

**Durham College FLCA Risk Plan**

## Overview

The Faculty Lead must complete this plan, to the best of their ability, as part of their FLCA planning process and prior to submitting a proposal. Review and update this plan as conditions change. Keep a copy of this plan with you on-site as a resource in case of an emergency. This plan may be shared with applicants upon request.

## FLCA and Faculty Lead Information

|  |  |
| --- | --- |
| **Date Prepared or Last Updated:** |  |
| **Faculty Lead(s):** |  |
| **Academic Faculty:** |  |
| **FLCA Lead Info** | |
| **Name:** |  |
| **Position:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Additional FLCA Faculty Member Info** | |
| **Name, Position, Role on FLCA:** |  |
| **Name, Position, Role on FLCA:** |  |

## FLCA Description

|  |  |
| --- | --- |
| **Start date of FLCA (MM/DD/YY):** |  |
| **End date of FLCA (MM/DD/YY):** |  |
| **Locations (city, country):** |  |
| **Description:** |  |

## Risk Assessment Instructions

Use the table below to identify the **health**, **safety**, and **security** hazards associated with your FLCA and how you are planning to reduce the impact or likelihood of those hazards affecting the participants, quality, timelines, and budget of the program.

**Hazard:** A hazardis any source of potential damage, harm or adverse health effects that might affect you, program participants, or the trip. To determine applicable hazards for the trip and planned activities:

* Review the country-specific health, safety, and security advisory page of [Global Affairs Canada](https://travel.gc.ca/travelling/advisories)
* Identify hazards that are associated with the planned activities for the trip

**Risk Analysis:** Assess each hazard on how likely they are to happen or how they would impact the participants in your FLCA, including students, local and global partners, your academic Faculty, the IE office and the college.

**Mitigation Strategy:** Determine ways to reduce the likelihood of it occurring and/or reduce the consequence of the hazards. Consult the [Global Affairs Canada website](https://travel.gc.ca/travelling/advisories) for assistance in developing your mitigation strategies.

The risk assessment should be revised if there are any changes in the conditions identified in the initial risk assessment. An example has been provided in each of the sections below in the risk assessment.

## Risk Assessment

Health  
Possible hazards: Contraction of COVID-19 or other disease (by student or faculty/staff); psychological or mental health issues (experienced by student or faculty/staff); environmental hazards (cold, heat, extreme weather, etc.); program activities require heavy lifting or otherwise strenuous physical activity; program activities require hiking, walking and/or uneven surfaces; site/activity hazards (surface, trenches, pits, elevated heights, etc.); biological hazards (e.g. insects, poisonous plants, wildlife, etc.); physical hazards (e.g. manual and power tools, equipment, sharps, electricity, compressed gas); marine or freshwater activities; psychosocial hazards (e.g. conflict, substance abuse, misconduct); high altitudes; sanitary hazards at accommodations or site; other hazards identified in your research.

|  |  |  |
| --- | --- | --- |
| **Hazard** | **Risk Analysis** | **Mitigation Strategy** |
| *Example:*  Unsafe food and water | *Example:*   * Contaminated food can be a source of infection e.g. travelers’ diarrhea, salmonella, and cholera. * Travelers have a small risk of developing travelers’ diarrhea in any country. * Tap water may not be suitable for drinking. * Certain foods may need to be avoided. * Those with food allergies may have reactions by ingesting unfamiliar food due to language barriers along with minimal labelling requirements. | *Example:*   * Practice caution with any food sensitives and possible allergies. * It may be advisable to drink bottled water only, especially on short trips. * Choose food that has been freshly cooked. * Avoid raw foods. * Avoid street vendors and market food. |
|  |  |  |
|  |  |  |
| **+ Add rows as necessary** |  |  |

Safety  
Possible hazards: Unlicensed taxis; unsafe public transportation; unsafe travel routes; natural disasters (earthquakes, volcanos, wildfires, hurricanes, etc.); limited local emergency services; Faculty Lead does not speak local language; inadequate smoke alarms and/or fire extinguishers in accommodations;others identified in your research.

|  |  |  |
| --- | --- | --- |
| **Hazard** | **Risk Analysis** | **Mitigation Strategy** |
| *Example:*  Rule of law | *Example:*   * Certain activities may be penalized or ticketed that are not in Canada. | *Example:*   * Faculty Lead to familiarize themselves with, and abide by, local laws by reviewing destination-specific information through the [Government of Canada Travel Advisories](https://travel.gc.ca/travelling/advisories). * Inform students it is their responsibility to do likewise. |
|  |  |  |
|  |  |  |
|  |  |  |
| **+ Add rows as necessary** |  |  |

Security

Possible hazards: protests or demonstrations; foreigners may be targeted for fraud; travelling with technology or field equipment; unreliable access to communications technology (cell phone, WIFI, etc.); travel interruptions due to health or government protocols; others identified in your research.

|  |  |  |
| --- | --- | --- |
| **Hazard** | **Risk Analysis** | **Mitigation Strategy** |
| *Example:*  Theft | *Example:*   * Potential for petty and street crime (e.g. pickpockets). | *Example:*   * Remain vigilant. * Use discretion with valuables and cash. * Ensure important items are securely stored. * If able, travel in groups and well-lit and highly visible areas, and avoid traveling alone at night. * Purchase travel insurance for belongings. |
|  |  |  |
|  |  |  |
|  |  |  |
| **+ Add rows as necessary** |  |  |

## Training Required for FLCA Lead(s)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Training Required for FLCA Lead(s)** | **Training**  **Completed** |
|  |  | Intercultural Awareness Module 1 | ☐ |
|  |  | St John’s Ambulance Community First Aid (or equivalent) | ☐ |
|  |  |  | ☐ |
|  |  |  | ☐ |
|  |  |  | ☐ |
| **+ Add rows as necessary** |  |  | ☐ |

## Equipment to Be Used Abroad

|  |  |  |
| --- | --- | --- |
| **Equipment** | **DC / rental / other** | **SOP [Standard Operating Procedure] Prepared**  **(‘yes’) or not applicable (N/A)** |
|  |  |  |
|  |  |  |
|  |  |  |
| **+ Add rows as necessary** |  |  |

|  |
| --- |
| **Personal Protective Equipment Recommended** |
| List all personal equipment recommended for use with the equipment – e.g. Protective eyewear (clear safety glasses for low light/dark conditions, tinted lenses for sunny weather), gloves, footwear, etc. |
|  |

## Permits and Safety Plans

|  |  |  |  |
| --- | --- | --- | --- |
| **Permit/Clearance:**  If none required, check:  N/A | **Date Obtained:** | **Expiry Date:** | **Training Date (if applicable):** |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Community-based safety plans**  If none required, check:  N/A | **Approval granted by community-based partner(s) (Y/N)** |
|  |  |

## Transportation and Drivers

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| --- |
| **Based on risk assessment, list considerations relative to modes of transportation and any requirements as per service agreement(s) or contract(s):** |
|  |

To, From, and At Site

|  |  |  |
| --- | --- | --- |
| **Type (Road, Air, Off-Road)** | **Details** | **Source (DC, Rental Co. etc.)** |
| e.g. Truck | e.g. Ford ½ ton | e.g. Rental company |
|  |  |  |
|  |  |  |
| **+ Add rows as necessary** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Names of Approved Drivers** | **License type/class** | **Certified for vehicle type** | **Copy of Driver’s License provided** |
|  |  |  | ☐ |
|  |  |  | ☐ |
| **+ Add rows as necessary** |  |  |  |

## Communications

|  |  |  |
| --- | --- | --- |
| **With DC, first responders and/or anyone outside the location** | | |
| **Device type** | **Number / how to reach** | **If not reachable 24/7,  identify alternative or check-in procedure** |
| Satellite phone |  |  |
| Cell phone |  |  |
| Alternate device |  |  |
| **“on the ground”** | | |
| **Device type** | **Number** | **If not reachable 24/7,  identify alternative or check-in procedure** |
| Specify Device |  |  |
| **+ Add rows as necessary** |  |  |

## Insurance Needs

**Check off below if addressed or if none required, check N/A**

|  |  |
| --- | --- |
| **N/A** | ☐ |
| **Off-Campus equipment registered** | ☐ |
| **Participants have appropriate travel insurance for their needs** | ☐ |
| **Medical evacuation insurance** | ☐ |
| **Kidnapping insurance** | ☐ |
| **Certificate of insurance required** | ☐ |
| **+ Add rows as necessary** |  |