**Letter of Understanding and Agreement Working Alone – Provision of Assistance between Two or More Employers**

WorkSafeBC’s Occupational Health & Safety Regulation has specific requirements pertaining to Working Alone. WorkSafeBC defines working alone or in isolation as:

*“to work in circumstances where assistance would not be readily available to the worker*

1. *in case of an emergency, or*
2. *in case the worker is injured or in ill health. “*

If two or more workers of different employers are working together or in the same vicinity and each worker is capable of and willing to provide assistance in a timely manner, this can qualify as assistance that is readily available and as a result the worker is not considered Working Alone.

Employers would need to ensure that the workers of both employers are capable of, and willing to, provide assistance and that the workers are aware of the arrangement, and the arrangement should be in writing using this **Letter of Understanding and Agreement**.

Further information on the Fraser Health Working Alone Program for Facilities can be accessed from the Workplace Health Intranet site.

# AGREEMENT

This agreement is between the following employers:

#### Employer #1

Name:

Site Name:

Address:

Representative:

#### Employer #2

Name: Fraser Health / Lower Mainland Pharmacy Services (“LMPS”)

Site Name: Pharmacy Administration

Address: 8521 198A Street

 Langley, BC, V2Y 0A1

Representative: Robin Cho (Pharmacy Coordinator)

Both the above named parties agree to:

* Ensure that the workers of both employers are capable of, and willing to, provide assistance to each other in the interest of staff safety at the location.
* Develop and share site specific protocols on ensuring the safety of staff at the site including specifics on how assistance will be provided to each other if needed.
* Ensure that the workers of both employers are aware of this arrangement and the site specific protocols noted above.
* Review and update as necessary the site specific protocols at least annually or if changes occur at the site.
* Maintain a copy of this agreement until it is voided by either party.
* Employer #1 to notify Fraser Health / LMPS if the FH employee does not check in at the workplace at the scheduled time.

*Signature Signature*

*Employer #1 Representative Employer #2 Representative*

Date: Date: