

LEVEL 1 RISK ASSESSMENT AND MITIGATION PLAN (RAMP)

- 1. A single form may be used for multiple activities in the same semester, provided the activities and risk assessment are similar, information that is unique to each activity is specified, and separate Participant lists are created for each activity.
- 2. Once approved, this plan is to be housed by the Activity Coordinator and a copy is to be sent to the office of the EA VPAAR.

Department:			Descri	ption of the stud	lent group (e.g., cou	rse #, team, etc.):
Category of Activity:	Research \Box	Acaden	nic 🗆	Athletics \Box	Student Life 🗌	Other 🗌
Description of the activi	ty (including date	e/times):				
Location of Activity (Town/City, Province):						

Travel					
If your activity is happening at a location other than your campus, please indicate the following information.					
Mode(s) of Transportation (check all that apply):					
College Owned Vehicle	\Box (attach itinerary – departure/return, who driving, planned stops, etc.)				
College Rented Vehicle	\Box (attach itinerary – departure/return, who driving, planned stops, etc.)				
Individual Transportation: public transportation, personal vehicles for individual use, walking, etc. \Box					
Other	🗆 : Explain -				
Note: The College's insurance does not provide coverage for private-owned vehicles. Employees must not transport students in personal vehicles while on College business.					

Host Organization/Venue Additional Requirements

List any known additional requirements for participants as deemed necessary by the host organization or venue (some examples may include vaccinations, criminal record check, or safety certifications):

Anticipating Accommodations and Needs

When planning an event, these are the things that should be considered to make activities as accessible as possible and to identify potential accommodations. Some events will not be accessible to all students due to the nature of the event (e.g., skiing, swimming, hiking), but all events need to consider accommodations and planning for such needs. **Consider** visual, auditory, mobility, environmental, service animal, and mental health accommodations.

Are there any anticipated accommodation needs, if known? Yes \Box No \Box Are there any parts of the activity that cannot be accommodated due to safety issues? Yes \Box No \Box

Risk Assessment

Consider the list of risks and identify which hazards/risks are applicable to your activity and fill in the risk assessment pieces (what could happen, how will you mitigate or respond). If additional space is required, follow the same format on a blank page and attach.

HAZARD/RISK EXAMPLES

- **Travel** Are you travelling as a group? Examples: walking getting lost, someone falls behind, pedestrian accident; or professional transportation driver fatigue, road conditions, accidents, vehicle issues.
- Weather/Outdoors Is the activity outdoors or are the students travelling as a group outside? Consider sun exposure, weather changes, storms.
- Physical and Mental Fatigue? Injury? Illness? Fatality? Witnessing tragedy or emergency?

Crime - Theft, kidnap, violence, other crime?

- Finances Is there a financial component to your activity? If yes, what is the risk to the college? Risk to the participants?
- **Reputational Risk** Consider reputational risk of representing the College on activities.
- Any other risks not listed.

RISK ANALYSIS (what could happen?)

RISK MITIGATION PLAN (how will you mitigate and/or respond?)

Emergency Procedures

Emergency Plan – change or add additional information if necessary.

- Prior to activity, fill-in Participant List, identify with participants how to contact Emergency Services in event Leader(s) is injured or sick, and identify First Aid certified participants.
- In event of emergency, call 9-1-1. Follow proper emergency plans and/or evacuation plans of venue of the activity. Contact emergency contacts of participants, if necessary.

Communicable Disease Considerations

Rapid Response for infectious disease – change or add additional information if necessary.

Isolate individual as much as possible until safe transportation for that individual arrives, while ensuring any youth participants are still supervised and all participants can safely leave the activity (if necessary, such as activity leader falls ill).

Activity Coordinator

□ The Activity Coordinator is also the Activity Leader Name (please print):

Title:

Name (please print):

Name (please print):

Title:

APPROVAL - Dean, Director, or Designate

Title:

Activity Leader

Signature:

Signature:

Signature:

Date:

Date:

Date: