

HIGH- RISK ACTIVITIES

Risk Assessment Checklist

1. Some trips are classified as high-risk and require additional precautionary measures.

Sample Activities with Potential Increased Risk	Examples of Mitigation Strategies
<ul style="list-style-type: none"> • Anything requiring transportation • Ice Skating • Dog sledding • Ice fishing • Tobogganing • Outdoor winter activities on slippery surfaces • Skiing, Snowboarding • Hockey, Ringette • Canoeing • Swimming • Fire building • Wilderness hikes • Amusement Parks 	<ul style="list-style-type: none"> • Identify and adhere to basic safety rules. • Identify and adhere to the rules of the field trip venue. • Use of protective equipment • Lifeguards present if swimming or canoeing. • Safety training (e.g. fire and ice practices, animal identification and safety practices). • Increased supervision. • Developed contingency plans.

- 1.1 Ensure the swim test has been completed and documented by a certified lifeguard prior to the activity and supervisors must know the skill level for all students for any swimming or water activity.
- 1.2 Ensure that personal flotation devices are worn at all times for outdoor education experiences that involve open water (e.g., canoe trips, lakes, beach dock).
- 1.3 Student activities on, in, or near water, cycling, skiing, snowboarding, skating, hockey, dog sledding, hiking and orienteering, and climbing walls are classified as high care student excursions.
- 1.4 Helmets and flags are the minimum requirement for cycling.
- 1.5 For downhill skiing, it is mandatory that ski patrols be present at the facility on that day.
- 1.6 For cross country skiing, conditions should be carefully checked to determine the suitability of track conditions on that day.
- 1.7 Approved C.S.A. helmets must be worn for all skating, skiing, & snowboarding activities.

Players must wear approved C.S.A. helmets and face masks at all times during hockey and ringette.

2. Student safety plans must be reviewed and updated, if necessary, before the field trip.
3. Volunteers need to be aware that there are always risks that must be mitigated and managed.
 - 3.1 Define which activities are appropriate for volunteers to be involved in.
 - 3.2 Ensure the use of school volunteers are in accordance with LDSB policy.
4. Risk management strategies shall be reviewed by principals and trip leaders.
 - 4.1 Avoidance if the risk assessment indicates that hazards cannot be mitigated or controlled.
 - 4.2 Modify the activity; remove unnecessary hazards/risks.
 - 4.3 Establish and enforce safety roles.
 - 4.4 Refer to the OPASSE for activity specific excursions.
 - 4.5 Conduct a pre-trip visit to the site; learn local conditions.
 - 4.6 Hold pre-trip meetings with parent/guardian(s) and students.
 - 4.7 Ensure first aid certified providers are on site.
 - 4.8 Have a contingency or emergency plan.
 - 4.9 Ensure there is an adequate number of supervisors.
 - 4.10 Increased supervision should be considered for activities involving risks and/or participation by students with special needs.
 - 4.11 Supervising teachers must ensure that all participants are adequately prepared for the activity to be undertaken.
 - 4.12 Appropriate certification by supervisors and instructors for activity to be undertaken.
5. This list is not meant to be all-encompassing. Additional precautions may be added, as deemed appropriate.
6. Principals and trip leaders shall review high-risk activity guidelines (OSBIE, OPHEA, OPASSE). All activities requiring high care must be discussed with and sanctioned by the school's superintendent.

Day Field Trip
Information to Include for Parents/Guardians

1. Information letter to parent should include:
 - 1.1 Trip Description (title).
 - 1.1.1 purpose of the trip (curricular relevance);
 - 1.1.2 destination;
 - 1.1.3 departure time and date and time when students will return;
 - 1.1.4 type(s) of transportation;
 - 1.1.5 types of activities that the students will engage in;
 - 1.1.6 indication of risk factors as outlined by OPHEA guidelines or OSBIE
 - 1.1.7 statement of equipment or supplies that the student must bring with them (e.g., outdoor clothing, ski helmet, etc.);
 - 1.1.8 alternate date, if applicable; and
 - 1.1.9 elements of risk.
 - 1.2 Estimated Expenditures for Student or Parent/Guardian.
 - 1.3 For moderate to high-risk activities, include a statement as to how risk will be mitigated and expectations for students to mitigate risk (e.g., all students participating in downhill skiing must take a ski lesson from a qualified instructor before being permitted to engage in independent practice).
 - 1.4 Other Information:
 - discussion of how students will be supervised during the field trip; and
 - discussion of what will occur should a discipline problem occur during the field trip.
 - 1.5 Invitation for Volunteers (if needed).

PARENTAL/GUARDIAN CONSENT FORM FOR DAY FIELD TRIPS

**THIS FORM MUST BE READ, COMPLETED, AND SIGNED BY THE PARENT/GUARDIAN
OF A PARTICIPATING STUDENT**

Name of School:	Staff Supervisor / Organizer
Field Trip Location:	Date of Field Trip:
Field Trip Description:	
Mode of Transportation:	
Financial Cost if applicable:	

STUDENT INFORMATION TO BE COMPLETED BY PARENT/GUARDIAN

Student Name:	Parent/Guardian Name:
Parent/Guardian Phone Number(s):	

Is your child allergic to any food, drugs or medications? Yes/No _____

Does your child have any prevalent medical conditions? Yes / No _____

If yes, please identify the prevalent medical conditions below.

Please indicate below if there is any information about your student that we should be aware of and any precautions that should be taken eg. Allergies, medication, mental health concerns or diagnosis, physical limitations etc.

I will be available to help supervise this activity (Yes / No)

Elements of Risk

Educational activity programs such as field trips involve certain elements of risk. Injuries may occur while participating in these activities without any fault on either the part of the student, or the school board, its employees/agents, or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk of an accident occurring. Lakehead District School Board (LDSB) has policies and procedures in place to govern the conduct of students, staff, and volunteers to ensure the safety of all participants. The chance of an accident occurring can be reduced by carefully following instructions at all times while engaged in the activity. LDSB does not provide any insurance for any injury that might occur. If you choose to participate in this educational field trip, you must understand that you will bear the responsibility for any accident that might occur.

Acknowledgement

We have read the above. We understand that in participating in the activity, we are assuming the risks associated with doing so. My child has permission to participate in this activity.

Name of Parent or Legal Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

DAY FIELD TRIP APPROVAL FORM

School Name: _____

Teacher in Charge: _____

Destination: _____

Itinerary Included: Yes / No

Number of Students: _____

Number of Supervisors: _____

Number of Staff: _____

Number of non Staff Supervisors / Volunteers: _____

Grade / Attendees: _____

This form is to be approved by the principal of the school a minimum of seven (7) days prior to the day field trip.

Will this excursion occur with any other LDSB school at the same time?

- YES If so, please list which school(s) and lead supervisor
- NO

Type of Educational Excursion

- Within Walking Distance, Low Risk
- Requires Local Transportation, Low Risk
- Requires Local Transportation, Moderate Risk
 - Attach Form A – Risk Assessment Checklist

EXCURSION DETAILS FOR DAY FIELD TRIP

Purpose of Trip (curricular relevance)	
Departure Date / Time	
Return Date / Time	
Coverage (including supervision required at school)	
Transportation Details <input type="checkbox"/> School Bus <input type="checkbox"/> City Bus <input type="checkbox"/> Walking <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Other:	

Appendix D to 6021 Day Field Trip Procedures

<p>Specific Safety Requirements to be considered</p> <ul style="list-style-type: none"> <input type="checkbox"/> Awareness of prevalent medical conditions <input type="checkbox"/> A list of students with prevalent medical conditions is attached <input type="checkbox"/> Copies of student “grab and go” emergency information sheet is attached <input type="checkbox"/> Contact with parent/guardian (s) has been made and Prevalent Medical Conditions Safety Plan has been created <input type="checkbox"/> Awareness of student support plans and IEPs <input type="checkbox"/> Other Considerations 	
<p>Estimated Expenditures Outline Funds Required and Source Form F – Finance Form may be used</p> <ul style="list-style-type: none"> • Travel • Supply teacher costs • Other • Total 	

3. Funding Arrangements

3.1 Direct Charge to Student(s) =

\$ _____ per student x _____ no. of students = _____

TOTAL _____

Teacher	Principal	Superintendent
<p>I am forwarding this day field trip form for approval after having considered all elements listed in Procedure 6021 including the Risk Assessment Checklist, if applicable</p>	<p>I have reviewed this Day Field Trip approval form and it meets the requirements of Policy 6021 and Procedure 6021 and the risk assessment checklist that follows.</p>	<p>I have reviewed this Day Field Trip Approval Form and the Risk Assessment Checklist included.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <p>* Only needed in event activity is deemed high risk*</p>
<p>Signature: Date:</p>	<p>Signature: Date:</p>	<p>Signature: Date:</p>

CANOEING SKILLS FOR TRIP LEADERS, SUPERVISORS AND PARTICIPANTS

1. Canoe trip participants and supervisors must follow:
 - 1.1 OPHEA Curricular Supports
 - 1.2 Ontario Safety Guidelines
 - 1.3 Instructor must have one of Ontario Recreational Canoeing and Kayaking Association (ORCKA) Certification or Paddle Canada.
 - 1.3.1 for taking students canoeing ORCKA Basic Instructor or Paddle Canada is mandatory; and
 - 1.3.2 for taking students on an extended canoe trip ORCKA Tripping Level 3 Trip Leader is mandatory.
2. At least one (1) trip guide, supervisor, teacher, volunteer, or instructor must have current certifications in one of Bronze Cross or Wilderness Water Safety to fill the role of Water Safety Supervisor.
3. Canoeing and canoe tripping is a high-risk activity, and thus superintendent or designate approval is mandatory.

<https://safety.ophea.net/elementary/curricular/outdoor-education-canoeing>
<https://safety.ophea.net/secondary/curricular/outdoor-education-canoeing>

Outdoor Education (Canoeing)
Elementary Grades 4-8 and Secondary Grades 9-12

Canoe training and single day canoe field trips which travel within two hours from the arrival of emergency medical assistance and take place in a swimming pool or local bodies of water where there is no evidence of rapids, irregular waves, large waves or strainers, strong eddies, or powerful currents (source: International Scale of River Difficulty).

Swim Test

Prior to the activity, students must successfully complete the following swim test with or without a PDF:

- rolling entry into deep water;
- tread water for one minute; and
- swim 50 m continuously.

The test must be:

- administered by a certified aquatic instructor or lifeguard; and
- completed within the school year in which the activity is taking place.

In lieu of the completing the swim test, students may provide proof of Bronze Star certification or higher.

Results of the swim test must be documented and communicated to the principal of the school.

Supervision

- one supervisor per 12 students in tandem boats;
- one supervisor per eight students in solo boats;
- one instructor per 25 students. This individual possesses the required ORCKA or Paddle Canada certifications for canoeing. This role could be filled by a teacher, parent/guardian/volunteer / outside provider; and/or
- one water safety supervisor per 25 students. This individual has the certification to supervise any swimming and wading activities which occur on the field trip.

Environmental Considerations

- Students must receive instruction on safety procedures related to environmental conditions and be made aware of ways to protect themselves (for example, sun burn, heat stroke).
- Trip guide, instructor and supervisors must:
 - be aware of and respond to changing weather and water conditions prior to and during canoe training and the trip; and
 - cancel, postpone, or alter the excursion if conditions put students' safety at an elevated level of risk (for example, wind, temperature, lightning storms, fog).
- If hazardous weather suddenly approaches, leave the water immediately.

Equipment

- Correctly fitting Canadian approved PFD with whistle attached must be worn by all participants and properly secured at all times near the water, on a dock, on the water.
- Parents/guardians must be informed that all students will wear a correctly fitting and Canadian-approved PFD/lifejacket, with whistle attached, when near, in or on the water.
- One paddle per person and two paddles per canoe.
- Check paddles and canoes for cracks and splinters and leaks.
- One safety craft which can be the craft that the instructor/guide is operating and must be in the water and accessible while students are canoeing.

Special Rules and Instruction

- Be aware of students whose medical condition (for example, asthma, anaphylaxis, casts, previous concussion, orthopedic device) may affect participation. Consult OPHEA Medical Conditions and LDSB policy.
- Refer to school board policies and procedures (i.e., transportation, excursion/field trip) for communication with parents/guardians, the location of an off-site activity, means of transportation, supervision ratios, and parent/guardian permission.

LAKEHEAD DISTRICT SCHOOL BOARD

PREVALENT MEDICAL CONDITIONS SAFETY PLAN FOR DAY FIELD TRIP

Student Name:

Home Address:

Parent/Guardian Name:

Home Phone Number:

Work Phone Number:

Emergency Contact Name:

Emergency Contact Phone Number:

Date of Contact with Parent/Guardian to collaborate on a Medical Safety Plan:

Medical information

1. Is your child allergic to any drugs, food, or medication? Y / N
If yes, provide details:
2. Does your child take any prescription drugs? Y / N
If yes, provide details:
3. What medication (s) should the student have available during the activity?
4. Does your child wear a medical alert bracelet, neck chain, or carry a medical alert card? Y / N
5. Has your child been identified as anaphylactic? Y / N If yes, does your child carry an EpiPen? Y / N
6. Does your child wear eyeglasses? Y / N Contact Lenses Y / N
7. Please indicate if your child has been subject to any of the following and provide pertinent details: epilepsy, diabetes, orthopaedic problems, deafness, hearing loss, asthma, or allergies.

