

Policy No. & Title: A116: ASSIGNED OFF-CAMPUS ACADEMIC ACTIVITY

Policy Sponsor: Senior Vice-President, Academic

Reference Cttee: President

Effective: 2012-05-09

Next Review: 2017-05-09

Approvals: 1976 02 13/SA-75-08, 1996 12 04/SA-96-03, 2012 05 09/SLC-11-12

1. PURPOSE

The purpose of this policy is to define the principles for organizing, approving and conducting academic activities that require the participation of students, faculty or other College employees in off-campus locations. This policy also establishes a framework for College procedures for the preparation, assessment and mitigation of risk, and the approval and conduct of such activity.

2. DEFINITIONS

Assigned Off-campus Academic Activity: Activity for which the College requires the participation of students, and in some cases faculty or other College employees, in off-campus location(s), for the purpose of furthering the academic objectives of a College course or program. Assigned off-campus academic activities include, but are not limited to:

- Field trips, tours and other forms of mobile learning
- Experiential learning
- Research projects
- Exchange programs
- Semesters abroad
- Activity covered under a letter of permission
- Scholarly conferences
- Other off-campus activities required by curriculum

Activity Leader: A professor or other College employee assigned to organize, facilitate and lead an assigned off-campus academic activity.

Academic Manager: The administrative head of the academic unit in which students involved in an assigned off-campus academic activity are registered.

International Travel: Any travel outside the territorial limits of Canada.

3. POLICY

3.1. Application

This policy applies to College-assigned off-campus academic activity. Academic activity carried out off-campus at the student's choice is not covered by the policy. Off-campus activity that is organized by student associations, student clubs or non-College entities is not covered by the policy.

3.2. Principles

The College recognizes and endorses the concept of travel as a meaningful form of learning in a variety of subject matter areas. Travel may be a legitimate extension of classroom work.

- 3.2.1. The College supports and encourages off-campus academic activity as a valid experiential tool where the activity can be designed and conducted to meet program or course objectives. The College acknowledges its responsibility to assess risk associated with such activity and to mitigate such risk to acceptable levels. The College further acknowledges its responsibility to ensure participants in such activities are fully informed as to the environment they will encounter and recommended safeguards so as to enable them to prepare adequately.
- 3.2.2. Prior to implementation, each instance or group of instances of assigned off-campus academic activity must be assessed and approved in accordance with procedures established under College Policies 1-D-03: *Corporate Health and Safety* and 1-D-09: *Emergency Preparedness and Response*.
- 3.2.3. An Activity Leader, assigned by an Academic Manager, submits the program and itinerary of the activity, and any changes thereto, to the Academic Manager for approval prior to departure.
- 3.2.4. Participants are provided with information detailing the environment they will encounter and, as appropriate, regarding the availability and advisability of insurance for health, travel and property.
- 3.2.5. A tour company, travel organization, or individual providing travel services to the College must be registered under the *Ontario Travel Industry Act, 2002*.
- 3.2.6. College employees should avoid the handling of cash from fees or payments for expenses for off-campus academic activities. Where handling cash is necessary it is processed through the College accounting system in accordance with applicable College policy. Please note, fees must be in accordance with the Ministry's Tuition and Ancillary Fees Reporting Operating Procedure.

3.3. Responsibilities of the Academic Manager

To ensure that plans for off-campus academic activity are prepared and implemented in accordance with this policy and the procedures established under this and other policies, and in a fashion that permits sufficient time for all phases of preparation, risk assessment and mitigation, and approval to be completed in advance of departure.

For assigned off-campus academic activity involving out-of-province or international travel, to facilitate communication with students, employees (and with parents or guardians of any student under the age of eighteen) explaining the purpose and particulars of the off-campus academic activity, including the benefits, risks, recommended mitigation strategies and costs involved.

3.4. Responsibilities of the Activity Leader

The Activity Leader assigned by the Academic Manager is responsible for developing and leading the activity. Development includes, but may not be limited to, ensuring completion of

all steps outlined in the attached procedure and leading to presentation of a proposal for approval prior to the start of the activity. Leading the activity includes directing the activities of students and other participants, liaising with College departments and other organizations or individuals that are involved in the activity, and acting as College spokesperson regarding the activity.

3.5. Responsibilities of the Student

The purpose of assigned off-campus academic activity is to further the academic objectives of a College course or program. Student behavior is expected to be consistent with this purpose to comply with the customs and policies of the host institution, and with prevailing laws. Students on an assigned off-campus academic activity remain subject to College policies, including policy A130: *Student Code of Conduct*.

3.6. Responsibilities of the Senior Vice-President, Academic

The Senior Vice-President, Academic maintains and implements procedures relating to assigned off-campus activity that conform to this policy and all other relevant policies. Such procedures are reviewed and updated as required, but no less frequently than the review cycle of this policy.

For such review the Senior Vice-President, Academic engages a review task force comprised of an Academic Manager, a representative of the Fanshawe Student Union, a faculty member, and representatives from Human Resources, Health & Safety Services, Campus Security Services and others as appropriate.

The Senior Vice-President, Academic presents an annual report to Senior Leadership Council summarizing the volume and nature of activities approved under this policy and highlighting any issues arising therefrom.

4. REFERENCES

College Policy:

[*A130: Student Code of Conduct*](#)

[C102: College Revenue and Cash](#)

[P101: Corporate Health and Safety](#)

[P103: Safe College Campus](#)

[P207: Employee Code of Conduct](#)

5. ATTACHMENTS

Procedure A	Organization and Operation of Off-Campus Academic Activity
Form 1	Proposal for Assigned Off-Campus Academic Activity
Form 2	Assumption of Risk and Responsibility, and Waiver of Liability

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Policy No. & Title: A116: ASSIGNED OFF-CAMPUS ACADEMIC ACTIVITY

Addendum: **Procedure A: ORGANIZATION AND OPERATION OF COLLEGE-ASSIGNED ON AND OFF-CAMPUS ACADEMIC ACTIVITY**

Issued by: Senior Vice-President, Academic

Effective: 2012-05-09

1. APPLICATION

This procedure covers the organization, development, operation and conduct of Assigned ON and Off-campus Academic Activity in accordance with College Policy A116: Assigned Off-Campus Academic Activity. Note that this procedure is intended also to ensure application of the provisions of College Policies P101: *Corporate Health and Safety* and P103: *Safe College Campus* and the risk assessment, risk mitigation and emergency response procedures that have been established under these policies.

2. PROCEDURE STEPS

This procedure includes the following steps carried out under the direction of the Academic Manager:

2.1. Proposal

A professor or other College employee who wishes to conduct an on or off-campus academic activity initiates a Proposal for an On or Off-campus Academic Activity form (Form 1 attached to this procedure), completing all pre-approval sections of the form, and submits it to their Program Coordinator. Such proposals are normally submitted prior to the start of the academic year.

Note that for activities involving international travel, it is advisable to review the travel advisory level at www.voyage.gc.ca. Travel to a region/country with a risk level greater than “Exercise high degree of caution will not be approved.

Once reviewed and signed, the Program Coordinator submits the form to the School’s Operations Manager for budget review and approval.

2.2. Assessment of the Proposal

On receipt of a proposal, the Academic Manager assesses the proposal in terms of academic merit, financial and scheduling viability, risks involved, and the orientation and training requirements.

Where international travel is involved, the Academic Manager reviews the Department of Foreign Affairs and International Trade Canada (DFAIT) travel advisory website (www.voyage.gc.ca/index-eng.asp) for relevant travel advisories and risk information, and seeks the advice of the International Partnerships department.

Environment, Health and Safety Services will conduct a health, safety and security review and either approve, approve without conditions or recommend the activity not proceed.

Note that activities not recommended by EHSS may not be approved by the Academic Manager.

2.3. Conditional Approval

Based on all of the information available, the Academic Chair or designate will ensure all assessment conditions are met and provide approval for the activity to proceed. Any approval granted is contingent on satisfactory completion of all of the remaining steps.

The Activity Leader, usually a professor but always a College employee or contractor, is responsible for ensuring completion of the remaining steps of this procedure under the direction of the Manager.

For Activities involving international travel, the proposal must also be approved by the applicable Dean, VPA and by the President or designate.

Note also that travel arrangements must conform to section 4 of College policy C104: *Expense Reimbursement*.

2.4. Communication

Participants, and, where there are students under age eighteen, parents or guardians, are informed of the objectives, benefits, itinerary, required clothing and personal effects, required documentation, costs, risks, options for insurance (travel, health and property), emergency contact information and emergency procedures, and any other relevant information about the activity.

Where international travel is involved, participants are referred to the Traveller's Checklist on the DFAIT travel advisory website.

2.5. Waivers and Student Code of Conduct

Required student waiver documentation is covered in Form 2 attached to this procedure. Students are required to agree to assume risks and responsibility, waive liability and provide emergency contact information.

Where international travel is involved, passport information is also required.

A review of student code of conduct expectations is required for all activities.

2.6. Service Contracts

Where the services of a travel agency or other service provider are required, College Policy is followed in executing any contracts involved.

2.7. Orientation

Students and employees are provided with appropriate orientation or training regarding the countries, regions, climates, institutions, transportation, peoples, languages, laws, cultures and risks that will be encountered during the activity.

Limited orientation may be satisfactory for activities occurring in Ontario and other parts of Canada or the United States. However, in all cases, and in particular for activities in other areas of the world, the orientation provided should have sufficient breadth and depth to enable participants to prepare themselves to adapt their behaviour in ways suited to the conditions they will face.

Where international travel is involved, the Academic Manager and Activity Leader are advised to refer to the Traveller Advisor's Checklist and other information on the DFAIT travel advisory website for potential orientation issues that may be associated with the activity.

An orientation agenda and a list of participants including their signatures shall be completed by the Activity Leader.

2.8 Record Retention

All documentation associated with this procedure should be maintained by the School for a period of 3 years.

2.9. Conduct the Activity

The Activity Leader leads and conducts the off-campus academic activity according to approved plans and in such a way so as to maximize the benefits to our students and the College while mitigating the risk to acceptable levels.

Participants in such activity are reminded that during such activity they are often seen by others as representatives of the College, of Ontario and of Canada, and of an affluent, free and democratic way of life. While in most cultures these attributes are seen as positive, in some cultures they are not. During such activities participants continue to be subject to College policy and are subject to the laws, customs and sensibilities of the host country and institutions.

Participants are expected to behave so as maximize the academic benefit of the activity and to bring credit to the College in doing so.

2.10 Reassessment/Re-Approval

A re- approval is required:

- a) For each occurrence of international travel even when no significant changes are anticipated from the last approval.
- b) When the annual review by the School of upcoming activities involving domestic travel reveal changes from the previous occurrence.
- c) More than 3 years has passed since the last formal review.

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Addendum: **Form 1: PROPOSAL FOR ASSIGNED ON-CAMPUS OR OFF-CAMPUS ACADEMIC ACTIVITY**

<input type="checkbox"/>	On-Campus
<input type="checkbox"/>	Off-Campus

Issued by: Senior Vice-President, Academic

Effective: 2012-05-09

Note: This form applies to both off campus and on campus activities which occur outside of classrooms or lab environments

1. PROPOSAL OVERVIEW

Proponent:

_____	Name	_____	Email
_____	College Phone	_____ Ext. _____	_____
			Mail Drop

Program:

_____		Program Name(s)
_____	Coordinator (s)	_____ Ext. _____
_____	Student Group involved in this activity identified by Program-Level and Academic Year and Term (e.g. FMC2.2 11W)	_____
		Specific Course Number and Course Name (if applicable)

Activity:

This activity is: <input type="checkbox"/> Ongoing <input type="checkbox"/> One time only		<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors
_____	Nature of Activity	_____
		Location: (Campus Room#, City, Address)
_____	Location Contact Name and Phone #	# of participants for activity: { Students: _____ Staff: _____ Public: _____
_____	Timing: Start/Stop Dates, Start/Stop Times or Hours if applicable.	

2. RATIONALE FOR THIS ACTIVITY- Describe the assigned activity:

Describe how this activity supports the course or program learning outcomes:

The event will be: Supervised Self-Directed

If Supervised, identify the supervisors: (Consider staff involved and staff to student ratio; Recommended minimum of 2 staff). (Position Codes: FFT – Faculty Full Time, NFT – Non Full Time Faculty, SFT – Support Full Time, SPT – Support Part Time)

First Name	Last Name	Position		First Name	Last Name	Position	
First Name	Last Name	Position		First Name	Last Name	Position	
First Name	Last Name	Position		First Name	Last Name	Position	
First Name	Last Name	Position		First Name	Last Name	Position	

Costs Associated with this Activity or Event:

This activity is: **Mandatory** **Optional**

How is this trip funded? Operations Manager to confirm funding details

	Yes	No	<i>If Yes, provide details:</i>
Program Specific Fees	<input type="checkbox"/>	<input type="checkbox"/>	
Miscellaneous Student Expenses	<input type="checkbox"/>	<input type="checkbox"/>	
Student Life Fund from FSU	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Describe the effect of this activity on other areas of the College, specifically other Schools or other faculty involved in teaching the group of students who will be absent. List all faculty/courses impacted.

First Name	Last Name	Course		First Name	Last Name	Course	
First Name	Last Name	Course		First Name	Last Name	Course	
First Name	Last Name	Course		First Name	Last Name	Course	

How will Schools or faculty be informed of this academic activity?

Are there any academic issues which would prevent students from participating (e.g. Must be "In Good Standing")?

