

Queen's University Off-Campus Activity Safety Policy Safety Planning Record

Pursuant to the Queen's University Off-Campus Activity Safety Policy, this form is to be completed by the Principal Investigator/Activity Coordinator and submitted to the Department/Unit Head (Person in Authority) **prior to the start of a "higher risk" off-campus activity**, as defined in the Policy. Department/Unit Heads may set requirements regarding how far in advance of an activity the form must be submitted.

NOTE: A single Safety Planning Record may be used for multiple off-campus activities in the same calendar year, or in a single offering of an academic course, provided the activities and safety provisions are similar and all participants are identified. Additional sheets should be appended as necessary to capture the features of individual activities and any special safety provisions, as trips may be impacted by changes of season (monsoon, hurricane, etc.), changes in political landscape (armed conflict, civil unrest), changes in health and safety of the region (e.g., SARS epidemic, Avian Flu outbreak), etc.

DEPARTMENT/UNIT:	PRINCIPAL INVESTIGATOR/ACTIVITY COORDINATOR:
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CATEGORY OF OFF-CAMPUS ACTIVITY: <input type="checkbox"/> Research <input type="checkbox"/> Athletic <input type="checkbox"/> Academic <input type="checkbox"/> Other extracurricular	OFF-CAMPUS ACTIVITY LEADER:
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NATURE OF OFF-CAMPUS ACTIVITY:

Student group if applicable (e.g., Course # or Team Name): _____

LOCATION OF OFF-CAMPUS ACTIVITY:

Country: _____

Geographical Site: _____

Nearest City: _____
(name, distance to)

PLEASE ATTACH A COMPLETE TRAVEL ITINERARY (LOCATIONS, DATES)

MODE(S) OF TRANSPORTATION(check all that apply): For complete transportation information and restrictions, see Section 6.5 of the Off-Campus Activity Safety Policy.

private vehicle* _____ Other (please specify) _____

commercial carrier _____

*Indicate the name of the driver. NOTE: University insurance does not provide coverage for private vehicles.

DATE OF DEPARTURE:	DATE OF RETURN:
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CHAIN OF RESPONSIBLE LEADERSHIP: List all those who have a leadership role (including alternates); attach additional sheet if necessary.	Leadership Role (specify)	Trained First Aider (current)	Other Special Training

NUMBER OF PARTICIPANTS (other than the leadership team listed above): _____

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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. _____	_____ _____ _____ _____	_____ _____ _____ _____
7. _____	_____ _____ _____ _____	_____ _____ _____ _____
8. _____	_____ _____ _____ _____	_____ _____ _____ _____

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<p align="center">Examples of Hazard Identification, Risk Analysis and Management</p> <p align="center">The examples given below relate primarily to international activities, but similar hazards may arise in domestic situations.</p>		
<p>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...</p>		
A. HAZARD IDENTIFICATION	B. RISK ANALYSIS	C. RISK-MANAGEMENT PLAN
<p>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).</p>	<p>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.</p>	<p>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.</p>
<p>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.</p>		
A. HAZARD IDENTIFICATION	B. RISK ANALYSIS	C. RISK-MANAGEMENT PLAN
<p>Example: Typhoon warnings from October – January.</p>	<p>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.</p>	<p>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.</p>
<p>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.</p>		
A. HAZARD IDENTIFICATION	B. RISK ANALYSIS	C. RISK-MANAGEMENT PLAN
<p>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.</p>	<p>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.</p>	<p>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.</p>
<p>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.</p>		
A. HAZARD IDENTIFICATION	B. RISK ANALYSIS	C. RISK-MANAGEMENT PLAN
<p>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.</p>	<p>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.</p>	<p>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.</p>

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I certify that in my capacity as Off-Campus Activity Leader I will ensure that the Activity described above will be conducted in accord with the Queen's University Off-Campus Activity Safety Policy and this Safety Plan.
I affirm that I will file a Post-Activity Incident Report (Form 3) within two weeks of the completion of the off-campus activity if any critical or non-critical incidents have occurred during the conduct of the activity.

Name & Title (Off-Campus Activity Leader)

Signature

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.
I affirm that I will ensure that, in accord with the Queen's University Off-Campus Activity Safety Policy, the participants are appropriately briefed and have received appropriate training prior to participating in the activity.

Name & Title (Principal Investigator/Activity Coordinator)

Signature

Date

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

Name & Title [Department/Unit Head (Person in Authority)]

Signature

Date

- Once completed, this Form is to be forwarded by the Department/Unit Head (Person in Authority) to the Department of Environmental Health and Safety prior to the commencement of the activity. It will be retained by EHS for a period established by the University's Records Management System.
- A copy is to be retained in the office of the Department/Unit Head (Person in Authority).
- In the case of an undergraduate student activity involving international travel, a copy is to be forwarded by the Department/Unit Head (Person in Authority) to the International Centre at least three weeks prior to the planned departure.