

**LEVEL 2/3 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 and Consent/Waiver forms are created for each activity.
2. Once fully signed, this plan is to be housed by the Activity Coordinator and a copy is to be sent to the office of the EA VPAAR.

<b>Department:</b>	<b>Description of the student group (e.g., course #, team, etc.):</b>	
<b>Activity Coordinator:</b>	<b>Activity Leader (if different from the Activity Coordinator):</b>	
<b>Category of Activity:</b> Research <input type="checkbox"/> Academic <input type="checkbox"/> Athletics <input type="checkbox"/> Student Life <input type="checkbox"/> Other <input type="checkbox"/>		<b>Level of Activity:</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
<b>Description of the activity (including date/times):</b>		
<b>Location of Activity:</b>		<b>Distance from activity to nearest town/city (in KM):</b>
<b>Town/City</b>	<b>Province</b>	

<b>Travel</b>	
If your activity is happening at a location other than your campus, please indicate the following information.	
<b>Mode(s) of Transportation (check all that apply):</b>	
College Owned Vehicle <input type="checkbox"/> (attach itinerary – departure/return, who driving, planned stops, etc.)	
College Rented Vehicle <input type="checkbox"/> (attach itinerary – departure/return, who driving, planned stops, etc.)	
Participants Responsible for Transportation <input type="checkbox"/> (public transportation, personal vehicles for individual use, walking, etc.)	
Other <input type="checkbox"/> : 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.	

<b>Anticipating Accommodations and Needs</b>
Consider modifications to make activities as accessible as possible and to identify potential accommodations (exemplified below). Some events will not be accessible to all students due to the nature of the event (e.g., skiing, swimming, hiking).
<p><b>Visual</b></p> <ul style="list-style-type: none"> <li>• Reading materials or instructions are available in large print or other formats (verbal).</li> <li>• The activity is being held in a well-lit space.</li> </ul> <p><b>Auditory</b></p> <ul style="list-style-type: none"> <li>• Listening devices or interpreters can be available during the activity.</li> <li>• Lip reading opportunities will be considered for any information being spoken to students.</li> </ul> <p><b>Mobility</b></p> <ul style="list-style-type: none"> <li>• There is accessible parking at the activity venue.</li> <li>• There is ramp and/or elevator access at the activity venue; doors are automatic, or door handles are easy to use levers.</li> </ul> <p><b>Environment</b></p> <ul style="list-style-type: none"> <li>• The activity venue is scent-free.</li> <li>• Potential for allergens to be encountered (e.g., bees, pollen, latex). What mitigation strategies will be considered?</li> </ul> <p><b>Service Animals</b></p> <ul style="list-style-type: none"> <li>• The activity venue is service animal friendly with access to toileting and watering facilities for service animals.</li> </ul>

Other:

- Wellness or rest breaks will be planned as part of the activity.
- There is a plan if the activity may be triggering.
- If food is provided, dietary concerns or restrictions are considered.

Are there any anticipated accommodation needs, if known (have any participants disclosed information)? Yes  No

Are there any parts of the activity that cannot be accommodated due to safety issues? Yes  No

### Training

**What, if any, additional safety training was provided to leaders and participants prior to the activity taking place?**  
(e.g., First Aid, Bear Awareness, equipment instruction/practice, familiarizing with tools, etc.).

#### Activity Leaders

NONE   
SOME

- Specify Training:

#### Activity Participants

NONE   
SOME

- Specify Training:

### 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):

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### Risk Assessment

Consider the examples of risks. 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 additional pages as needed.

#### 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: extreme conditions, avalanches, natural disasters, storms, wildlife encounters.

**Physical and Mental** – Fatigue? Injury? Illness? Fatality? Witnessing tragedy or emergency?

**Crime** – Theft, kidnap, violence, other crime?

**Activities:** Does your activity involve any of the following: water activities, contact sports, high stress, animals, food preparation (BBQ, open flame, etc.)? Youth participants (ages 0-16 years old)?

**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**

**1. Items to Consider – not all may apply**

Identify if taking a radio or other communication device (other than phone).

Prior to activity, outline with the participants the process for contacting Emergency Support (in case of Leader injury)

Provide emergency rendezvous site address in each city or area that activity will take place in.

Identify First Aid certified participants, if any.

Identify alternate/emergency driver(s).

Outline use of special equipment.

**2. Emergency Plan - attach additional pages as required.**

Consider communication (incoming/outgoing), evacuation, injuries, incapacitation of any participants/leaders, accessibility to emergency contacts.

**Communicable Disease Considerations**

**Rapid Response for infectious disease** – consider isolation and evacuation requirements for newly symptomatic individuals during the activity.

**Activity Coordinator**

The Activity Coordinator is also the Activity Leader

Name (please print):

Signature:

Title:

Date:

**Activity Leader**

Name (please print):

Signature:

Title:

Date:

**APPROVAL - Dean, Director, or Designate**

Name (please print):

Signature:

Title:

Date: