



Off Campus Activity Plan

Group Leader Self Assessment Form

Safety, Security & Risk Management
e: secure@vcc.ca

Broadway campus
1155 East Broadway, Vancouver, B.C. V5T 4V5

Downtown campus
250 West Pender St., Vancouver, B.C. V6B 1S9

www.VCC.CA

Instructions:

1. The Group Leader must complete this form and have it signed by the Department Head/Dean/Director/Manager prior to an off-campus activity taking place.
2. If travel is arranged by or on behalf of the College, all participants must utilize that method of travel.
3. There may be instances where transportation is not provided by the College. In these instances students are responsible for their own transportation to and from the off-campus activity site as well as ensuring that they have adequate insurance coverage in the event of accident or mishap on route to and from the off-campus activity site.
 - a. For overnight or longer activities, provisions must be made to accommodate individuals in case of an emergency.
 - b. A list of off-campus activity destinations and, if appropriate, addresses and phone numbers of any hotels or accommodation being used must be provided to the department office and to all participants.
 - c. For international travel, refer to policy B.2.1 International Travel Risk and Security.

Group Leader (MAKING THE REQUEST)

.....
Group leader name

.....
Contact information

.....
Additional group leader(s)

.....
Contact information

Activity Details

.....
Course name

.....
Course number

.....
From

.....
to

.....
Date of off-campus activity

.....
Time

.....
Number of students participating

.....
Number of employees participating

.....
Total participants

.....
Method of transportation

.....
Destination

.....
Meeting place: Destination

.....
 Classroom :

.....
 Other:

.....
After the field trip: Return to classroom

.....
 Class will be dismissed at the destination

.....
Nature of off-campus activity

Authorization

.....
Group leader signature

.....
Date



Off Campus Activity Plan Risk Assessment Guide

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Instructions:

1. This Risk Assessment must be completed and approved as part of every Off-campus Activity Plan.
2. If needed, contact the Department of Safety, Security and Risk Management (DSSRM) to assist with completing the risk assessment.

Factors that may affect or influence the identification of risk

1. LOCATION:

- Accessibility of emergency medical services
- Transportation
- Accessibility of communication (e.g. cell phone)
- Length of time activity will take place
- Food preparation and storage (e.g. barbeque)

2. EQUIPMENT:

- The required or appropriate safety and rescue equipment
- Misuse of equipment
- Use of specialized equipment that requires specific instructions and/or certification/expertise for use
- Equipment failure
- Equipment use poses significant risk or potential for injury

3. ENVIRONMENT/FACILITIES:

- Environmental factors, e.g. bodies of water
- Extreme weather conditions
- Facility hazards and maintenance of facility

4. PEOPLE INVOLVED:

- Age and experience
- Skills, knowledge, health and fitness
- Number of participants
- English proficiency

Risk Level Assessment

- Risk level is assessed at levels 1, 2, 3 or 4, with level 1 being the lowest risk and level 4 the highest risk. If any part of the activity is assessed at the higher level, the whole activity is considered at that level of risk.
- Risk levels 1 and 2 require Department head approval.
- Risk level 3 requires Responsible Administrator approval.
- Risk level 4 requires Responsible Administrator and DSSRM approval.



Off Campus Activity Plan

Risk Assessment Checklist

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Please check all that apply:

