

PROCEDURE



ACTIVITY RISK MANAGEMENT PROCEDURES - Employees

Contact Officer

Director, Risk Management

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| PROCEDURE | Purpose | This procedure will assist Activity Coordinators in identifying and assessing risk to determine if an activity is low, medium or high risk. For high risk activities, it will also provide the guidance necessary to use the Risk Management Plan to implement risk controls that manage the risk at a tolerable level. |
| | Procedure | The Risk Management Plan and Informed Consent Record are attached as Appendices A and B to this Procedure. Additional information is available in the associated Activity Risk Management Guideline. |
| | <i>Activity Coordinator</i> | <p>Step 1 - Identify the hazards associated with each aspect of the activity by:</p> <p>a. Identifying all components of the activity including:</p> <ul style="list-style-type: none"> • location of activity (inside, outside, off campus etc.) • mode of travel to and from the site • physical activities to be performed • facility in which the activity will be conducted • tools or instruments to be used during the activity • materials or substances to be used during the activity • policies and procedures in place to manage the activity • contractual agreements in place • training and experience of participants • intellectual property produced • university resources and property involved <p>b. Identifying natural or human-caused hazards associated with each component that are significantly greater or markedly different than those likely to be encountered in the participant's regular working and studying environment.</p> |
| | <i>Activity</i> | Step 2 - Assess the risk posed by each hazard and the overall |

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| <p><i>Coordinator</i></p> | <p>activity by:</p> <ul style="list-style-type: none"> a. Estimating, on a scale of one to five, the likelihood of a each hazard resulting in a loss, such as death, injury, damage to property, financial loss, legal sanctions or harm to Trent’s reputation. b. Estimating, on a scale of one to five, the possible severity of that loss. c. Calculating the risk score by multiplying the likelihood and the severity score for each hazard. If the resulting score is 15 or more, that particular hazard is high risk. Risk scores can be entered in Section 2 of the Risk Management Plan. d. Calculating the average risk score (risk scores for each identified hazard divided by the number of hazards) to determine the overall activity risk (low, medium or high). |
| <p><i>Activity Coordinator</i></p> <p><i>Person in Authority</i></p> <p><i>Senior Administrative Position</i></p> | <p>Step 3 - For out of country travel, determine if there is a Department of Foreign Affairs and International Trade (DFAIT) travel warning in effect by consulting the DFAIT website. The following authority is required to approve travel to a country for which a DFAIT travel warning is in place:</p> <p>Level 2 warning - exercise a high degree of caution - Person in Authority</p> <p>Level 3 warning - avoid non-essential travel - Person in Authority</p> <p>Level 4 warning - avoid all travel - Senior Administrative Position</p> |
| <p><i>Responsible Officer or Section</i></p> | <p>Step 4 - Select appropriate risk control measures for each high and medium risk hazard to reduce the risk to a tolerable level, as determined by the Person in Authority. Risk Control plans should include a recovery plan should the identified hazards result in an injury or loss. Further information on types of risk control measures can be found in the Activity Risk Management Guideline.</p> |
| <p><i>Activity Coordinator</i></p> | <p>Step 5 - For high risk activities, complete the Risk Management Plan and request approval from the Person in Authority.</p> |
| <p><i>Person in Authority</i></p> <p><i>Senior Administrative Position</i></p> | <p>Step 6 - Review Risk Management Plan and:</p> <ul style="list-style-type: none"> a. If the risk controls are satisfactory in reducing the risk to a tolerable level, approve and sign the plan; or b. If the risk controls need enhancement, return the Plan to the Activity Coordinator with recommendations for improvement. Once changes have been effected, approve and sign the plan if the revised controls are satisfactory; or c. Determine that the risks are unmanageable, even after all available risk controls have been put into place. Sign the plan and have the Activity Coordinator acknowledge that the activity has not been approved or refer it to the Senior Administrative Position. No university resources will be allocated to an unsanctioned activity. |

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| <i>Participants</i> | <p>and reporting responsibilities;</p> <ul style="list-style-type: none"> • conducting on-site orientation session briefings for participants as needed when new safety issues or changes of plan arise; • implementing and monitoring the effectiveness of the risk control measures in the approved Risk Management Plan. • providing an opportunity for participants to give post-activity feedback and conveying the results to the Activity Coordinator; • in the case of international activities, obtaining immunizations, medical advice, travel documents, adequate supplementary health and travel insurance as required; • providing, if required, evidence of a satisfactory state of health and immunization status prior to undertaking the activity; • using the appropriate protective equipment and following the safety procedures established by the Activity Coordinator or Supervisor, and taking medical precautions as necessary; • reporting unsafe conditions, new hazards or critical incidents as they occur. |
| <i>Activity Coordinator</i> | Step 8 - Assess effectiveness of risk management measures by reviewing critical incidents (if any) and participant feedback. Revise risk score and risk management plan as required. |
| Keywords | activity, risk, control, sanctioned, safety, authority, hazard, critical, incident, plan |

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| Date Approved | May 2009 |
| Approval Authority | VP Administration |
| Date of Commencement | May 2009 |
| Amendment Dates | Revised March 2013 |
| Date for Next Review | May 2016 |
| Related Policies, Procedures and Guidelines | Enterprise Risk Management (ERM) Program Health and Safety Policy RMP 014 and associated procedures Student Activity Risk Management Program Vehicle Policy Trent International Program Policy and Procedures on Risk Management and Undergraduate Study Abroad Laboratory Safety Handbook (1994) |

RISK MANAGEMENT PLAN



APPENDIX A TO ACTIVITY RISK MANAGEMENT PROCEDURE

SECTION ONE: ACTIVITY AND PARTICIPANTS

*Pursuant to the Trent University Activity Risk Management Policy, this form is to be completed by the Activity Coordinator and submitted to the Person in Authority **prior to the start of a high risk activity**, as defined in the Policy. Persons in Authority may set requirements regarding how far in advance of an activity the form must be submitted.*

DEPARTMENT/UNIT:

ACTIVITY COORDINATOR:

Email:

Phone:

Emergency contact:

CATEGORY OF ACTIVITY:

- Research Athletic Hazardous Work
 Academic Other extracurricular

ACTIVITY SUPERVISOR:

Email:

Phone:

Emergency contact:

DESCRIPTION OF ACTIVITY: *(describe each component of the activity as per the Risk Management Procedure)*

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

SECTION TWO: RISK ASSESSMENT

- 1. List identified hazards associated with each component of the activity.
- 2. Determine risk score in accordance with the Risk Management Procedures.
- 3. Determine and list risk-control measures for each hazard that scores 7 or higher..
- 4. Calculate residual risk score.

Append additional pages as required.

| Hazard Identification | Risk Score | Risk Control Measures | Residual Risk |
|-----------------------|------------|-----------------------|---------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |

SECTION THREE: IDENTIFICATION OF DISABILITIES / SPECIAL NEEDS / MEDICAL NEEDS

Do any of the 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.

INTERNATIONAL TRAVEL:

Has each participant registered in the TIP Emergency Contact Program? Yes No

Has each undergraduate student completed the TIP Pre-Departure Orientation Program Yes No

Does the DFAIT website list any travel warnings for the country of destination? Yes No

If so, please describe the hazard and the risk control measures you have planned to manage the hazard:

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

University Contacts and Phone Numbers (people at Trent who are designated as emergency contacts for the field party):
1.
2.

Local Contacts and Phone Numbers (contact information for the field party):
1.
2.

Next of Kin Emergency Contacts

| Name | Relationship |
|------|--------------|
| 1. | |
| 2. | |

Please complete this section if you wish your Next of Kin to be contacted in the event you are seriously injured, admitted to hospital, die or go missing during the activity. For international travel, the person(s) appointed as an emergency contact on the Emergency Contact Form should also be noted here.

