

University of Toronto Off-Campus Safety Planning Record

This form is used by the unit/division responsible for research, academic or other field trip/excursion to assess potential risks and how they will be addressed. This document can be used to assist units in writing standard operating procedures (SOPs) for the activities that will take place during the trip/excursion but does not replace the need for units to develop SOPs. Multiple trips to the same site or group of sites can be covered by one form.

For research that have a face-to-face component. For more information, please refer to: <https://research.utoronto.ca/review-face-face-and-campus-research>.

Please also review resources on planning field research that is useful for planning the trip/excursion. For more information, please refer to: <https://ehs.utoronto.ca/field-research-safety/>.

This form is valid for a single academic year and a new form must be completed annually.

Researchers may use this as a planning resource. For non-research activities, please submit this form to EHS for review. Final approval is from your unit lead (e.g. CAO).

If you require assistance, please contact your local EHS office or email: ehs.office@utoronto.ca.

Department: _____

Person in charge of field trip/excursion (e.g. faculty, TA or supervisor): _____

Phone number: _____

Email: _____

Location of Field Trip/Excursion (City or Area/Region, Province, Country): _____

Date of Departure: _____ Date of Return: _____

Prior to department a list of participants, contact information, their role (e.g. team lead, supervisor, participant) must be prepared. If applicable, training required for this trip/excursion must be also be documented. See Appendix A for a template



Assessment Procedures:

The faculty or supervisor in charge of the trip/excursion is responsible to ensure that all applicable hazards are assessed and appropriately mitigated.

The purpose of a hazard assessment is to determine the measures which must be taken to enable work to be carried out safely. A hazard is an attribute of an activity, substance or thing which confers on it the potential to cause injury, damage or loss. Risk is the probability of this injury, damage or loss occurring and includes the severity. The output of this assessment tool will help identify those hazards that require further work in order to be counteracted. If you require guidance in conducting the assessment and in implementing appropriate controls, you can contact the Office of Environmental Health and Safety at ehs.office@utoronto.ca.

Note that the below does not represent all possible hazards that could be encountered. If there are hazards not found in the table, it is the responsibility of the PI to use the "Other" categories to enter the information.

| Travel & Location | Location of hazard (At the site or en route to site, located by accommodations etc.) | Hazard description | Safety mitigation |
|---|--|--------------------|-------------------|
| Airplanes, helicopters, watercraft | | | |
| Using/driving vehicles | | | |
| Travel on dangerous roads or off-roads | | | |
| High altitudes | | | |
| Activities requiring high fitness levels | | | |
| Hiking | | | |
| Climbing/cliffs | | | |
| Isolated or remote locations | | | |
| Other hazards not specified | | | |



| Hazardous Agent | Location of hazard (At the site or en route to site, located by accommodations etc.) | Hazard description | Safety mitigation |
|--|---|---------------------------|--------------------------|
| Hazardous materials - chemicals / biological agents/ ionizing and non- ionizing radiation | | | |
| Designated substances – asbestos / lead / silica / mercury | | | |
| Noise >85 decibels | | | |
| Vibration | | | |
| High force motions | | | |
| Working with or near explosives | | | |
| Other hazardous agent not specified above: | | | |



| Equipment & Tools | Location of hazard (At the site or en route to site, located by accommodations etc.) | Hazard description | Safety mitigation |
|--|--|--------------------|-------------------|
| Sharps (needles, etc.) | | | |
| Hand tools and equipment (e.g. hammer, screwdriver) | | | |
| Powered tools | | | |
| Exposed moving parts | | | |
| Stationary Power Machines | | | |
| Lifting devices & or Mobile equipment | | | |
| Large or heavy equipment | | | |
| Welding | | | |
| Centrifuge | | | |
| Autoclave | | | |
| Compressed gas and/or pressurized systems | | | |
| Electrical equipment (e.g. electrical panels, wiring and lighting systems) | | | |
| Firearms, projective weapons, etc. | | | |
| Other hazards not specific above: | | | |



| Physical Environment | Location of hazard (At the site or en route to site, located by accommodations etc.) | Hazard description | Safety mitigation |
|---|--|--------------------|-------------------|
| Diving – caves, current, deep diving, wreck, etc. | | | |
| Working from heights – scaffolds / ladders | | | |
| Confined or restricted spaces | | | |
| Working alone | | | |
| Working with or near fire | | | |
| Temperature extremes | | | |
| Sun exposure | | | |
| Unclean water | | | |
| Other physical environment not specified above: | | | |



| Social Environment | Location of hazard (At the site or en route to site, located by accommodations etc.) | Hazard description | Safety mitigation |
|---|---|---------------------------|--------------------------|
| Violence: Are there situations where the student could be exposed to violence? Could the student become a subject of violence? | | | |
| Work Stress: Will there be a high level of stress in the student's work? (e.g. work requiring constant alertness for long periods of time, such as a security monitor, or work with high levels of emotional stress such as working in an Emergency Room) | | | |
| Other social environment not specified above: | | | |



| Wildlife | Location of hazard (At research site or en route to site, located by accommodations etc.) | Hazard description | Safety mitigation |
|---|---|--------------------|-------------------|
| Dangerous animals | | | |
| Insects & bites, venomous, disease from insect vectors (e.g. malaria, lyme, etc.) | | | |
| Plants (poison ivy, oak etc.) | | | |
| Other wildlife not specified above: | | | |



COVID-19 Measures

Please indicate you have read and understood each point by parking each box with an “X”

| Mark with “X” | |
|------------------|---|
| | I have reviewed and considered virtual options for this trip. The unit lead (e.g. Chair, CAO) has determined this in-person field trip/excursion should proceed as an in-person trip. |
| | I am confirming that I have reviewed the General Workplace Guidelines (GWG) , the Guidance on Research and Travel During the COVID-19 Pandemic and all applicable University of Toronto COVID-19 measures and have implemented COVID-19 measures consistent with these documents for all phases of the intended trip/excursion (e.g. travel to/from host site, accommodations, site activities etc.). For research, please review Update on COVID-19 and Research Operations on the VPRI website. |
| | Where applicable, I have reviewed COVID-19 requirements from the: <ul style="list-style-type: none"> • Host location (UofT premises or 3rd party) • Relevant 3rd party providers (e.g. privately rented bus, accommodations) • Local public health for the intended trip/excursion destination I will communicate and inform participants and team members of any relevant COVID-19 measures required for all parts of the trip. Depending on local requirements, this <i>may</i> include measures for masking, physical distancing, self-screening, disinfection/cleaning and hand hygiene. |
| | I have procedures in place in the event someone on the team becomes ill with COVID-19 during the trip such as (depending on the duration/location/nature of the trip): emergency phone numbers for local health care providers, arrangements for the individual to be picked up by family member, etc., plans for where/how isolation may take place. For guidance, please review: Procedures in the Event of a Confirmed/Symptomatic Case or Known Exposure to COVID-19 . |
| | I understand that public health guidance (in Toronto/Peel and the trip/excursion location) may change often and the ability to travel for off-campus activities may be limited or prohibited altogether at the time of departure which may require adjustment, postponement, termination of these plans. I am confirming that I have reviewed vaccination requirements for my host/destination (if applicable). |

For international travel involving students, please consult with the UofT Safety Abroad office: <https://safetyabroad.utoronto.ca/>. Please contact ehs.office@utoronto.ca if you have any questions about this form or COVID-19 procedures.

For additional information, please visit the following Government of Canada’s websites:

- [Interprovincial Travel Restrictions within in Canada website](#)
- [COVID-19 Travel Restrictions, Exemptions and Advise](#)
- [Travel Advise and Advisories](#)
- [UofT Memo on International travel in the course of university business](#) (link to International SOS)

While the University has paused the vaccination and daily health screening requirements as of May 1, 2022, it highly recommended that all trip participants be fully vaccinated and complete the [Ontario COVID-19 Self-Assessment](#) each day of the trip. For more information, please refer to the [UTogether FAQs](#).

Any other concerns or comments not previously covered:

Health Considerations when travelling:

The CDC (Center for Disease Control and Prevention) offers an array of resources and tools so that you may assess and review the health consideration for your research destination. For more information please visit: <http://wwwnc.cdc.gov/travel/>. The CDC also offers a guide on Health Information for International Travel (commonly called the Yellow Book); published every two years by CDC as a reference for those who advise international travelers about health risks. For more information please visit: <http://wwwnc.cdc.gov/travel/page/yellowbook-home>

The ISTM (International Society for Travel Medicine) promotes healthy travel to international destinations and also provides the Global Travel Clinic tool which allows you to search for medical facilities located in more than 80 countries, clinics offer pre-travel immunizations, counseling and medicines to help protect travelers while traveling internationally. Most clinics also provide care to travelers if needed upon their return. It is strongly recommended that a travel clinic be visited well in advance of any travel. For more information please visit: <http://www.istm.org/>

Duration of travel

Please note that for UofT employees (not students), a worker who is an Ontario resident, and whose usual place of employment is in Ontario, is automatically covered under WSIB for up to six months while temporarily working outside Ontario.

For travel longer than 6 months please contact the Office of Health & Well-being.

EMERGENCY CONTACTS:

University contact name: _____

University contact phone #: _____

Alternate university contact phone #: _____

Local contact name and number: _____

Local emergency service number: _____

Scheduled communication (e.g. weekly calls to check in with designated person): _____



Additional comments:

| |
|--|
| |
|--|

ACKNOWLEDGEMENT OF TEAM MEMBERS:

I, the undersigned, acknowledge that I have read the University of Toronto Guidelines for Safety in Field Research (a planning resource) and in keeping with it,

- (a) I have been fully informed of the risks of this field research and I accept them;
(b) I will comply with the established safety procedures;
(c) I am in a satisfactory state of health to undertake the research; and
(d) I have received all of the prescribed immunizations.

[illegible]

Signature of Off-Campus Trip Supervisor:

I acknowledge that this safety plan has been prepared in keeping with the requirements of the University of Toronto Guidelines for Safety in Field Research (a planning resource). I understand that as the supervisor I am responsible for the health and safety of staff and students participating in this work.

| | | |
|------|-----------|------|
| Name | Signature | Date |
| | | |



Signature of Department Chair (or equivalent):

I acknowledge receipt of this document. I understand that I am responsible for the health and safety of staff and students participating in this work and for ensuring that supervisors and faculty in my department who conduct this work have been made aware of the responsibilities.

| Name | Signature | Date |
|------|-----------|------|
| | | |

*Please ensure a copy of this assessment gets sent to your department chair (or equivalent) and any other relevant personnel.

Appendix A – Off-Campus Participant List (Sample)

| Name | Team member type (e.g. team lead, supervisor, participant) | Contact information | Relevant training (e.g. first aid) | Comments |
|------|---|---------------------|---------------------------------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |