KPU Field School Risk Assessment & Safety Planning Record

This form is to be completed by the faculty member(s) leading the field school, together with the Field School Proposal, ***prior to the start of any proposed field school.*** *Please provide all required documentation (see instructions on page 1 of Field School Proposal) to the Dean, Chair, VP Academic & AVP International for review.*

DEPARTMENT/UNIT:	**FACULTY MEMBER(S) LEADING FIELD SCHOOL:**
CATEGORY OF OFF-CAMPUS ACTIVITY: _ Research _ Athletic _ Academic _ Other extracurricular	**OTHER PARTICIPATING FACULTY/STAFF:**

NATURE OF OFF-CAMPUS ACTIVITY:

LOCATION OF OFF-CAMPUS ACTIVITY:

Country(ies): _____

Geographical Site(s): _____

Nearest City(ies): _____
(name, distance to)

Nearest Hospital(s): _____
(name(s), distance to)

PLEASE ATTACH A COMPLETE TRAVEL ITINERARY TO THIS RECORD (LOCATIONS, DATES)

MODE(S) OF TRANSPORTATION(check all that apply):

_ private vehicle*
_ commercial carrier
_ Other (please specify)

DATE OF DEPARTURE:	**DATE OF RETURN:**

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Name of Faculty/Staff Member:	Leadership Role (specify)	Trained First Aider (current)	Other Special Training
NUMBER OF PARTICIPANTS (other than the leadership team listed above):			

SAFETY PLANNING RECORD

RISK ASSESSMENT:
List identified hazards associated with activities or environment (*e.g.*, extreme heat or cold, wild animals, endemic disease, firearms, explosives, transportation, crime, violence, political instability), and risk-management measures planned or taken for eliminating or reducing risks to acceptable levels. Please see the attached examples. **Append additional pages as required.**

Hazard Identification	Risk Analysis	Risk-Management Plan
1.		
2.		
3.		
4.		
5.		
6.		

Examples of Hazard Identification, Risk Analysis and Management

The examples given below relate primarily to international activities, but similar hazards may arise in domestic situations.

HEALTH:

List hazards associated with personal health or health insurance, and the measures of eliminating or reducing the risks to acceptable levels. Examples to consider are: What diseases are prevalent? Do you have any personal health factors that could constitute a risk (*e.g.*, allergies)? Do you have appropriate health-insurance coverage? Is medical help available in the region you will visit? Are English-speaking doctors available? etc…

A. HAZARD IDENTIFICATION	B. RISK ANALYSIS	C. RISK-MANAGEMENT PLAN
Example: Increased reports of Dengue Fever in parts of the country you are going to – as well as cholera, hepatitis A, malaria (regional) tuberculosis, typhoid fever, and yellow fever (regional).	I/we could get sick, temporarily or permanently. The trip could be cut short. I am not yet sure of which regions are affected so I don't know if I/we will be exposed. There is potentially a lot of risk. The risk is high if I/we go to those regions, but less if I/we avoid them. The warnings on DFAIT have confirmed this. I don't know how all these diseases are transmitted.	I will visit a Travel Health Clinic to research and get necessary immunizations and learn how diseases are transmitted. I/we will try to avoid areas where there is greater risk of infection. I will research area affected. I will identify the nearest hospital to the field school location

ENVIRONMENTAL HAZARDS:

List identified hazards associated with the environment, *e.g.*, issues relating to weather; extreme heat/cold; water potability; natural disasters such as earthquakes; wild animals.

A. HAZARD IDENTIFICATION	B. RISK ANALYSIS	C. RISK-MANAGEMENT PLAN
Example: Typhoon warnings from October – January.	Safety is threatened. Typhoons occur regularly all over the country. They will be difficult to avoid during the rainy season. Some areas will be at more risk than others. People living in less built up regions at more risk. Homes are often destroyed, and people can be injured by flying debris. Driving during typhoons is not recommended. Uncertain when a typhoon will hit.	I will talk to local Embassy to find out what steps need to be taken in case of a typhoon and plan accordingly. I will pay close attention to weather reports. I will contact my travel agent or tour representatives and hotels to ensure that all services are available.

