



St. Thomas University

POLICY 2001:	Student Co-curricular Activity Safety
Effective Date:	December 5, 2014
Revised Date:	
Review Date:	September 2019
Approving Body:	Vice-President (Finance & Administration)
Authority:	
Contact:	Director, Student Services and Residence Life
Applies to:	All University-sanctioned student co-curricular activities

1.0 Reason for Policy

This policy is designed to ensure that persons engaged in student co-curricular activities on behalf of the University incorporate appropriate preventative measures to: reduce risks to themselves, their colleagues and the University; to aid in prevention of accidents; and to maintain emergency plans to activate in the event that accidents do occur.

1.0.1. Purpose:

- a) The work of St. Thomas University may take place in settings not normally considered to be part of the University. The term “co-curricular activity” refers to activities that are not for course credit, but that enrich the educational experience for St. Thomas students and that are undertaken by students of the University at any “**off-campus**” location where the standard operating procedures of the University may not apply. Examples of such activities include but are not limited to: student leadership conferences, community service-learning initiatives, Campus Ministry social justice outings, international student cultural activities, etc.

1.0.2. Scope:

- a) This policy applies to all members of the University community (faculty, staff and students), either as a participant or as a responsible party.
- b) The key persons involved in ensuring the safety of those engaged in co-curricular activities are the Director, Student Services and Residence Life, Activity Organizers, Team Leaders and Team Members.
- c) This policy and its related procedures are not intended to limit or amend provisions of any collective agreement, or any contractual agreement entered into by University faculty members, staff or student groups. The policy is designed to complement related University policies.

2.0 Policy Statement

- a) The Director, Student Services and Residence Life and Activity Organizers are responsible for ensuring that appropriate co-curricular activity and associated travel safety procedures and processes are implemented prior to the commencement of any co-curricular activity. This will normally be done by taking into consideration the nature of hazards arising from activities, agents, equipment or areas where the co-curricular activity is to be conducted. Special attention is required for activities deemed “high risk”.
- b) The Director, Student Services and Residence Life and Activity Organizers are responsible for ensuring that these procedures and processes are communicated and enforced, and it is the responsibility of the co-curricular activity organizers and student participants to comply.
- c) The Vice-President (Finance and Administration) will provide guidance in the development of procedures where they do not exist.

2.0.1. Responsibilities

a) **Director, Student Services and Residence Life:**

The Director is responsible for:

- I. Communicating the Policy and associated procedures to the Activity Organizers and Team Leaders;
- II. Receiving for approval the “Co-Curricular Activity Safety Plans” (Appendix “A” attached);
- III. Receiving and storing the completed (signed) *Release, Waiver and Assumption of Risk Agreement Forms* (Appendix C) from the Activity Organizer or Team Leader. **Note:** *Release, Waiver and Assumption of Risk Agreement Forms* (when used) shall accompany the Co-Curricular Activity Safety Plan;
- IV. Returning a copy of the authorized Co-Curricular Activity Safety Plans to the Activity Organizer;
- V. Storing a Co-Curricular Activity Safety Plan for each applicable co-curricular activity.

b) **Activity Organizer:**

Responsibility for ensuring safety of co-curricular activities rests primarily with the Activity Organizer, or the person supervising or guiding the specific project at the location involved. This person is expected to exercise good judgment, and to take reasonable steps to protect the health and safety of participating team members.

The Activity Organizer is responsible for:

- I. Approving the composition of the co-curricular activity team;
- II. Ensuring that a Co-Curricular Activity Safety Plan (Appendix “A” attached) is completed and approved prior to departure. A form to facilitate obtaining medical and emergency contact information is included in Appendix E. **Note:** When used, *Release, Waiver and Assumption of Risk Agreement Forms* (Appendix C) shall accompany the Co-Curricular Activity Safety Plan when they are submitted to the Director, Student Services and Residence Life for approval;

- III. Making arrangements for appropriate transportation to and from the location of the co-curricular activity, where applicable;
- IV. Making arrangements for hotel accommodations;
- V. Considering the need to accommodate team members with disabilities, including any financial implications, in consultation with Accessibility Services where appropriate;
- VI. Determining what safety equipment is appropriate, and ensuring that each team member is instructed in the proper use of the equipment (examples include hard hats, safety boots etc.);
- VII. Ensuring each team member is made aware of the specific requirements that must be met for participating in the co-curricular activity prior to departure (such as visas, immunizations, health insurance requirements, etc.);
- VIII. Conducting risk assessments and identifying appropriate safety procedures (examples: Locally: Checking weather conditions, site safety. Internationally: Checking with Facilities Management for bulletins on travel conditions and current events. That information is available at the following website: <http://travel.gc.ca/travelling/advisories>). If deemed necessary, ensuring that there are first aid supplies and a trained team member to use them if an emergency should arise;
- IX. Informing international travellers to register with DFATD. <http://travel.gc.ca/travelling/registration>;
- X. Recognizing the right and responsibility of an individual to exercise personal judgment in acting and avoiding harm in situations of apparent danger;
- XI. Requiring every team member to attend any relevant orientation sessions on activity safety;
- XII. Establishing a chain of leadership that is understood by all participants and documenting this chain of responsibility;
- XIII. Maintaining written documentation of all the above steps and any other required safety procedures (This documentation can be part of the Co-Curricular Activity Safety Plan). It shall be filed with the office of the Director prior to departure.

c) **Team Leader:**

The co-curricular activity Team Leader may be the Activity Organizer or, in the absence of the Activity Organizer, may be another team member designated by the Activity Organizer or Director, Student Services.

The Team Leader is responsible for:

- I. Ensuring implementation of the controls and safety procedures established by the Activity Organizer;
- II. Ensuring that the team members use appropriate safety equipment and follow appropriate safety procedures and medical precautions;
- III. Conducting on-going risk assessments during the co-curricular activity and reporting significant new hazards to the Activity Organizer, and/or Director;
- IV. Addressing or resolving any safety concerns that arise in the field;
- V. Maintaining regular contact with the Activity Organizer wherever and whenever possible;

- VI. Informing the Activity Organizer of all substantive safety incidents that occur during the activity in a timely fashion;
 - VII. Ensuring there is ongoing communications with the team members (Ex.: phone or wireless contact if the team leader is separated from team members).
- d) **Team member:**
- Each member of a co-curricular activity team plays an important role in maintaining his or her own safety during co-curricular activity. A team member's duties include:
- I. Understanding the requirements of the co-curricular activity safety procedures for the project;
 - II. Familiarizing him/herself with the risks of their particular activity. This may include signing a document which acknowledges the risks and/or playing an integral part in documenting preventative measures in the Co-Curricular Activity Safety Plan;
 - III. Using the appropriate protective equipment provided by the Activity Organizer;
 - IV. Registering with DFATD Canadians Abroad if travelling abroad. <http://travel.gc.ca/travelling/registration>;
 - V. Working safely and in a manner to prevent harm to him/herself or to others;
 - VI. Where required by the Team Leader and due to the nature of the activity, providing evidence of a satisfactory state of health and immunization status;
 - VII. Providing evidence of adequate health insurance coverage (if applicable);
 - VIII. Reporting any identified hazards to the Team Leader in a timely fashion;
 - IX. Wherever possible travelling in groups of two or more;
 - X. Monitoring communications from the team leader.

2.0.2. Procedures:

- a) **Travel:**
- I. All team travel will be arranged by the Activity Organizer. Staff members will not transport students in privately owned vehicles unless exceptional circumstances warrant it and is approved by the Director. Privately owned vehicles used on approved University travel are to be properly insured, registered, and inspected;
 - II. Vehicles equipped with winter tires will be used for travel during the period extending from November 1st to April 15th. (Note: for buses, "winter tires" mean a combination of tires specifically designed for winter driving conditions.);
 - III. All Team members will ideally travel as a part of the team contingent and must be accompanied by the Activity Organizer or Team Leader unless otherwise approved (see below);
 - IV. Team members can request permission to travel separately from the team. This request must be submitted in writing/email to the Activity Organizer a minimum of 48 hours prior to departure. If approved by the Activity Organizer, request to be forwarded to the Director for final approval;

- V. Activity Organizer(s) and Team Leaders must submit travel roster to the Director 48 hours in advance of the activity and ensure the Director has appropriate emergency contact info. (see Appendix "A", attached);
- VI. In the event of an accident, the individuals identified as "emergency contacts" may be informed by the Director as appropriate;
- VII. Travel by passenger vans or motor coaches (fifteen passenger vans will not be used) may only take place on approval from the Director or their designate. Vans or vehicles can never have more passengers than available seat belts. Alternative transportation will be made available when weather conditions (ex.: snow, freezing rain) dictates. Only drivers with appropriate licenses for the vehicle being driven and approved by the Director can drive (drivers must have a current photocopy of their license on file with the Director);
- VIII. When departing from St. Thomas University in poor weather conditions or if a weather storm warning/watch is in place, the Director may decide not to allow travel after reviewing most current forecasts and in consultation with some or all of the following: driver, bus company, Activity Organizer, and Team Leader;
- IX. When on the road in poor weather conditions the motor coach driver will decide if it is safe to proceed. If a decision is made to not proceed, the Activity Organizer or Team Leader will inform the Director of that decision and arrangements will be made for overnight accommodations at the nearest possible appropriate hotel/motel. The Activity Organizer will arrange payment for accommodations;
- X. All parties traveling must carry proper identification and proof of health coverage. If teams are traveling internationally, Team Members are responsible for procuring and carrying their passports (and/or other appropriate documentation – i.e.: Nexus card) and apply for international travel VISA where necessary;
- XI. All Team Members must carry appropriate medical coverage for travel outside of Canada;
- XII. No alcoholic beverages or tobacco are permitted in the coach, bus, van or car;
- XIII. Teams should be reminded by Activity Organizers(s) and Team Leaders that the Student Code of Conduct applies during co-curricular activities and related-travel.

b) Accommodations:

- I. Team accommodations will be arranged by the Activity Organizers;
- II. Once arrangements have been made/identified the Director will ensure that a requisition is prepared and a purchase order issued by the Facilities Management Department.

c) Expenses:

Current information on allowable travel expenses and purchasing may be found on STU's Financial Services webpage:

<http://w3.stu.ca/stu/administrative/financial/policies/documents/ExpenditureTravelPolicyMarch20140318.pdf>

2.0.3. Miscellaneous

a) Liability Waivers/Permission Forms:

Certain activities may require Liability Waivers. Minors (under 19 years of age) will need parental permission to participate (see appendix “C”).

b) Reporting Accidents/Incidents:

Report all serious incidents/accidents to the appropriate Director as soon as possible, and all other incidents/accidents within 48 hours. If there is an incident which you believe could lead to a liability claim against the University, please provide a written description of the incident and, the names and phone numbers of any witnesses (see Appendix “B” Attached).

The Director will advise the Director of Facilities Management and the Director of Communications of all incident/accident reports.

2.0.4. Contacts

a) Director (Student Services and Residence Life)

b) Vice-President (Academic and Research)

c) Director (Facilities Management)

3.0 Accountability

The Vice-President (Finance & Administration) will be responsible for the general communication, administration and interpretation of this policy.

4.0 Related Documents

Appendix “A” Co-Curricular Activity/Exchange Safety Plan

Appendix “B” Accident/Incident Report Form

Appendix “C” Release/Waiver and Assumption of Risk Form (“Agreement”)

Appendix “D” Approval of Risk Assessment Form

Appendix “E” Medical and Emergency Contact Information Form

Appendix A

Staff Member: _____

Dept.: _____

Activity Name: _____

Date: _____

Co-Curricular Activity Safety Plan

Sanctioned individuals/groups planning to organize co-curricular activities off campus must complete, and submit, this form to the Director, Student Services and Residence Life for approval no less than 48 hours before the activity.

Location/Destination Information (Attach map if necessary)

Destination	Proposed Route (From Campus to Destination)	
Departure From Campus: Date/Time	Estimated Return to Campus: Date/Time	
Mode of Travel	Vehicle Identification (Make, Model ,License #)	

Emergency Contact Information

Activity Organizer/Team Leader(s):

Name	ID #	Phone Number(s)
Known Health/Medical Conditions	Emergency Contact Name	Emergency Contact Number

Name	ID #	Phone Number(s)
Known Health/Medical Conditions	Emergency Contact Name	Emergency Contact Number

Field Team Members (Faculty, Staff and Students):

Field Team Member	ID #	Proof of Health Insurance Confirmed/Provided	Known Health Conditions	Emergency Contact Name	Emergency Contact Number

Cont'd:

Appendix B

Staff Member: _____
Dept.: _____
Activity Name: _____
Date: _____

Co-Curricular Activity Safety Policy Accident/Incident Report

NAME OF INSTITUTION	
NAME AND TITLE & DEPT. OF INDIVIDUAL COMPLETING THIS REPORT (BLOCK LETTERS, PLEASE)	
ACCIDENT LOCATION INFORMATION	DATE & TIME OF ACCIDENT: D__ M__ Y __ TIME: AM. PM.
FACILITY:	ACTIVITY:
LOCATION OF ACCIDENT: BUILDING: ROOM #:	OUTDOORS:
DESCRIBE EXACT SITE OF ACCIDENT INCLUDING ANY CONTRIBUTING PHYSICAL SITE CONDITIONS:	
IDENTITY OF ACCIDENT VICTIM	NAME _____ F__ M__ AGE
ADDRESS PHONE (HOME & BUSINESS)	
HOME ADDRESS (IF OTHER THAN ABOVE)	
STUDENT AT INSTITUTION	STUDENT # _____ EMPLOYEE OF
INSTITUTION _____	VISITOR _____
INJURY DESCRIPTION	
DESCRIBE CONDITION OR INJURY:	
TREATMENT RECEIVED? BY WHOM?	
PROPERTY DAMAGE	
OWNER:	ADDRESS:
PHONE- BUSINESS:	HOME:
DESCRIBE PROPERTY:	
DESCRIBE DAMAGE:	
DESCRIPTION OF ACCIDENT	
DESCRIBE EXACTLY WHAT HAPPENED - <i>IN VICTIM'S OWN WORDS IF POSSIBLE</i> - (ATTACH SEPARATE REPORT WHEN REQUIRED)	
MEDICAL ASSISTANCE OFFERED? ACCEPTED? IF SO, SPECIFY TYPE:	

Appendix C

Staff Member: _____
Dept.: _____
Activity Name: _____
Date: _____

Co-Curricular Activity Safety Policy Release, Waiver and Assumption of Risk Agreement Form (“Agreement”)

ATTENTION: BY SIGNING THIS LEGAL DOCUMENT, YOU GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY.

In consideration of St. Thomas University (“University”) making arrangements for me to participate in (ACTIVITY NAME) _____ on (DATE) _____,

I freely and voluntarily agree as follows:

Assumption of Risks: I understand that the activity will take me away from the University campus. During this period, I understand that I may be exposed to risks and hazards to my person and possessions. I freely and voluntarily assume all risks and hazards relating to participation in the Program, including but not limited to:

- death, injury, illness or loss from accidents of any nature whatsoever and/or acts of negligence;
- death, injury, illness or loss as a result of a crime or criminal acts by third parties, terrorism, war, civil unrest, riot, detention by a foreign government, arrest, other acts of any government or authority, medical quarantine or any other disturbances or causes;
- death, injury, illness or loss as a result of any natural disaster or event or extreme weather conditions or events; and
- theft or loss of personal property during the activity or any activity related travel.

I acknowledge that the above list is not inclusive of all possible risks and hazards associated with participation in the activity and that the above list in no way limits the extent of this Agreement. I acknowledge that I had option(s) not to participate in the traveling or co-curricular activity, but selected to do so freely and voluntarily.

Assumption of Responsibility: I understand that the University makes no statement or warranty as to the safety of the activity. I acknowledge that I have been advised by the University of the potential risks and hazards of participating in the activity, as well as the need to act in a responsible manner at all times. I agree to inform myself about the potential risks, hazards and dangers of the areas I am travelling to and precautions which should be taken. I agree that my safety is primarily dependent upon my taking proper care of myself and avoiding any activity or behaviour that would cause harm to me or others. I agree to observe the rules and practices which may be posted or advised by the University and of each of the destinations to which I travel.

I agree to ensure that I have (if deemed necessary by the Team Leader) adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions, during my participation in the activity.

Liability Waiver: I, my heirs, executors, administrators, successors and assigns do hereby release and hold harmless the University and all of its affiliated, related and/or participating corporations, companies, entities and organizations and their agents, successors, servants, trustees, employees, officers, directors, volunteers, students, assigns and independent contractors from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my participation in this activity, including, but not limited to, accidents, crime or criminal acts by third parties, terrorism, war, civil unrest, riot, detention by a foreign government, arrest, other acts of any government or authority, medical quarantine, any other disturbances or causes, natural disasters or events, extreme weather conditions, transportation, accommodations, scheduling and government restrictions or regulations. I understand that this waiver cannot be modified or interpreted except in writing by the University and that no oral modification or interpretation shall be valid.

I RECOGNIZE THAT I HAVE THE OPPORTUNITY TO SEEK INDEPENDENT LEGAL ADVICE PRIOR TO SIGNING THIS AGREEMENT. I HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS AGREEMENT AND I FREELY AND VOLUNTARILY EXECUTE THE SAME.

Please write YES or NO in the box next to the question and initial that you have read each question.

1. Do you understand the purpose of this waiver? _____; Initials _____
2. This event has inherent risks. Do you understand these risks? _____; Initials _____
3. Are you willing to assume these risks? _____; Initials _____

Student Name: _____

Student Number: _____

Student Signature: _____

Witness Signature: _____

For Students under the age of 19 (Minors), parental signature is required.

Parental Signature (if applicable): _____

Appendix D

Staff Member: _____

Dept.: _____

Activity Name: _____

Date: _____

Co-Curricular Activity Safety Policy Approval of Risk Assessment Form

Use this form if you are planning off-campus co-curricular (not-for-credit) activities involving students at St. Thomas University. By completing the form you are demonstrating that the appropriate risk mitigation steps are being taken. Please submit this form along with any relevant safety plans to the Director of Student Services and Residence Life (GMH 311) no less than 48 hours in advance of the proposed activity.

Department/Unit/Student Group:				
Name of Co-Curricular Activity/Program: <i>(if applicable)</i>				
Activity Organizer: Name: Position: Phone:		Category of Activity: <input type="checkbox"/> Conference <input type="checkbox"/> Service-learning <input type="checkbox"/> Competition <input type="checkbox"/> Other:		
Activity Travel Dates: Departure: Return:		Number of Participants:		
Provide a brief description of the types of activities that will be performed:				
Location(s): (city, province, country)		DFATD Travel Report(s) indicate (if applicable): http://travel.gc.ca/travelling/advisories		
Required Actions:		Yes	No	N/A
• Travel and accommodation itineraries of all participants are on file with Student Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Transportation is to be provided by a recommended / reliable source		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Accommodations are to be provided by a recommended / reliable source		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The Co-Curricular Activity Safety Plan has been completed and is on file with Student Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Contact numbers for participants at destinations are on file with Student Services (i.e. hotel phone numbers, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• All participants have completed the Release/Waiver and Assumption of Risk Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Contact numbers for emergency services at destination are on file with Activity Organizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Contact numbers for campus emergency contacts are on file with the Activity Organizer should an incident or emergency occur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If travelling outside Canada:			
• Participants have confirmed they have appropriate emergency health coverage and have been advised to consider purchasing personal travel insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Participants have provided copies of their passport / visa to Student Services and/or to their emergency contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Participants have been informed of the Department of Foreign Affairs, Trade and Development website (http://travel.gc.ca/travelling/advisories) and advised to review country specific information for their destination(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Canadian participants have completed the Department of Foreign Affairs, Trade and Development's Registration of Canadians Abroad online form. http://travel.gc.ca/travelling/registration?_ga=1.85810000.811114520.1413984983 International student participants have been advised to register with any similar program of their country of residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Participants have been informed of any required immunizations and have confirmed they have received the immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The International Student Coordinator has been contacted, and a pre-departure orientation has been completed with all travelers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have reviewed the Student Co-Curricular Activity Safety Policy and understand the actions required by organizers of activities described by these policies. I have completed a Safety Plan, and agree that I have completed all the necessary steps involved in preparing to travel off-campus with students.			
Name: _____	Position: _____		
Signature: _____	Date: _____		
I have reviewed and approve the Risk Assessment.			
Name: _____	Position: _____		
Signature: _____	Date: _____		

Appendix E: Medical and Emergency Contact Information Form

Participant Information	
Full Name:	Student ID:
Information you wish to disclose regarding medical condition(s), medications, allergies, etc:	
Emergency Contact #1 <i>(should have knowledge of any medical condition(s), medications, allergies, etc...)</i>	
Full Name:	Relationship:
Phone Number:	Alternate Phone Number:
Address:	
Emergency Contact #2 <i>(should have knowledge of any medical condition(s), medications, allergies etc...)</i>	
Full Name:	Relationship:
Phone Number:	Alternate Phone Number:
Address:	
<p>I consent to the disclosure of the information in this document as necessary in the event of an emergency. I acknowledge that I have informed my Emergency Contact(s) of this designation.</p>	
Signature: _____	Date: _____

St. Thomas University collects and protects personal information under the authority of the New Brunswick *Right to Information and Protection of Privacy Act* for the purposes of operating the programs and services of the University. The personal information collected on this form will be used in the event of an emergency and to contact an individual traveller’s designated emergency contact.

The original (and any copies) of this form will be kept in a secure location.