Risk Assessment	Risk Considerations
<input type="checkbox"/>	Emergency Medical Services (EMS) are readily available
<input type="checkbox"/>	This is a local activity, i.e. in the Greater Vancouver Area
<input type="checkbox"/>	Public transportation is available
<input type="checkbox"/>	There is access to a phone (within five minutes)
<input type="checkbox"/>	Using equipment that is ordinarily used, needing only basic instruction
<input type="checkbox"/>	No special preparation is required
>> Anything checked up to here results in a LEVEL ONE Risk and is approved by your Department head <<	
<input type="checkbox"/>	The activity is more than three hours in duration
<input type="checkbox"/>	Participants will be using private transportation
<input type="checkbox"/>	Public transportation is not available
<input type="checkbox"/>	Supervision is required during use of equipment
<input type="checkbox"/>	Food involved is prepared and brought or purchased by the participants for own use
<input type="checkbox"/>	Swimming in a pool or established waterfront is part of the activity
<input type="checkbox"/>	Commercial boating is used for transportation
	A pre-off-campus activity orientation to include:
<input type="checkbox"/>	Appropriate clothing
<input type="checkbox"/>	Physical fitness requirements
<input type="checkbox"/>	Safe equipment use
<input type="checkbox"/>	Travel plan/itinerary
<input type="checkbox"/>	Hazards and barriers with health implications especially those that are life threatening (e.g. severe allergies).
<input type="checkbox"/>	Should students self-identify privately to the group leader that there are barriers, the group leader will discuss an emergency plan
<input type="checkbox"/>	Sufficient drinking water and snacks
>> Anything checked up to here results in a LEVEL TWO Risk and is approved by your Department head <<	
<input type="checkbox"/>	EMS is available but requires between 30 minutes and one hour response time
<input type="checkbox"/>	This is an overnight activity
<input type="checkbox"/>	Cooking will be done with open fire or barbeque
<input type="checkbox"/>	Participants will be involved in food preparation
<input type="checkbox"/>	The activity poses a significant element of risk and or potential for injury
<input type="checkbox"/>	The number of participants is over 25
<input type="checkbox"/>	Swimming at an unestablished waterfront
<input type="checkbox"/>	Boating, e.g. canoeing, kayaking
	Pre-off-campus activity orientation to include:
<input type="checkbox"/>	Appropriate clothing and other kit required
<input type="checkbox"/>	Clear communication procedure in case of emergency
<input type="checkbox"/>	Practice using specialized equipment
<input type="checkbox"/>	Hazards and barriers with health implications, especially those that are life threatening (e.g. severe allergies)
<input type="checkbox"/>	Should students self-identify privately to the group leader that there are barriers, the group leader will discuss an emergency plan
<input type="checkbox"/>	Sufficient drinking water and snacks
<input type="checkbox"/>	Group leader must carry a first aid kit. One person in group with emergency first aid and CPR training is highly recommended.
>> Anything checked up to here results in a LEVEL THREE Risk and is approved by your Responsible Administrator <<	



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Please check all that apply:

Risk Assessment	Risk Considerations
<input type="checkbox"/>	Communication and EMS are available but with up to four hours response time
<input type="checkbox"/>	Communication, search and rescue or EMS require more than four hours response time
<input type="checkbox"/>	Remote access with no permanent shelter or building available
<input type="checkbox"/>	Extreme weather conditions
	Pre-off-campus activity orientation to include:
<input type="checkbox"/>	Appropriate clothing and other kit required
<input type="checkbox"/>	Clear communication procedure in case of emergency
<input type="checkbox"/>	Practice using specialized equipment
<input type="checkbox"/>	Hazards and barriers with health implications, especially those that are life threatening (e.g. severe allergies)
<input type="checkbox"/>	Should students self-identify privately to the group leader that there are barriers, the group leader will discuss an emergency plan
<input type="checkbox"/>	Sufficient drinking water and snacks
<input type="checkbox"/>	Group leader must carry a first aid kit. One person in group with emergency first aid and CPR training is highly recommended.
<input type="checkbox"/>	Group leader must have previous experience in the same activity, geographic location or terrain
<input type="checkbox"/>	One person in the group MUST have wilderness first aid training

>> Anything checked up to here results in a **LEVEL FOUR** Risk and is approved by your Responsible Administrator and the DSSRM <<

Overall Risk Level

(check one)

1

2

3

4

Approval

Department Head (for Level 1 and 2):

.....
Name (printed)

Signature

.....
Date

Responsible Administrator (for Level 3 or 4):

.....
Name (printed)

Signature

.....
Date

Director of Safety and Security and Risk Management (for Level 4):

.....
Name (printed)

Signature

.....
Date