8. Please indicate any history (age 5 to present) of head (including concussions) or back conditions or injuries. Concussion related injuries form (OPHEA) must be completed by a physician before the student returns to class/sports activities.

9. Please indicate any arthritis or rheumatism, chronic nosebleeds, dizziness, fainting, headaches, hearing aid, hearing aid, heart or lung disease or supports for physical mobility:

10. Please indicate any other medical condition that will require accommodation:
 - a) How does / will the bus or other mode of transportation have the means to deal with the prevalent medical condition?

 - b) How will appropriate food / restaurants be chosen to address the student's prevalent medical condition?

 - c) What is the plan for emergency action:
 - a. While travelling to the destination?
 - b. While at the destination?
 - c. While travelling from the destination?
 - d) Other considerations/ information/ knowledge?

This Prevalent Medical Conditions safety plan specific to the trip to

on the date _____ has been developed in collaboration by:

Parent/Guardian Signature

Field Trip Supervisor Signature

LAKEHEAD DISTRICT SCHOOL BOARD
PREVALENT MEDICAL CONDITIONS SAFETY PLAN FOR DAY FIELD TRIP

Sport Risk Consent Form

Elementary/ Secondary Athletic Participation Form

Student Athlete Name:

Home Address:

Parent/Guardian Name:

Home Phone Number:

Work Phone Number:

Emergency Contact Name:

Emergency Contact Phone Number:

Medical information:

1. Date of last complete examination:
2. Date of last tetanus immunization:
3. Is your child allergic to any drugs, food, or medication? Y / N
If yes, provide details:
4. Does your child take any prescription drugs? Y / N
If yes, provide details:
5. What medication(s) should the participant have available during the sport activity?
6. Does your child wear a medical alert bracelet, neck chain, or carry a medical alert card? Y / N
7. Has your child been identified as anaphylactic? Y / N If yes, does your child carry an EpiPen? Y / N
8. Does your child wear eyeglasses? Y / N Contact Lenses Y / N
9. Please indicate if your child has been subject to any of the following and provide pertinent details: epilepsy, diabetes, orthopaedic problems, deafness, hearing loss, asthma, allergies:
10. Please indicate any history (age 5 to present) of head (including concussions) or back conditions or injuries:

LAKEHEAD DISTRICT SCHOOL BOARD
PREVALENT MEDICAL CONDITIONS SAFETY PLAN FOR DAY FIELD TRIP

Sport Risk Consent Form

11. Please indicate any arthritis or rheumatism, chronic nosebleeds, dizziness, fainting, headaches, hernia, swollen or painful joints, trick or lock knee, hearing aid, hearing aid, heart or lung disease or supports for physical mobility:

12. Please indicate any other medical condition that will require accommodation:

If a concussion has been diagnosed over the summer break, during non-school related activities or during school related activities, the request to Resume Participation – Concussion related injuries form (OPHEA) must be completed by a physician before the student returns to class/sports activities.

Parent/Guardian Signature

Field Trip Supervisor Signature

DATE:

DATE:

BUS / CAR MANIFEST

Form must be left at school as it is used to contact parents/guardians in case of late arrival or emergency and to get messages to staff or students.

Date: _____ Destination: _____

Staff Supervisor: _____ Cell Phone: _____

1. Bus Manifest – Please attach a list of students assigned to the bus.

Bus Company: _____

License Plate: _____ Bus #: _____

Driver Name (if possible): _____

Cell #: _____

2. Car Manifest – Please complete table below for each car / taxi.

Car 1: Driver Name: _____ Cell #: _____

NOTE: Volunteer Driver Declaration must be on file at the office.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Car 2: Driver Name: _____ Cell #: _____

NOTE: Volunteer Driver Declaration must be on file at the office.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Car 3: Driver Name: _____ Cell #: _____

NOTE: Volunteer Driver Declaration must be on file at the office.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Car 4: Driver Name: _____ Cell #: _____

NOTE: Volunteer Driver Declaration must be on file at the office.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Car 5: Driver Name: _____ Cell #: _____

NOTE: Volunteer Driver Declaration must be on file at the office.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Car 6: Driver Name: _____ Cell #: _____

NOTE: Volunteer Driver Declaration must be on file at the office.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____