**RISK ASSESSMENT GUIDELINES**

*Personal risk in field research includes, but is not limited to, physical health, mental health and personal safety. Risk may arise in part because of the nature of the research itself (e.g. working on uneven terrain, water etc.) or from the climate, the political, social, economic, or cultural environment of the field research location; or from race, gender, religious or cultural background of the researcher; or from the travel, living and working conditions required for the field research.*

*This document provides some generalized risks associated with field work. Supervisors can cut and paste applicable sections into their own document or delete sections that do not apply to their work, if this will assist them in assessing hazards and documenting risk mitigation, or they can use forms/documents of their own. The objective of a risk assessment is to identify foreseeable hazards to participants, and plan mitigation of those risks. The goal of mitigation measures is to reduce risk of injury occurring to as low as* ***reasonably*** *possible.*

* 1. **Activity Description**
  2. Describe briefly the field work activity.

|  |
| --- |
|  |

* 1. Location of Activity

On-campus

Off-campus

North American Urban Centre

North American Rural Area (not remote)

North American Rural Area (Remote)

International Urban Centre

International Rural Area

* 1. Number of Persons Involved

1

2-10

11-50

> 50

**2. Travel To, From and During The Fieldwork**

2.1 All Methods of Travel To, From and During The Fieldwork Activity

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mode | Type e.g. car, plane | Commercial, Private or Other | If Commercial, how selected? | Who will be in control of vehicle? | Driver holds appropriate license? | How frequent will this mode of transport be used? |
| Air |  |  |  |  |  |  |
| Rail |  |  |  |  |  |  |
| Road |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |

2.2 Hazards and Risks

|  |  |  |  |
| --- | --- | --- | --- |
| Hazard/Risk | Check  If Applicable | Detail The Precaution Taken | Hazard Rating\*  (L/H/U) |
| Navigation in remote areas  Unsafe or insecure regions |  |  |  |
| Off road or poor road conditions |  |  |  |
| Poorly maintained vehicles or equipment |  |  |  |
| Lone travel |  |  |  |
| Other (specify) |  |  |  |

**3. Accommodation**

3.1 List the accommodation used when travelling to or from the activity of during the activity

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Details | When will this be used? | What reliable information do you have on the suitability of the accommodation? |
| Private |  |  |  |
| Hotel/Motel |  |  |  |
| Camping |  |  |  |
| Other |  |  |  |

3.2 Hazards and Risks

|  |  |  |  |
| --- | --- | --- | --- |
| Hazard/Risk | Check  If Applicable | Detail The Precaution Taken | Hazard Rating\*  (L/H/U) |
| Security (e.g. race, sexual orientation gender, nationality) |  |  |  |
| Food/water Quality |  |  |  |
| Fire |  |  |  |
| Other (specify) |  |  |  |

**4. Hazards Associated With The Location**

4.1 All Destinations Outside of Canada & the United States

4.1.1 Are you travelling outside of Canada & the United States?

|  |
| --- |
| Yes  No (If no, proceed to Section 4.2) |

4.1.2 Have you checked with Foreign Affairs Canada for travel advisories?

|  |
| --- |
| Yes  No  N/R |
| If yes, summarise (or cut and paste) Country advice here. |

4.1.3 Does Foreign Affairs Canada advise against travel to this country?

|  |
| --- |
| Yes  Region to which travel to or through is intended?  No |

4.1.4 Could the work in any way cause offence to, or in some other way upset the local populace?

|  |
| --- |
| Yes  No |
| If yes, summarise here. |

4.1.5 Have you verified with the Thunder Bay Health Unit if vaccinations or prophylactic treatments are advised for travel to this country or region?

|  |
| --- |
| Yes  No |
| If yes, what is recommended? |
| If yes, have all participants arranged to obtain these vaccinations/medications? |

4.1.6 Are there any significant security or accident risks associated with this particular country or region not addressed by previous sections?

|  |  |  |
| --- | --- | --- |
| Yes  No | | |
| If yes, describe these risks. | Controls | Risk Level (L/H/U) |
|  |  |  |

4.1.7 Are participants able to speak the local language?

|  |
| --- |
| Yes  No |
| If no, how will they communicate? |

4.2 All Destinations

4.2.1 For the terrain on and climate in which the fieldwork will be undertaken, describe:

|  |  |  |
| --- | --- | --- |
| Terrain | Hazards/risks | Precautions |
| Areas of high relief,  altitude and cliffs |  |  |
| Agricultural land |  |  |
| Railways, motorways  and roads |  |  |
| Woods and forests |  |  |
| Coastlines, estuaries,  mudflats and salt  marshes |  |  |
| Bogs, mires and  swamps |  |  |
| Rivers, lakes,  reservoirs and their  margins |  |  |
| Tropical or hot  climates |  |  |
| Deserts, uplands and  arid zones |  |  |
| Cold climates |  |  |
| Other |  |  |

4.2.2 Will any member of the party be climbing, caving or diving?

|  |
| --- |
| Yes  No |
| If yes, provide details of the activity and the precautions taken, including reference to any specific training/certification held by the participant. |

4.2.3 Will you have access to safe drinking water?

|  |
| --- |
| Yes  No |
| If no, describe the source and any treatment to be carried out to make it safe: |

4.2.4 Where will you source your food? Describe how it will be prepared and any restrictions on what can and cannot be consumed.

|  |
| --- |
|  |

4.2.5 Describe the hygiene facilities available.

|  |
| --- |
|  |

4.2.6 Are vector borne (e.g. insect) or parasitic disease a hazard in the area of travel or fieldwork?

|  |
| --- |
| Yes  No |
| If yes, describe the vectors and the disease and the precautions to be taken to minimize the likelihood of transmission. |

4.2.7 Will the group split up at any stage of the trip?

|  |
| --- |
| Yes  No |
| If yes, describe how this will be managed and what additional precautions are required. |

4.2.8 How will communications be maintained?

|  |
| --- |
| Between those in the field: |
| Between those in the field and those at Lakehead University or stationed in Thunder Bay? |

**5. Hazards And Risks Associated With The Fieldwork Activity**

5.1.1 Will the work involve any of the following?

|  |  |  |
| --- | --- | --- |
| Hazard | Check  If Applicable | Detail The Precaution Taken |
| Hazardous chemicals |  |  |
| Deliberate use of biological agents |  |  |
| Processing of human blood, excreta or other bodily fluids |  |  |
| Use of genetically modified organisms |  |  |
| Work with ionizing radiations (sealed or open sources) |  |  |

5.1.2 Will the activity involve the use of hazardous equipment?

|  |
| --- |
| Yes  No |
| If yes, describe how this will be managed and what additional precautions are required. |

5.1.3 Will any part or stage of the work be carried out by a lone worker?

|  |
| --- |
| Yes  No |
| If yes, describe how this will be managed and what additional precautions are required. |

5.1.4 Does the project involve sensitive or emotive subjects?

|  |
| --- |
| Yes  No |
| If yes, are staff sufficiently trained or experienced to deal with this professionally and/or sensitively? |

5.1.5 Will you be working with patients or collecting or handling clinical specimens?

|  |
| --- |
| Yes  No |
| If yes, then those involved should contact the Thunder Bay Health Unit for vaccination recommendations. |

5.1.6 Will you be working with wild or domestic or agricultural animals, or materials collected from them?

|  |
| --- |
| Yes  No |
| If yes, describe any details of this aspect of the activity not already described in Section 1.1. |
| If yes, what are the risks of zoonosis and describe the precaution taken to minimize risk? |
| If yes, what are the risks of physical injury due to contact with the animal and describe the precautions taken? |
| If yes, are there any other hazards associated with this aspect of the activity? |

5.1.7 Does the trip involve working in areas more than 24 hours travel distance from medical support, or activities requiring a high standard of physical fitness?

|  |
| --- |
| Yes  No |
| If yes, describe in detail what precautions have been taken in case of medical emergency? |
| If yes, are all members suitably fit for the physical demands of the activity, with no known uncontrolled medical conditions that may affect physical fitness?  Yes  No |

5.1.8 Will any of the following materials be taken from Lakehead University into the field?

|  |  |
| --- | --- |
| Item | Comments |
| Material known or suspected of containing  genetically modified organisms or microorganisms | Permission may be required by the Lakehead University Biosafety Committee. **Contact the Laboratory and Biosafety Specialist.** |
| Material known or suspected of containing  biological agents categorized as Risk Group 2, 3 or 4. | Permission may be required by the Lakehead University Biosafety Committee. **Contact the Laboratory and Biosafety Specialist.** |
| Material known or suspected of containing  substances covered by the Controlled Drugs and  Substances Act, Explosives Act, Pest Control  Products Act, or the Atomic Energy Control Act | Permission will be required. **Contact the Laboratory and Biosafety Specialist.** |

5.1.9 Does the work involve bringing any of the following materials back to Lakehead University?

|  |  |
| --- | --- |
| Item | Comments |
| Material known or suspected of containing  genetically modified organisms or microorganisms | Permission may be required by the Lakehead University Biosafety Committee. **Contact the Laboratory and Biosafety Specialist.** |
| Material known or suspected of containing  biological agents categorized as Risk Group 2, 3 or 4. | Permission may be required by the Lakehead University Biosafety Committee. **Contact the Laboratory and Biosafety Specialist.** |
| Material known or suspected of containing  substances covered by the Controlled Drugs and  Substances Act. | Permission will be required. **Contact the Manager – Health and Safety.** |
| Material known or suspected of containing  substances covered by the Explosives Act. | Permission will be required. **Contact the Manager – Health and Safety.** |
| Material known or suspected of containing  substances covered by the Pest Control Products  Act. | Permission will be required. **Contact the Manager – Health and Safety.** |
| Radioactive Materials. | Permission will be required. **Contact the Laboratory and Biosafety Specialist.** |
| Animal by-products, tissues or bodily fluids. | Permission will be required. **Contact the Laboratory and Biosafety Specialist.** |
| Animal pathogens. | Permission will be required. **Contact the Laboratory and Biosafety Specialist.** |
| Plant material or soils. | Permission may be required. **Contact the Laboratory and Biosafety Specialist.** |

5.1.10 If any of the above materials in 5.1.9 will be brought back to Lakehead University, how will they be transported?

|  |
| --- |
| Describe the precautions have been taken: |

5.1.11 Will the activity generate any hazardous waste not described in Section 5.1.1?

|  |
| --- |
| Yes  No hazardous waste generated  Hazardous waste is generated, but is described  elsewhere in form |
| If yes, how will they be treated and disposed of? |

5.1.12 Are there any other hazards, not covered above, that may be encountered?

|  |  |
| --- | --- |
| Yes  No | |
| If yes, describe these risks. | Controls |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**6. Participant Information and Contact Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname  (Check on-site person in charge) | First Name | Position | Email  @lakeheadu.ca | Telephone Local | Telephone/Contact in the Field |
|  |  | Faculty  Post-Doc  Staff  Grad Student  Undergrad  Research Asst |  |  |  |
|  |  | Faculty  Post-Doc  Staff  Grad Student  Undergrad  Research Asst |  |  |  |

**7. Emergency Procedures**

7.1.1 How will you summon help in the event of an emergency during travel or fieldwork?

|  |
| --- |
|  |

***Note that all accidents (including those which cause injury and near misses) must be reported in a timely manner to the Office of Human Resources – Health and Safety as soon as possible after the event has occurred. In cases of Critical Injuries, a report must be made to the Office of Human Resources – Health and Safety immediately after the injured party has received medical aid and communication facilities are available.***

7.1.2 What level and quality of emergency response is it reasonable to expect?

|  |
| --- |
|  |

7.1.3 What are the arrangements in place regarding evacuation?

|  |
| --- |
|  |

**8. Relevant Training**

8.1.1 Identify those members of the fieldwork party with relevant safety training:

|  |  |  |  |
| --- | --- | --- | --- |
| **Training Type** | **Surname** | **Initials** | **Date of Training** |
| First Aid/CPR |  |  |  |
| Wilderness First Aid |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**9. Declaration**

9.1.1 A declaration similar to the one below should be included on the bottom of the risk assessment document to be completed by the person who has conducted the risk assessment:

**I confirm the validity of the information provided in this form and have in good faith accounted for all foreseeable and reasonably expected potential hazards that may be encountered during the fieldwork. To the best of my knowledge, reasonably practical measures have been put into place, and have been well communicated to the participants in order to address foreseeable hazards and to minimize risk during the planned fieldwork activities.**