



# WORKING FROM HOME OVERVIEW & CHECKLIST



## Introduction

Working from home is a pre-approved work arrangement between the employer and the worker. These arrangements allow the worker to carry out their work duties at an alternate, established workplace not operated by the employer. This may be the worker's home or another pre-approved location.



### Definition: Workplace

The workplace is defined in the provincial Occupational Health and Safety (OHS) Act as a place where a worker or self-employed person is engaged in an occupation. This includes a vehicle or mobile equipment used by a worker in an occupation. **OHS Act Section 2(n).**

Anywhere a person is working in an occupation is considered a workplace, including a home-based office.

This document provides an overview of items to consider when developing a work from home program, as well as health and safety sample checklists. Employers may revise these sample checklists to suit the needs of their organization.

## Roles and Responsibilities

Health and safety roles and responsibilities are just as applicable for at-home workers as they are for more traditional workplaces. Employers, supervisors and workers are still held accountable for their respective responsibilities outlined in the OHS legislation. However, the method by which these responsibilities are carried out may be different.

Where reasonably practical, employers and supervisors must protect workers' health and safety, and workers must take precautions to keep themselves safe. A working from home policy outlines the expectations of all parties and ensures that everyone understands what they have to do.



# WORKING FROM HOME OVERVIEW & CHECKLIST

## Risk Assessment

Working from home may not always be hazardous, but the circumstances of being alone can be. Working alone or in isolation means that assistance is not readily available in an emergency or if you become injured or ill.

Risk assessments are important to find and fix the hazards associated with working from home and to ensure workers have what they need to work safely.

Employers may put a variety of controls in place to eliminate or reduce the risk of harm to workers who work from home.

These may include:

- Implementing a musculoskeletal injury (MSI) prevention program.
- Implementing psychological health and safety (PHS) policies and procedures.
- Developing communication methods, including processes for contacting the OHS Committee, Worker Health and Safety (WHS) Representative or Designate.
- Supplying appropriate equipment, tools and devices.
- Providing relevant information, instruction, supervision and training.
- Providing tools to perform work from home inspections.
- Reporting and investigating incidents that occur while working from home.
- Providing reasonable accommodations for workers with disabilities.
- Developing written procedures for checking the well-being of the worker, including check-in times and steps to take if the worker cannot be contacted.
- Ensuring the worker holds a valid emergency first aid certificate, if reasonable to do so, or if required by an OHS Officer.



**RISK**

## Work From Home Program



A work from home program can be a part of an existing OHS program or exist separately. These programs are voluntary between employers and workers and often accompany a signed agreement establishing terms and conditions.

When workers work exclusively from home, the program should be based on a risk assessment to ensure the required procedures and equipment are in place for the worker to perform work safely.



# WORKING FROM HOME OVERVIEW & CHECKLIST

## Working Alone Procedures

Employers are required to develop and follow written procedures for checking the well-being of the worker. These procedures must be developed in consultation with the the worker, and the OHS Committee, Worker Health and Safety Representative or Designate. Procedures must be reviewed at least once a year or more often if there is a change in work arrangements or if the procedures are ineffective.

The frequency of checks must be appropriate to the risks identified by the risk assessment. A person must be designated to contact the worker at set times and record the result. Thes designate also needs procedures to follow if a worker cannot be reached.

## First Aid Training

A risk assessment should identify the requirements for first aid training. This assessment should consider the potential risk of injury to the employee and the availability of emergency services.

## OHS Training

An employer must establish an OHS Committee, Worker Health and Safety Representative, or Designate as required by legislation. However, OHS training is not a requirement for a worker who works from home or works alone.

Committee	Representative	Designate
<p>A Committee is an advisory group made up of employer and worker representatives of a workplace. A Committee must be established in workplaces with 10 or more workers.</p> <p>The person(s) representing the workers on the Committee are to be elected by other workers at the workplace, or appointed in accordance with the constitution of the union, of which the workers are members.</p>	<p>A Representative is a worker not connected with the management of the workplace. A Representative must be established in workplaces with nine or less workers.</p> <p>The Representative must be elected by other workers at the workplace, or appointed in accordance with the constitution of the labour union, of which the workers are members.</p>	<p>A Designate is a worker connected with the management of the workplace, or the employer. A Designate must be established in workplaces where less than six persons are engaged at the workplace and the designation of a Representative is not practicable.</p> <p>The Designate must be appointed by the employer.</p>



# WORKING FROM HOME OVERVIEW & CHECKLIST

## Working from Home Checklist

Use this checklist to assess health and safety risks before the start of work from home. Any areas of concern or items ticked No should be adjusted.

<b>Employee Name:</b>		<b>Department:</b>				
<b>Home Address:</b>						
<b>Work Schedule</b>						
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>	Sunday <input type="checkbox"/>
<b>Work Hours</b>						
From:	To:	Breaks:	Mealtime:			

Equipment Requirements:	Details:
Laptop	
Headset	
Cell Phone	
Keyboard	
Mouse	
Laptop Bag	
Desk	
Chair	
Monitors	
Other	



# WORKING FROM HOME OVERVIEW & CHECKLIST

## Working from Home Checklist

Work Environment	Yes	No
Is the lighting level sufficient to prevent eye strain?		
Do the lighting sources and positions prevent glare or reflection?		
Is ventilation sufficient?		
Is the temperature sufficient?		
Do the equipment and furniture suit the layout of the space?		
Are the hallways and entry and exit ways free of clutter?		
Are floors even and material suitable for office chairs and desk?		
Is there suitable storage for materials and documents?		
Are electrical cords in good condition? (no fraying, prongs are not bent, etc., and positioned properly)		
Are cords and cables out of the way and not causing a tripping hazard?		
Are outlets grounded and not overloaded?		
Is surge protection available for electrical equipment?		
Is sufficient ventilation available for electrical equipment?		
Is there excessive noise that affects work?		

Communication	Yes	No
Is there an established communication method between supervisor and worker?		
Are connections maintained between supervisor and worker?		
Have boundaries been communicated with any other person(s) in the home?		

Work Practices	Yes	No
Are hazards reported?		
Are injuries and incidents reported?		
Do you take regular microbreaks and breaks?		
Do you take meal breaks away from the workstation?		
Is movement incorporated into your work day?		

Mental Wellness	Yes	No
Is the workstation in a private area, away from family and housemates?		
Are there regular check-ins between supervisor and employee?		
Are connections maintained between co-workers?		
Does the employee take appropriate breaks?		



# WORKING FROM HOME OVERVIEW & CHECKLIST

## Working from Home Checklist

Working Alone	Yes	No
Is there a risk of violence in the area that would create a high risk for the employee working from home? (For example, have there been robberies, home invasions, or vandalism in the neighbourhood?)  (See <a href="#">WorkplaceNL's Workplace Violence Risk Assessment Process</a> for more information)		
Has a check-in procedure been developed that includes:		
a. A designate to contact the worker at set times and record the results.		
b. A procedure for the designate to follow-up with the worker if they do not check in on time.		

Emergency Preparedness and Response	Yes	No
Is a smoke alarm present in the home office?		
Is a fire extinguisher present and clearly accessible?		
Are carbon monoxide detectors present in areas where there are fuel-burning appliances?		
Are primary and secondary emergency exits available?		
Have evacuation plans been established? (For example, detailed protocols for evacuating to a safe location and how to contact the employer in case of emergency.)		
Is a Canadian Standards Association (CSA) approved first aid kit available and maintained?		
Are emergency contact numbers communicated and accessible?		
Have emergency contacts been given to the employer for use in an emergency?		

Confidentiality and Privacy	Yes	No
Is work conducted electronically, where possible?		
Is private or personal information stored in a locked area?		
Is the computer locked when not in use?		
Are work-related discussions conducted in private areas?		
Are paper files destroyed according to employer procedures?		

Training	Yes	No
Has first aid training has been completed?		



## WORKING FROM HOME OVERVIEW & CHECKLIST

### Working from Home Checklist

Other/Comments

### Working from Home Agreement Approval and Commitment

I, \_\_\_\_\_, certify that the information provided is true and correct.