LEGAL CONSIDERATIONS: List identified hazards associated with the laws and legal system of the country in which you will be living, *e.g.*, laws relating to drugs/alcohol, sexuality; severity of punishment for crimes; nature of the legal system; obtaining legal assistance.		
A. HAZARD IDENTIFICATION	**B. RISK ANALYSIS**	**C. RISK-MANAGEMENT PLAN**
Example: Photography at airports, railway stations, naval bases, air bases, military installations, public water and energy plants, police stations, harbors, mines and bridges is prohibited in the host country. Laws are strictly enforced and all restrictions should be observed. If in doubt, look for an official and ask for permission.	Traveler could be fined or jailed. Travel could be delayed. Traveler could be deported. Risk is very preventable. Awareness of the laws is the key to avoiding trouble. Foreigners are more likely to be at risk than locals. It is likely I/we will visit one of these locations at some point during the activity.	I/we will avoid taking photos at such locations. I/we will observe locals for behavioural etiquette. I/we will research penalties and other laws. I/we will ask permission before taking pictures.
PERSONAL RISKS AND EMERGENCIES: List any identified hazards that may not have been covered in other sections, *e.g.*, hazards arising from regarding personal choices, language differences, recreational activities, sexuality, accidents, violence.		
A. HAZARD IDENTIFICATION	**B. RISK ANALYSIS**	**C. RISK-MANAGEMENT PLAN**
Example: Crime is an ongoing concern in your host country. Violent crimes, such as car hijacking, assault, and armed robbery are frequent. There have been cases of short-term kidnapping where the victim was forced to withdraw money from an automatic teller machine.	I/we could be a victim of any of the crimes mentioned. There is a very high risk of encountering this hazard. This is likely to happen to a lone traveler alone, or one who looks as though they have a lot of money, is wearing flashy clothes, *etc.* Women and travelers are probably more at risk. Impacts could be financial, or threat to personal safety. DFAIT warns Canadians about this risk.	I/we will avoid travel alone. I/we will consider other forms of currency, *e.g.,* traveler's cheques. I/we will avoid areas known for crime. I/we will dress conservatively. I/we will be aware of surroundings and people.

EMERGENCY RELATED (PLEASE NOTE THAT NEXT 4 BOXES CAN BE COMPLETED AFTER PROPOSAL SUBMISSION – SIMPLY WRITE 'TBD')

TRAINING REQUIRED (CHECK WITH YOUR DEAN TO SEE IF THIS APPLIES):

IDENTIFICATION OF DISABILITIES / SPECIAL NEEDS / MEDICAL NEEDS:
Do any of the off-campus activity participants have a disability or medical need that would affect their safe participation?

_ yes _ no

If so, please provide details of the arrangements that have been made to accommodate the special/medical needs:

Do any of the participants have allergies (*e.g.*, to bee stings, food, drugs)?

_ yes _ no

If so, please indicate the provisions that will be made to deal with allergic reactions should they arise.

EMERGENCY PROCEDURES: Please see Emergency Procedures Checklist below.
Detailed Emergency Plan for Activity location (communication and evacuation):

University Contacts and Phone Numbers (people at KPU who are designated as emergency contacts for the field party):	**Local Contacts and Phone Numbers (contact information for the field party):**

EMERGENCY PROCEDURES CHECKLIST (ITEMS TO CONSIDER – ALL MAY NOT APPLY)

Communications

1. Handout listing emergency numbers & mobile phone with group _
2. Emergency contact number for Campus Security Services _

3. Alternate address/numbers/information for off-campus emergency contacts including nearest Canadian embassy _
4. Identify if transport also has radio/phone & number _

Procedures

5. Outline process for contacting Emergency Support _
6. Emergency rendezvous site address _
7. Team Leader & line of authority _
8. Identification of First Aid certified participants _
9. Identification of translators _
10. Identification of alternate/emergency driver(s) _
11. Outline use of special equipment _

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DECLARATION

I certify that in my capacity as a faculty member leading the field school I will ensure that the activity described above will be conducted in accord with this Safety Plan. I certify that this Safety Planning Record accurately describes the scope of the Off-Campus Activity, identifies the foreseeable hazards, and documents the plans that have been put in place to manage the associated risks. I affirm that I will file an Incident Report within 24 hours of any critical or non-critical incidents occurring during the activity.

_____ _____

Name & Title **Name & Title**

_____

Signature(s)

_____

Date

I certify that this Safety Planning Record accurately describes the scope of the Off-Campus Activity, identifies the foreseeable hazards, and documents the plans that have been put in place to manage the associated risks.

_____

Name(s) & Title(s) (Participating faculty member(s)/staff not in leadership role)

_____

Signature

_____

Date

I certify that I have reviewed and approved the above Off-Campus Activity Safety Plan:

_____

Name & Title [Dean)

_____

Signature

_____

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Date

_____

Name & Title (KPU International)

_____

Signature

_____

Date

- The completed, signed and dated form to be kept in both KPU International and the Dean's office
- A copy will be provided to the faculty member(s) leading the field school and each traveler.

FIELD SCHOOL ITINERARY

Event Name:
Location:
Dates:
Faculty Member(s)' Name(s):
Faculty Member(s)' Cell Phone #(s):

Itinerary of Trip

Date and Time Details of Activity for each day

Hotel Information
(include full address, tel #, fax #, email and website where available)