


Policy Name:	OFF SITE EDUCATIONAL PROGRAMS & FIELD TRIPS	
Approved By:	President's Council	
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Amendment Date:	N/A	
Policy Holder:	VP, Academic	
Policy Number:	EDU-012	
Category:	Education	

## OFF SITE EDUCATIONAL PROGRAMS & FIELD TRIPS POLICY

### 1.00 POLICY STATEMENT

CMTN will make provision for the safe and orderly participation of students where programs or field trips are off campus and under the direction of an instructor or faculty member.

### 2.00 DEFINITIONS

2.01 **Off-site Programs:** are defined as CMTN program activities which are scheduled and located off campus and within the scope of an approved instructional program.

2.02 **Field Trips:** are defined as learning activities that support the learning outcomes of an CMTN course of study, under the supervision of an CMTN instructor/faculty.

### 3.00 PROCEDURES

3.01 The department, with the instructor/faculty member must conduct a risk assessment for any off-campus program or field trip, including consideration of:

3.01.01 Site risk assessment of facilities and equipment

3.01.02 Site inspection of program area and potential hazards

3.01.03 Written safety plan, in the case of a remote location

3.01.04 Orientation for students prior to the program outlining potential hazards and risks

3.01.05 Experience/ ability level of the students and the necessity for special instruction as part of or prior to the activity

- 3.01.06 Communications (Cell, Satellite, VHS) and regular communications protocol
- 3.01.07 Evacuation plan
- 3.01.08 Access plan for emergency personnel and facilities
- 3.01.09 Risk prevention/reduction strategy
- 3.01.10 First aid – Note Level 3 may be required depending on remoteness of activity and access to medical facilities
- 3.01.11 All transportation must be in accordance with CMTN Policy

#### 4.00 NOTES

- 4.01 In cases where a program or field trip does not have ready access to medical or emergency services, it is a requirement that a Level 3 First Aid Attendant be on site and an information package (2 pages maximum) be prepared that includes:
  - 4.01.01 A map and detailed description of direction to the program location
  - 4.01.02 The number of students & staff
  - 4.01.03 Dates of the program operation
  - 4.01.04 Emergency contact number at the off-site location
  - 4.01.05 Copies of the Student Field Trip Safety Information Records
  - 4.01.06 (see Appendix 1)
- 4.02 All Copies of the above will be kept by the program coordinator or faculty head and the Dean advised of the location of the records. Where appropriate, this information will be shared with the local RCMP detachment.
- 4.03 In cases where there are significant Risk Management or Safety concerns, the Dean and the Vice President, Finance and Administration must be advised and may withhold approval until all concerns are adequately addressed.

Appendix 1: Off Site Educational Programs & Field Trips Policy

**FIELD TRIP SAFETY INFORMATION STUDENT RECORD**

Name of Student: \_\_\_\_\_ Student Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone number if applicable: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell phone number if applicable: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell phone number if applicable: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

BC Health Care Number: \_\_\_\_\_

Are there any medical conditions or concerns that we should be aware of, if so please note them:

Are you on any medications, if so please list them:

Do you have any allergies?

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I hereby give consent for Emergency Medical Treatment and permission is given to contact emergency contacts if necessary. All information will remain confidential.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date