Employee Name:	Signature:	Date:
Manager Name:	Signature:	Date:
Human Resources Representative Name:	Signature:	Date:



# WORKING FROM HOME OVERVIEW & CHECKLIST

## Ergonomic Workstation Set-up Questionnaire

Arrange workstation equipment for neutral sitting and standing postures. Neutral posture is a healthy posture and is when joints are in their resting position. This is the place you want to be in your daily activities.

This checklist is an assessment tool and highlights key aspects of a good ergonomic work environment. For every “No” response, workers should make the appropriate adjustments. Once complete, forward the completed form to your supervisor.



<b>Employee Name:</b>		<b>Department:</b>	
<b>Home Address:</b>			
<b>Work Schedule</b>			
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>
Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>	Sunday <input type="checkbox"/>	
<b>Work Hours</b>			
From:	To:	Breaks:	Mealtime:

## Working from Home Ergonomic Checklist

Head and Neck	Yes	No
Have you adjusted your monitor, so the top line of text is near eye level? (Note: for a bifocal or progressive lens, the monitor should be slightly lower and tilted back).		
Is your primary monitor directly in front of you?		
Is the distance between your eyes and the screen about an arm's length?		
If you use a document holder, is it close to or directly in front of your monitor?		
If you frequently use the phone, do you wear a headset?		
Is your chin tucked in and head squared over your shoulders while seated?		





# WORKING FROM HOME OVERVIEW & CHECKLIST

## Working from Home Ergonomic Checklist

Back and Legs	Yes	No
Is the area under your desk uncluttered, to allow for comfortable leg room?		
When sitting, is your lower back well supported by the chair backrest (reclined slightly, 90 to 110-degree angle at the hips)?		
Can your chair glide freely?		
Is your chair in good repair?		
<b>When sitting:</b>		
Are your feet flat on the floor or supported by a footrest?		
Are your thighs parallel to the floor?		
Is there a slight gap between the edge of the seat and backs of your knees?		
Is the seat pan in a comfortable position (not sliding forward)?		

Arms, Wrists and Hands	Yes	No
<b>Have you adjusted your keyboard and mouse such that your:</b>		
Forearms are parallel to the floor and supported?		
Elbows are bent about 90 degrees and the same height as the keyboard and mouse?		
Shoulders and upper arms are relaxed?		
Wrists are in neutral position (not bent), and not resting on a hard surface?		
Is your mouse close to the keyboard?		
If your chair has armrests, do they comfortably support both forearms?		
<b>When keying:</b>		
Are your fingers relaxed?		
Do you lightly touch on keys used?		
Do you use two hands for dual-key work?		
Is whole arm movement being used?		

Arms, Wrists and Hands	Yes	No
<b>When mousing:</b>		
Are your fingers relaxed?		
Is whole arm movement being used?		
Have you considered left and right hand mousing to reduce repetition on one side?		



## WORKING FROM HOME OVERVIEW & CHECKLIST

### Working from Home Ergonomic Checklist

Eyes (Lighting and Glare)	Yes	No
Is your monitor:		
Placed at a right angle to the window?		
Placed away from direct overhead lights?		
Adjusted so that the brightness and contrast controls are comfortable for you?		
Is there adequate lighting for reading and writing?		

Work Design and Habits	Yes	No
Is your work area organized so that frequently used items are close to you to avoid reaching?		
Do you alternate tasks, or rotate jobs, throughout the day?		
Do you take breaks and microbreaks for stretching and to recover worked muscles?		
Do you rest your eyes every 20 minutes looking 20 feet away for 20 seconds?		
Have tripping hazards and clutter been addressed?		
Are proper lifting techniques followed?		

Other/Comments



## WORKING FROM HOME OVERVIEW & CHECKLIST

### Photographs

Attach photographs of the following:

- Workstation and work area
- Chair – side, back and front view of sitting
- Standing postures of the standing desk area (if applicable)

### Work from Home Ergonomic Workstation Set-up Agreement

I, \_\_\_\_\_, certify that the information provided is true and correct.

Employee Name:	Signature:	Date:
Manager Name:	Signature:	Date:
Human Resources Representative Name:	Signature:	Date: