#### Template Working Alone/In Isolation Plan

###### Lab/Room #: Department:

###### Name of the individual(s): Position:

###### Approved by: Date:

To be reviewed: **Every year or as required**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following procedures must be observed to ensure staff/research students’ safety when working alone or in isolation from others: **(Staff/research students’ compliance with this plan is mandatory)**

|  |  |
| --- | --- |
| **Hazards and risks associated with work activities and/or the environment:**  |  |
| **Limitations and/or prohibitions on certain activities:** |  |
| **Procedures to control (minimize) the risks:** | **❑ Implement a “buddy” system****❑ Safe work Procedures/Standard operating Procedures are available****❑ PPE are provided and properly used****❑ Safety Equipment available (safety showers, fire extinguisher, spill kit, first aid kit etc.)****❑ Schedule hazardous work during regular work hours****❑ Limit the quantity of hazardous material****❑ Perform hazardous activity in fume hood/VLB/BSC****❑ Increase the frequency of direct supervision****❑ Others: Specify:**  |
| **Training and/or Instructions Required** | **❑ WHMIS****❑ Care, use and maintenance of PPE****❑ Respiratory Protection****❑ Infection control****❑ Lab Safety****❑ Fire Extinguisher** | **❑ Radiation Safety****❑ Biological Safety****❑ Laser Safety****❑ X-ray Safety****❑ Chemical/biological Spill Cleanup****❑ Other (Specify):**  |
| **Method of communication:** | **❑ Phone inside the room****❑ Cell Phone****❑ Regular visit by co-workers****❑ Alternate plans:*** Check in with Security before entering the lab and performing any task.
* Indicate to Security that you will need them to check in by phone as often as necessary. If at check in you do not answer, they will call attend to your area and possibly call 911.
* Check out with Security before leaving the building.
* For emergency assistance, call 204-786-6666 for emergency assistance. If you can, evacuate the area immediately (this is dependent on the person’s mobility)
 |

|  |  |
| --- | --- |
| **Name of the Lab Supervisor:** **Frequency of regular communication with Lab Supervisor or Security:** |  |
| **Procedures to follow if lab supervisor cannot be contacted:** |  |
|  |  |

**Please sign below indicating that you have read and understand the Working Alone/In Isolation Plan. If you have any questions please address them with your supervisor/lab manager.**

|  |  |  |
| --- | --- | --- |
| Staff/Research student (Print Name) | Staff/Research student Signature | Date Reviewed |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |