**SOLITARY WORK**

**Department of Laboratory Medicine**

#

**SOLITARY WORK DEFINITION**

# Solitary work means: Work that is conducted by an employee, who is physically and/or socially isolated from other persons. Physical isolation means that the employee can´t get into contact with others without using technical communication devices. Social isolation means that the employee can´t count on help in critical situations or risk situations due to working conditions (AFS 1982:03 Ensamarbete).

# SOLITARY WORK RULES AT KAROLINSKA INSTITUTE

# Solitary work should be restricted and if possible be avoided completely.

# If solitary work can´t be avoided, the responsible supervisor/manager or prefect shall conduct a risk assessment together with the affected employee/student and safety delegate. The risk assessment should lead to substantial actions that have to be taken for the solitary work to be conducted safely. For solitary work to be allowed, the risk assessment must show that an acceptable physical and psychological safety can be acquired without another person being present during the work/studies.

# The risk assessment must be documented in writing.

# For laboratory work, relevant preparedness for accidents must be present.

# WORK ENVIRONMENT RESPONSIBILITIES

It is the responsibility of the group leader, head of division, and staff with a delegation to ensure the safety for the individual employee/student. They must ensure that the employee/student assimilates necessary information.

The employee/student must be informed about the rules and procedures stipulated concerning solitary work. The employee/student is obligated to follow the law, regulations, and routines to ensure their own and others safety.

**The responsible supervisor is responsible for:**

* Initiate, conduct, and document the risk assessment together with the safety delegate and affected employee/student.
* Taking actions listed in the risk assessment.
* Establishing an emergency plan in case of an accident.
* Educate and inform the affected employee/student to minimize risks.
* Follow up on preventative actions

**The affected employee/student is responsible for:**

* Follow the routine set up after the risk assessment
* To correctly use specified protective equipment
* Participate in necessary education and training
* Take part in information given to conduct solitary work
* Report to closest supervisor and safety delegate if incidents or injuries occur
* Always carry a mobile telephone with pre-programmed emergency numbers when working alone.

# SOLITARY WORK PROCEDURES

Always contact your Responsible Supervisor

1) Security guard – in case of trespassing and/or threats:

Monday-Friday 15.00-24.00, Sat-Sun 11.00-18.00: 08 - **524 860 60** (Huddinge)

Holidays, “red days”, and during off hours: 08 - **524 864 29** (Solna)

2) Emergency number – in case of accidents involving personal injury:
For acute injuries (Ambulance, fire brigade, police): **Call 112**

Occupational Health Service - Avonova Huddinge – 08 – 120 124 10

3) Fire:

1. Press the alarm button nearest you.

2. Put yourself in safety.

3. **Call 112** as soon as possible and state in which premises you are located and where the fire is.

**The automatic alarm buttons are connected to:**SOS Emergency Services (they will alert the fire brigade that will be dispatched to the main entrance of the hospital).

When inside the hospital: Security guards (that will rush to the actual location to check on the fire).

## PROHIBITED OPERATIVE PROCEDURES WHEN WORKING ALONE

## Prohibited operative procedures should be listed in the risk assessment. They are to be decided by each division/group for the affected employee/student.

**APPLICABLE LAWS AND REGULATIONS**

Arbetsmiljölagen AML (1977:1160)

Arbetsmiljöförordningen (1977:1166)

AFS1982:3 Ensamarbete

AFS 2001:1 Systematiskt arbetsmiljöarbete

AFS 1993:2 Våld och hot i arbetsmiljön

AFS 2011:19 Kemiska arbetsmiljörisker

AFS 2018:4 Smittrisker

Karolinska Institutets Regler för ensamarbete, Dnr 1-714/2018.

[Regler för ensamarbete | Medarbetare (ki.se)](https://medarbetare.ki.se/regler-for-ensamarbete)

Signatures on next page.

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| --- |
| Date: Enter date*I hereby confirm that I have read and understand my responsibilities for the solitary worker.*------------------------------------------------- Signature, **supervisor / Head of Division**Add name in block letters--------------------------Print name |

|  |
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| Date: Enter date*I hereby confirm that I understand and will follow the solitary work rules.*------------------------------------------------Signature, **Solitary Worker** Add name in block letters--------------------------Print name  |

 **Return this signed document together with risk assessment to:**

* Safety delegate
* Head of division
* Supervisor