

<b>POLICY 2001:</b>	<b>Student Travel and Fieldwork Safety</b>
<b>Effective Date:</b>	December 5, 2014
<b>Revised Date:</b>	
<b>Review Date:</b>	September 2019
<b>Approving Body:</b>	Vice-President (Finance & Administration)

**Authority:**

Example: visiting a local establishment such as an art gallery, attending a concert, etc. However, faculty members will not transport students in privately



- 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 fieldwork and reporting significant new hazards to the Designated Faculty Member, and/or Dean;
- IV. Addressing or resolving any safety concerns that arise in the field;
- V. Maintaining regular contact with the Designated Faculty Member wherever and whenever possible;
- VI. Informing the Designated Faculty Member of all substantive safety incidents



**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 such as studying abroad 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 Dean 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 Dean(s) will advise the Director of Facilities Management and the Director of Communications of all incident/accident reports.

**2.0.4. Contacts**

- a) Dean of Humanities
- b) Dean of Social Sciences
- c) Vice-President (Academic and Research)
- d) Director (Facilities Management)

**3.0 Accountability**

The Vice-President (Finance & Administration) will be responsible for



**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



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## Travel and Field Work Safety Policy Accident/Incident Report

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



**Travel and Field Work 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 study/receive training at \_\_\_\_\_ commencing on \_\_\_\_\_,

I freely and voluntarily agree as follows:

Assumption of Risks: I understand that the Program will take me away from the University campus.

I agree to ensure that I have adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions, during my participation in the Program.

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,

**Appendix D: Medical and Emergency Contact Information Form**

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