, supervisors/managers, workers, JHSC/HSR and trade unions, if applicable, in the review and/ or audit of the risk assessment process. A reassessment of the risk of workplace violence must be done as often as necessary to ensure the policy and related program continue to protect workers from workplace violence. There is a requirement under *OHSA* that the employer advises the JHSC/HSR of the results of the assessment and reassessment and provides a copy, if the assessment/reassessment is in writing.

3. Identify and Implement Control Measures

Control measures, based on the results of a risk assessment or recommendations from the JHSC/HSR, are designed to eliminate or minimize the hazards of working alone or in isolation to a level where workers are not being injured. They can be applied at the source, along the path and at the worker. The most effective controls work at the source and protect most if not all workers and the least effective being controls at the individual worker. Control measures can be applied as follows and can include but are not limited to the following examples:

- At the source –eliminate the hazard of violence (e.g. assessing the situation, de-escalating signs/symptoms, environmental design such as clear sight lines, improved lighting, etc.)

- Along the path – reduce the worker's exposure to the hazard; is between the source of the hazard and the worker (e.g. training, communicating risk such as flagging/alert procedures, security escort to vehicle after hours, scheduling to reduce the time working alone, staffing levels appropriate to the risk level of predominant patient populations, planned safe care interventions, personal safety response system (PSRS), barriers while handling cash/medication, buddy system, complying with procedures and protocols established by hospital for workers' safety, etc.)
- At the worker – personal protective equipment (e.g. PSRS device such as personal panic alarm with GPS and linked to security, etc.)

Examples of possible control measures are noted below.

Safe Work Procedures

Written documentation of the working alone program provides the framework to ensure that systems are in place to protect workers from these hazards. This includes developing safe work practices that are kept current, communicated to all workers, training the appropriate workers, evaluating the program and making improvements. Typically, working alone/in isolation related to workplace violence will be found in the employer's broader workplace violence prevention program as opposed to being a stand-alone policy. See Appendix B– Sample Working Alone or in Isolation Policy for Acute Care for Standards and Procedures.

The *Health Care and Residential Facilities* (*HCRF*) *Regulation 67/93* under *OHSA,* which requires that the employer in consultation with the JHSC/HSR develop, establish and put into effect measures and procedures for the health and safety of workers (may include working alone/in isolation), and training and educational programs, states that:

- Every employer in consultation with the JHSC or HSR, if any, and upon consideration of the recommendation thereof, shall develop, establish and put into effect measures and procedures for the health and safety of workers. [s. 8 of the HCRF Regulation]
- The employer shall reduce the measures and procedures for the health and safety of workers established under section 8 to writing. [s. 9(1) of the HCRF Regulation]
- At least once a year the measures and procedures for the health and safety of workers shall be reviewed and revised in the light of current knowledge and practice. [s. 9(2) of the HCRF Regulation]
- The review and revision of the measures and procedures shall be done more frequently than annually if the employer on the advice of the JHSC or HSR, if any, determines that such review and revision is necessary; or there is a change in circumstances that may affect the health and safety of a worker. [s. 9(3)(a)(b) of the HCRF Regulation]

- The employer, in consultation with and in consideration of the recommendation of the JHSC or HSR, if any, shall develop, establish and provide training and educational programs in health and safety measures and procedures for workers that are relevant to the workers' work. [s. 9(4) of the HCRF Regulation]

Worker Training

Worker education and training are essential components of an effective working alone program. Under the *OHSA*, employers are required to ensure that information, instruction and supervision is provided to workers to protect their health and safety. Under *HCRF* Regulation, employers in consultation with and in consideration of the recommendation of the JHSC/HSR must develop, establish and provide training and educational programs in health and safety measures and procedures for workers that are relevant to the workers' work. Training helps supervisors/managers and workers understand the risk associated with their specific jobs and teaches them how to prevent and control those risks of workplace violence while working alone or in isolation.

Education and training should also be a part of the orientation process for new, promoted or transferred workers; and ongoing training should be conducted for workers on a regular basis. Training for working alone or in isolation should include but is not limited to:

- measures and procedures for working alone/in isolation safely
- de-escalation
- working in the community, if applicable
- patient risk assessment
- communication of risk (flagging/alert system procedures – see below)
- personal safety response system devices, if applicable (e.g. personal panic alarm)
- responsive behaviours
- emergency response (e.g. code white)
- handling cash/medication
- security system
- environmental design
- documenting; and
- reporting incidents, etc.