Contact Numbers

| Home | Work |
|------|------|
| | |
| | |

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

1. Handout listing emergency numbers & mobile phone with group
2. Emergency contact number for Campus Security Services (705-748-1333)
3. Alternate address/numbers/information for emergency contacts including nearest Canadian embassy
4. Identify if transport also has radio/phone & number
5. Outline process for contacting Emergency Support
6. Emergency rendezvous site address
7. Team Supervisor & 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

SECTION FOUR: APPROVAL

I certify that I have reviewed the above Activity Risk Management Plan and:

- Approve the Plan
- Approve the Plan with the following required changes: (please list changes)
- Do not approve the plan and do not authorize University sanction of the activity. (if selected, the Activity Coordinator must sign the acknowledgement below)

Name & Title (Person in Authority)

Signature

Date

ACKNOWLEDGEMENT IF THE ACTIVITY IS NOT APPROVED

I acknowledge that the proposed activity has not been approved due to unmanageable risk and has therefore not received university sanction. This means no funding or other university resources will be allocated to this activity. I acknowledge that the above named Person in Authority has advised me not to undertake this activity. Should I decide to undertake the activity despite this advice, I acknowledge that I do so completely at my own risk and liability, without the approval or sanction of the university or coverage from the University's insurance program.

Name and signature of Activity Coordinator

Date

- Once completed, this Form is to be forwarded by the Person in Authority to the Risk Management Department prior to the commencement of the activity. It will be retained for a period established by the University's Records Management System.
- A copy is to be retained in the office of the Person in Authority.
- In the case of an undergraduate student activity involving international travel, a copy is to be forwarded to TIP at least three weeks prior to the planned departure.

INFORMED CONSENT RECORD



Appendix B to ACTIVITY RISK MANAGEMENT PROCEDURE

I, the undersigned, acknowledge that:

1. I am aware of the known/reasonably foreseeable risks associated with this activity as identified in the Risk Management Plan and I consent to assume them;
2. I am aware that I have certain responsibilities as a Participant under the Activity Risk Management Policy and I consent to assume them;
3. I am in a satisfactory state of health to undertake the activity and I have received all of the prescribed immunizations (where required);
4. I am aware that I will need supplementary health insurance and that I am responsible for obtaining required visas and travel documents for my participation in international activities;
5. I will comply with safety instructions from activity Supervisors; and
6. I will act in a safe and responsible manner throughout the course of the activity, taking into account instructions received and the welfare of others.
7. I understand that activities undertaken during personal time are done so at my own risk and liability.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of Trent University allowing my participation in the activity described in the Risk Management Plan, and other good and valuable consideration, the sufficiency and receipt of which is irrevocably acknowledged, I agree as follows:

1. to waive any and all claims that I have or may have in the future against Trent University, its governors, officers, employees, students, agents, volunteers and independent contractors (all of whom are hereinafter collectively referred to as the Releasees);
2. to release the releasees from any liability for any loss, damage, death, injury or expense that I may suffer, or that my next of kin may suffer, as a result of my participation in the above noted activity, including, but not limited to, negligence, breach of contract, or breach of any statutory or other duty of care.

3. to hold harmless and indemnify the releasees from any and all liability for any damage to the property of, or personal injury to, any third party, including death, resulting from my participation in the above noted activity and
4. that this agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.
5. that, in entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement.
6. that I have read and understood this agreement and I am aware that by signing this agreement I am waiving certain legal rights, including the right to sue, which I or my heirs, next of kin, executors, administrators and assigns may have against the releasees.

Please note: If the participant is under the age of 18 years, this informed consent form must be signed by their parent or legal guardian. This section is not required to be signed by university employees or students undertaking an activity that is mandatory for academic credit.

| Participant Name (please print) | Signature | Date |
|---------------------------------|-----------|------|
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