Refer to the [Workplace Violence Prevention in Health Care Leadership Table Training Matrix](#) for further examples of training for workplace violence prevention.

Communication of Risk ("Duty to Warn")

Communicating risk information to workers is used in health care to provide workers with pertinent information related to the risk of violent, aggressive or responsive behaviour of patients in the workplace. (PSHSA, 2016) This is in keeping with the *OHSA* requirement for employers to provide information, including personal information, related to a risk of workplace violence from a person with a history of violent behaviour if the worker can be expected to encounter that person in the course of his/her work and the risk of workplace violence is likely to expose the worker to physical injury. Not only should this risk communication feature alert workers to the risk for violence, the risk-mitigating procedures or controls must also be communicated as well. Refer to [PSHSA's Communicating the Risk of Violence: A Flagging Program Handbook for Maximizing Preventative Care](#) for information on developing a flagging alert program.

Handling Cash/Medication

Employers shall implement measures and procedures when workers are handling cash or other valuables (e.g. drugs, expensive equipment, etc.) while working alone or in isolation to prevent theft of valuables and to protect workers from violent incidents. Some examples may include:

- Raise counters to keep cash register out of sight and limit access.
- Create barriers and pay windows.
- Provide equipment such as fixed or portable panic alarms to summon immediate assistance.
- Post emergency phone numbers in area or preprogrammed on phones to summon immediate assistance.
- Keep minimal cash on-site.
- Make deposits safely (e.g. buddy system with co-worker or security).
- Lock doors to secure areas.
- Control access to area.
- Keep sight lines unobstructed.
- Improve lighting.
- Avoid having only one worker on shift, where possible.
- Secure medication.
- Establish policies for patients to keep valuables at home – if they are present in facility, lock identified items in cabinet.
- Keep valuables out of sight.
- Ensure staff have established exit or escape routes.
  (OHSCO, n.d.; PSHSA, 2017a)

Security System

While not all health care organizations have a formal security department with security guards, all should assess the requirements for security functions within their workplaces. Health care organizations should recognize the importance of security, take the time to assess their program needs and ensure that security program functions and roles and responsibilities are established. PSHSA's Security toolkit is a useful resource to establish an effective security program customized to the organization regardless of size or sector. (PSHSA, 2017b) A security analysis should determine who provides the security services, how the service is used, what level of training is provided, and whether ongoing refreshers and mock drills are conducted amongst other things.

Personal Safety Response System

A personal safety and response system (PSRS) includes measures (devices) and procedures to protect workers from harm due to workplace violence and/or other emergencies. In relation to working alone or in isolation, PSRS provides a way of complying with the violence provisions in the *OHSA* regarding summoning immediate assistance when workplace violence occurs or is likely to occur. There is a spectrum of PSRS devices available to organizations and with the completion of a needs assessment, the right type or types can be determined based on the workplace violence risk assessment and other information. It is important to note that the PSRS device alone does not necessarily satisfy the ability to summon immediate assistance if there is no other worker present, aware, able or permitted to respond in a timely manner (see above criteria in the definitions section). Therefore, the PSRS should be integrated into the organization's emergency management system, security and workplace violence prevention program and should include procedures such as:

- Administration of the PSRS program;
- Summoning immediate assistance;
- Selection and evaluation of PSRS devices;
- PSRS communications;
- PSRS training including response procedures and devices procedures on the safe use, care and maintenance of devices and their limitations;
- PSRS evaluation; and
- Cross-referencing to other relevant policies and procedures such as emergency measures and codes, security and workplace violence. (PSHSA, 2017c)

Environmental Design

In addition to assessing the risk factors for working alone or in isolation, an assessment of whether the current workplace design could contribute to the risk of workplace violence in these circumstances should be conducted. Environmental design including such things as hospital design, layout and location, security systems, nursing stations/reception/waiting areas, signage, lighting, parking lot design, washrooms and stairwell/exits are considered important items to evaluate in the prevention of violent incidents while workers are working alone or in isolation. Some examples of controls related to environmental design may include but is not limited to:

- restricted access to areas
- egress routes
- offices designed with alternate exits
- intentional furniture placement
- personal panic alarms linked to security
- safety alarms
- centralized help buttons
- visual aids (orbs, convex mirrors) at blind corners, and other elements. (Workplace Violence Prevention in Health Care Leadership Table Transition Toolkit, 2017)

4. Evaluate and Make Improvements

Evaluating the controls that have been put into place and making improvements is the last step of addressing the hazards of working alone or in isolation. This practice is done to measure the success and effectiveness of the controls and identify opportunities for improvement to further mitigate the risk. Both quantitative (e.g. injuries, near misses, first aid reports) and qualitative (e.g. staff awareness of working alone risks, working alone program auditing) data can be reviewed to evaluate the working alone/in isolation controls.

Appendix A: Working Alone or in Isolation Inventory of Jobs Template for Acute Care

You may use this tool to identify the specific jobs or tasks that are at risk of workplace violence due to working alone or in isolation hazards at your workplace.

<Name of Organization>:

Work Functions						Level of Risk H-High M-Moderate L-Low VL – Very Low				Comments on Workplace Violence Risks
Job/Dept./Location	Working Alone	Working in Isolation	Working in the Community	Travelling in Community	Handling Cash/ medication	H	M	L	VL	State: type of work, locations, ways of summoning immediate assistance while working alone and other factors that raise the risk of workplace violence.
e.g. nurse on secure unit (nights)	Y	Y	N	N	N	X				Nurses working on fifth floor provide patient care, have access to telephones and call-bell system in patient rooms but there are no personal panic alarms.

Work Functions						Level of Risk H-High M-Moderate L-Low VL – Very Low				Comments on Workplace Violence Risks
Job/Dept./Location	Working Alone	Working in Isolation	Working in the Community	Travelling in Community	Handling Cash/ medication	H	M	L	VL	State: type of work, locations, ways of summoning immediate assistance while working alone and other factors that raise the risk of workplace violence.

Determing the level of risk is one way of prioritizing those job positions that are at risk for exposure to working alone or isolation hazards. Priority, in this case, should begin based on how likely the worker will be harmed by the hazard (probability rating) and the potential harm that may occur (impact rating); this can then be plotted on the risk assessment matrix below. Also take into consideration other workplace influences such as patient population, changes in acuity, workflow, and staffing skill set and competencies. (PSHSA, 2017a) If a risk exists for particular job positions, you want to make sure those workers are also consulted on the subsequent workplace violence or working alone/in isolation risk assessments.

Risk Rating Scale	
Probability Rating	**Impact Rating**
A – Highly likely	Catastrophic-fatality, coma, or severe emotional trauma
B – Likely	Critical- debilitating injury, or significant emotional trauma
C – Possible	Minor-minor injury, or moderate emotional trauma
D – Unlikely	Negligible- no injury, no emotional trauma
E – Highly unlikely	

(Source: PSHSA's Workplace Violence Risk Assessment for Acute Care Toolkit, 2017a)

Risk Assessment Matrix				
	Impact Rating			
Probability Rating	Catastrophic	Critical	Minor	Negligible
Very likely	High	High	High	Low
Likely	High	High	Moderate	Low
Possible	High	Moderate	Low	Very low
Unlikely	Moderate	Moderate	Low	Very low
Highly Unlikely	Low	Low	Low	Very low

(Adapted from NSAHO's Workplace Violence Risk Assessment Template for Adult Residential Centres/ Regional Rehabilitation Centres, 2007)

(Source: PSHSA's Workplace Violence Risk Assessment for Acute Care Toolkit, 2017a)

Appendix B: Sample Working Alone or in Isolation Policy for Acute Care

Employers may wish to imbed their working alone or in isolation guidelines within a broader workplace violence prevention program as opposed to having a stand-alone policy such as this sample below.

Purpose

The purpose of this policy is to provide effective measures and procedures to all applicable workplace parties regarding working alone or in isolation hazards in order to protect workers from workplace violence.

Policy Statement

<Name of Organization> is committed to preventing workplace violence arising from working alone or in isolation by any person in the workplace. The four types of workplace violence are:

Type I   External perpetrator (no known relationship to the victim)

Type II   Client/Customer (of the victim, as in a patient or family member)

Type III   Internal to the organization

Type IV   Domestic violence

We will take every precaution reasonable in the circumstances to protect workers' health and safety and comply with health and safety legislation related to workplace violence that may apply to working alone or in isolation. [Employer may want to list commitment statements e.g. provide safe work environment, adequately control working alone/in isolation hazards, etc.]

Scope

This policy applies to all workers who may be exposed to workplace violence while required to work alone or in isolation*. [Employer may want to insert examples of working alone or in isolation situations] Every attempt will be made by the *<Name of Organization>* to avoid having workers exposed to these hazards whenever possible.

*<Name of Organization> policy related to confined space entry and the restrictions of working alone in these work situations can be found in the policy entitled 'Confined Spaces' [employer can refer workers to other high hazard work policies that apply with regards to working alone restrictions].

Definitions

Buddy system may be two staff working in pairs depending on the risk identified.

Working alone or in isolation is defined by <Name of Organization> as the performance of any work function by a worker in circumstances where the worker cannot be seen or heard by another worker capable of providing immediate assistance in the event of injury, ill health, or emergency.

Workplace means any land, premises, location or thing at, upon, in or near which a worker works.

Workplace violence means (a) the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker; (b) an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker; (c) a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

Roles & Responsibilities

Board of Directors Shall

- Take all reasonable care to ensure that the corporation complies with
    o The Occupational Health and Safety Act (OHSA) and the regulations.
    o Orders and requirements of Ministry of Labour (MOL) inspectors and Directors, and
    o Orders of the Minster of Labour.

Employer Shall

- Take every precaution reasonable in the circumstances for the protection of workers.
- Develop, establish, implement and maintain a working alone or in isolation program, to implement the workplace violence policy, in consultation with the Joint Health and Safety Committee (JHSC) or Health and Safety Representative (HSR)

- o The policy must be reviewed as often as is necessary, but at least annually. The review or revision of the measures and procedures must be done more frequently than annually if, the employer on the advice of the JHSC or HSR, if any, determines that such review and revision is necessary or there is a change in circumstances that may affect the health and safety of a worker.
- Ensure the review of the working alone or in isolation measures and procedures at least annually.
- Assess the risks of working alone related to workplace violence that may arise from the nature of the workplace, the type of work or the conditions of work; for *<Name of Organization>* this includes working alone or in isolation risks. [employer may want to list the workplace violence risk assessment tools they will use to assess working alone or in isolation hazards (e.g. PSHSA's Workplace Violence Risk Assessment toolkit for Acute Care or other)]
- Advise the JHSC/HSR of the results of the assessment and provide a copy if the assessment is in writing.
- Reassess the risks of working alone related to workplace violence as often as is necessary to ensure that the related policy and program continue to protect workers from workplace violence.
- Ensure workers are provided with personal safety response system (PSRS) equipment to summon immediate assistance where violence occurs or is likely to occur while working alone.
- Ensure workers are provided with ways to report incidents of workplace violence that have occurred while working alone or in isolation to the employer/supervisor.
- Ensure a system to alert and provide information to a worker related to a risk of workplace violence from a person with a history of violent behaviour as per the *OHSA*.
- Provide a worker with training, education, information, instruction and supervision that is appropriate for the worker on the contents of the policy, program and measures and procedures with respect to workplace violence (arising from working alone or in isolation) and any other prescribed training, education, information, supervision, or instruction.
- Ensure the JHSC/HSR is consulted on the training and educational programs regarding working alone or in isolation and any other health and safety measures and procedures for workers that are relevant to the workers' work.
- Report all injuries where a worker is disabled from performing his or her usual work or requires medical attention, occupational illnesses, critical injuries and fatalities and prescribed information to the JHSC/HSR, Ministry of Labour (MOL) and union, as applicable and as per *OHSA* and its regulations; and report workplace injuries and illnesses to the Workplace Safety and Insurance Board (WSIB) as per the Workplace Safety and Insurance Act (WSIA), as applicable.
- Investigate and take corrective action of reports or threats of violence.

[The workplace may wish to refer to further components of the workplace violence program related to employer responsibilities here]

Managers/Supervisors Shall

- Take every precaution reasonable in the circumstances for the protection of workers.
- Participate in the working alone risk assessment to identify working alone or in isolation hazards related to workplace violence.
- Ensure the working alone/isolation policy addressing working alone or in isolation hazards is posted at a conspicuous place in the workplace.
- Implement the working alone policy/program and communicate to all workers that violence in all forms is prohibited by *<Name of Organization>*.
- Enforce the working alone or in isolation policy, program and related measures and procedures.
- Ensure workers promptly report working alone or in isolation hazards or incidents.
- Identify working alone or in isolation hazards and assess the working alone risks to workers before a worker is assigned to work in those environments.
- Implement safe work procedures for working alone/in isolation and, if appropriate, alter work schedules, tasks or other circumstances.
- Communicate the risks of working alone or in isolation to the worker and the controls that are required to mitigate the risk.
- Ensure workers can summon immediate assistance and that help is readily available while working alone in the event of an emergency, injury or illness.
- Provide a worker with training, education, information, instruction and supervision that is appropriate for the worker on the contents of the policy and working alone or in isolation program with respect to workplace violence and any other prescribed training, education, information, instruction or supervision. Maintain training records.
- Provide information to an employee related to a risk of workplace violence from a person with a history of violent behaviour if:
    - o The worker can be expected to encounter that person in the course of his or her work; and
    - o The risk of workplace violence is likely to expose the worker to physical injury
- Refrain from disclosing more personal information in the circumstances described above, related to the history of violent behaviour than is reasonably necessary to protect the worker from physical injury.
- Investigate reports or threats of violence and implement steps to prevent a recurrence.
- Provide support to worker including performing a debrief for improvements.

    [The workplace may wish to refer to further components of the workplace violence program related to supervisor responsibilities here]

Workers Shall

- Promptly report any hazards, incidents or injuries of workplace violence or threats of workplace violence or the potential for violence in the workplace arising from working alone or in isolation to their manager/supervisor.
- Cooperate in any investigations as required.
- Understand and comply with the working alone or in isolation policies and related procedures.
- Participate in education and training programs pertaining to the risks of working alone or in isolation in the workplace.

[The workplace may wish to refer to further components of the workplace violence program related to worker responsibilities here.]

Joint Health & Safety Committee (JHSC)/Health and Safety Representative (HSR) Shall

- Identify and report any working alone or in isolation hazards (e.g. during workplace inspections).
- Review working alone/in isolation risk assessments from the employer and all other reports concerning occupational health and safety.
- Be consulted about the development, establishment and implementation of the working alone or in isolation program.
- Be consulted when the employer develops, establishes and provides training and educational programs and make recommendations to the employer on the training and educational programs regarding working alone or in isolation.
- At least once a year, take part in a review of the working alone or in isolation program.
- Investigate critical injuries as per the OHSA.
- Receive and review all injuries where a worker is disabled from performing his or her usual work or requires medical attention, occupational illness, critical injury and fatality information reported as per OHSA and its regulations to ensure proper steps to prevent a recurrence have been implemented.

[Employer may add other workplace parties' roles and responsibilities as applicable (e.g. Occupational Health and Safety department, Human Resources, Security, Union, etc.)]

[The workplace may wish to refer to further JHSC/HSR responsibilities under the Occupational Health and Safety Act here.]

Standards and Procedures

Risk Assessment

A workplace violence risk assessment (including the hazards related to working alone/in isolation) or a working alone risk assessment for acute care will be conducted by the employer to identify any hazards related to working alone or in isolation specific to the workplace in consultation with the JHSC/HSR. The risk assessment will be in writing and a copy of results of the assessment will be provided to the JHSC/HSR. The *<Name of Organization>* has determined that the reassessment of the risks related to working alone or in isolation (and all other workplace violence risks) will be completed every [employer to insert timeframe] year(s) or more often if necessary to ensure that the related policy and program continue to protect workers from workplace violence.

Control Measures

All measures to control and mitigate the risks of working alone or in isolation identified in the workplace violence risk assessment(s) will be implemented and evaluated. Controls and mitigation strategies include worker safety plans, effective communication and alert/flagging systems and training.

The employer, manager and/or supervisor will consider the risks identified in the working alone/in isolation risk assessments including evaluations of working alone assignments on a case-by-case basis to create a worker safety plan to address the risks of working alone or in isolation. Consideration will be given to patient population, changes in acuity, workflow, staffing skill set and competencies and surge protocols in the development of worker safety plans. Supervisors/managers are also advised to complete the checklist (for workers at risk for violence due to working alone or in isolation in the addendum).

Mitigation strategies when working alone or in isolation may include the following based on risk:

- Ensure a personal safety response system (PSRS) is in place to allow workers to summon immediate assistance (refer to PSHSA's PSRS toolkit) for all applicable health care workers. A PSRS can include devices such as personal (physical) alarms, radios, telephones or cellular phones, but in all cases must provide an appropriate means to summon immediate assistance.
- Establish check in/check out procedures (either by visual check or tele/pager-check) with co-worker, supervisor/manager or security in facility who knows worker is on shift. (Refer to PSHSA's PSRS toolkit for information on methods of communication).

Reporting

Workers must immediately report incidents, hazards or complaints of actual or potential violence while working alone or in isolation to their supervisor/ manager and to the Occupational Health and Safety department by using the *<Name of Organization>*'s reporting system. [employer can insert specifics on their incident reporting system (e.g. paper form, online system, etc.) and protocol] Supervisors/managers will investigate and take corrective action of reports or threats of violence in accordance with the *<Name of Organization>*'s reporting and investigation procedures.

All internal (e.g. Senior leadership, JHSC/HSR, union, etc.) and external (e.g. Ministry of Labour, Workplace Safety and Insurance Board) reporting requirements will be met in keeping with the *Occupational Health and Safety Act* and its regulations and the *Workplace Safety and Insurance Act* as applicable.

Investigation

<Name of Organization> will ensure that incidents of workplace violence arising from working alone or in isolation situations will be investigated by the supervisor/manager, occupational health and safety department and human resources [employer can insert other workplace parties involved as applicable such as JHSC/HSR] that is appropriate under the circumstances. The overall goal is to do a root cause analysis and to identify steps to prevent a recurrence so that workplace violence can be prevented in the future.

One or more designated members of the Joint Health and Safety Committee shall investigate critical injuries according to the *<Name of Organization>*'s Critical Injury policy and the requirements under the *OHSA*, s.9(31) and provide a copy of their report to the JHSC and the MOL.

Emergency Response

A code white provides a response to an emergency situation involving violent persons such as patients or visitors. The aforementioned response comes in the form of a code white response team (i.e. clinical staff, security and/or police) to de-escalate the undesired behaviours. *<Name of Organization>*'s emergency management policy on Code White will take effect for any violent situation reported by workers to <their supervisor/manager, security, communications, etc.>.

<Name of Organization>'s role of police policy will take effect as appropriate under the circumstances. *<Name of Organization>* staff will work cooperatively with the police in matters of workplace violence.

Refer to <Name of Organization>'s Workplace Violence policy and procedures in its entirety for WPV prevention related material.

Communication

This policy and program will be communicated to all workers during health and safety orientation and to all existing workers. Each supervisor/manager is required to communicate any revisions of this policy to their staff at [employer to insert examples (e.g. team meetings, skills update training, other training, etc.].

Training

All new workers at orientation and existing workers will receive training and education on the Working Alone or in Isolation program and all related measures and procedures as part of the Workplace Violence Prevention program [employer to list all of the components here as a minimum]. In addition, all workers will receive an annual review of the working alone or in isolation components of the program. Any training developed, established and provided will be done in consultation with, and in consideration of, the recommendations of the JHSC/HSR under the *HCRFR*.

Evaluation & Continual Improvement

<Name of Organization> shall undertake, and review annually, this policy and program. Amendments to the Working Alone or in Isolation Program will be done in consultation with the JHSC/HSR.

Accountability

All workplace parties are accountable for complying with this policy, program, measures and procedures.

Records

All records of reports, assessments and investigations of <Name of Organization> are kept for [employer to insert timeframe] year(s) as determined by the organization.

Policy Review

The policy and program will be reviewed at least annually by the Occupational Health and Safety department and the JHSC/HSR. [Employer to insert others who will be responsible for policy review e.g. Human Resources, as applicable, including the union as per the collective agreement]

References

Examples include:

<Name of Organization>'s Communication/Alert of Risk/Flagging policy and procedures

<Name of Organization>'s Emergency Management/Code White policy and procedures

<Name of Organization>'s Organizational Risk Assessment procedures

<Name of Organization>'s Patient Risk Assessment policy and procedures

<Name of Organization>'s Personal Safety Response System policy and procedures

<Name of Organization>'s Role of Police policy and procedures

<Name of Organization>'s Security policy and procedures

<Name of Organization>'s Workplace Violence policy and procedures

Occupational Health and Safety Act R.S.O. 1990

Health Care and Residential Facilities Regulation, Ontario Regulation 67/93

<Other>

Forms

Checklist – for workers at risk of violence due to working alone or in isolation (located on the next page).

Date created: _____

Annual review date: _____

Checklist for Workers at Risk of Violence Due to Working Alone or Working in Isolation

This checklist is intended to help employers keep those workers working alone or isolated safe on the job. Use this checklist as a minimum guideline.

Safe Work Procedures	Yes / No / Partial/Not applicable "N/A"	Action Required
Have safe work measures and procedures for working alone/isolation been developed (e.g. risk assessment, buddy system, check-in/check-out, securing hospital, etc.) in consultation with the JHSC/HSR?		
Has a program administrator been designated to oversee the working alone/in isolation program?		
Is there a process to ensure that working alone/isolation measures and procedures are followed by all workplace parties (e.g., observation, audits etc.)?		
Are there processes established that will ensure supervisors/managers enforce working alone/in isolation measures and procedures?		
Are there processes developed to ensure supervisors/managers communicate with workers regarding working alone/in isolation hazards and dangers where workplace violence occurs or is likely to occur?		
Is there reporting procedures in place for workers to report working alone/in isolation risks that may lead to workplace violence?		
Do safe work procedures include how to behave/respond when confronted with an intruder?		

Working Alone or in Isolation

Safe Work Procedures	Yes / No / Partial/Not applicable "N/A"	Action Required
Do the safe work procedures require a check for a secure work site prior to the start and at the end of the shift?		
Do safe work procedures include a protocol to deal with an increase in patient acuity and population (e.g. surge protocols, adequate staffing for level of risk related to workplace violence)?		
Are there measures and procedures to summon immediate assistance when workplace violence occurs or is likely to occur including during times of working alone/in isolation?		

Worker Training	Yes / No / Partial/Not applicable "N/A"	Action Required
Are workers trained in all of the measures and procedures related to working alone/in isolation and competent to work alone/in isolation safely?		
Are workers aware of the hazards associated with working alone/in isolation?		
Are workers trained in non-violent crisis intervention <or other> for threatening situations while working alone/in isolation?		

Working Alone or in Isolation

Worker Training	Yes / No / Partial/Not applicable "N/A"	Action Required
Are workers providing security services trained to meet regulatory or legislatively required standards for security training and industry-standard practices for healthcare?		
Are workers trained in the proper use of personal safety response system devices to prevent/discourage intruders and to summon immediate assistance when workplace violence occurs or is likely to occur?		
Are workers trained in approaching strangers, inquiring about the reasons for their presence and helping direct them appropriately?		
Has the JHSC or HSR been consulted by the employer in developing, establishing and providing training and educational programs on working alone and in isolation program and related measures and procedures?		

Site Security	Yes / No / Partial/Not applicable "N/A"	Action Required
Do you provide a safe work site for workers working alone or in isolation?		
Does the hospital have a security system?		
Has the hospital conducted a security program self-assessment to determine the need for security guards and other potential gaps?		

Appendix B: Sample Working Alone or in Isolation Policy for Acute Care

Site Security	Yes / No / Partial/Not applicable "N/A"	Action Required
Are security system deterrents (e.g. remote and personal alarms, video surveillance cameras, convex mirrors, safe rooms, access control, etc.) in place?		
Is the security system regularly checked for proper use, maintenance and operation (incl. dead zones)?		
Are all doors and windows secured with appropriate barriers?		
Is public access into the hospital limited? Can the hospital be locked down?		
Is there adequate lighting at the site entrance and parking area?		

Communication	Yes / No / Partial/Not applicable "N/A"	Action Required
Do you have an effective means of communication for workers to contact persons capable of responding immediately when workers need to summon immediate assistance?		
Does the method of communication involve the use of: ▪ personal alarms? ▪ regular telephone, cell phone or radio contact with a designated person (e.g. tele-check)? ▪ regular security patrol? ▪ surveillance of cameras? ▪ regular visit (visual check) by co-workers?		
Has the hospital conducted a workplace violence risk assessment that includes PSRS?		
Are workers provided with PSRS equipment that can summon immediate assistance where workplace violence occurs or is likely to occur?		
Is PSRS equipment maintained according to manufacturer's guidelines?		

(Adapted from Government of Alberta, 2014)

This template on working alone or in isolation policy and procedures is provided as guidance material.
It is the responsibility of an employer to ensure compliance with the *OHSA*. If you need help in understanding specific obligations under the *OHSA*, you should seek legal advice.

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Working Alone or in Isolation