Yes **No** *If yes, provide details:*

Will students be prohibited from participation if they have any sanctions under Student Code of Conduct? Yes No

If yes, what type of sanctions will prohibit participation ? (behavioural contract, conduct probation, suspension)

3. Health, Safety and Security (Questions 1-10 apply to all activities)

If you answer Yes to any of the questions below, please provide details in Section 5 indicating the question # in your comments

	Yes	No		Yes	No
1. Will students or employees have more than \$200 cash on hand before, during or after the activity?	<input type="checkbox"/>	<input type="checkbox"/>	6. Will students/employees be moving materials?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will alcohol be consumed or served?	<input type="checkbox"/>	<input type="checkbox"/>	7. Will equipment, machines, tools or chemicals be used?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there participants with identified or known disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	8. Will students/staff be working alone or in an isolated area?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will students/employees be serving or preparing food?	<input type="checkbox"/>	<input type="checkbox"/>	9. Will there be any open flame, smoke, or heat producing activity?	<input type="checkbox"/>	<input type="checkbox"/>
5. If outdoors, will activities proceed in the event of inclement weather?	<input type="checkbox"/>	<input type="checkbox"/>	10. Will cash or valuables need to be handled or secured before, during or after the event?	<input type="checkbox"/>	<input type="checkbox"/>

Is Fanshawe hosting the activity or event? Yes No (If yes, answer questions 11,12)

If you answer Yes to any of the questions below, please provide details in Section 5 indicating the question # in your comments

	Yes	No		Yes	No
11. Will furniture be added or removed for set-up or will a stage be used?	<input type="checkbox"/>	<input type="checkbox"/>	12. Will there be more than 50 vehicles on campus for the activity?	<input type="checkbox"/>	<input type="checkbox"/>

Is Off Campus Travel Involved? Yes No (if yes, provide the following information)

What is the method of transportation?	<input type="checkbox"/> Bus <input type="checkbox"/> Carpool <input type="checkbox"/> Self <input type="checkbox"/> Plane <input type="checkbox"/> Walk <input type="checkbox"/> Other _____
What are the planned accommodations?	<input type="checkbox"/> Self <input type="checkbox"/> Hotel <input type="checkbox"/> Other _____
Who is providing a designated first-aider?	Provide staff name (s) or name of organization _____
Is a tour company, travel organization or individual providing travel services registered under the Ontario Travel Industry Act 2002?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are any of the participants under the age 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many _____
Has an orientation for Students been planned	<input type="checkbox"/> Yes <input type="checkbox"/> No If already complete, please indicate date _____

Is International Travel Involved? Yes No (if yes, provide the following information)

Country (s)	Specify: _____
Travel advisory level (visit http://www.voyage.gc.ca/countries_pays/menu-eng.asp)	<input type="checkbox"/> Exercise normal security precautions <input type="checkbox"/> Exercise high degree of caution <input type="checkbox"/> Avoid non-essential travel <input type="checkbox"/> Avoid all travel
Consulate location	Contact Info. _____
Are there Health Advisories	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____
Recommended Vaccines	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____

4. SUBMISSION and SUPPORT

I understand and agree that all provisions outlined in Policy A116 and its related procedures will followed for this activity.

Proposal Submitted by:

Activity Leader Name

Signature

College Ext.

Date

Supported by:

Program Coordinator Name

Signature

College Ext.

Date

5. SUPPLEMENTAL INFORMATION *(Please provide ,along with any other relevant information, details for any questions answered "Yes" in section 3, indicating the question # reference with your comments)*

6. APPROVALS

Operations Manager			
Budget Confirmation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments			
<i>Name of Reviewer</i>	<i>Title</i>	<i>Signature</i>	<i>Date</i>

Academic Manager-Initial Review			
<input type="checkbox"/> Concept Recommended	<input type="checkbox"/> Concept Recommended with Conditions	<input type="checkbox"/> Not Recommended	
Conditions or Comments			
<i>Name of Reviewer</i>	<i>Title</i>	<i>Signature</i>	<i>Date</i>

Health, Safety and Security Review			
<input type="checkbox"/> Acceptable Risk	<input type="checkbox"/> Acceptable Risk with Conditions	<input type="checkbox"/> Unacceptable Risk	
Conditions or Comments:			
<i>Name of Reviewer</i>	<i>Title</i>	<i>Signature</i>	<i>Date</i>

Academic Manager- Final Review			
<input type="checkbox"/> Approved	<input type="checkbox"/> Conditional Approval	<input type="checkbox"/> Not Approved	
Conditions or Comments:			
<i>Name of Reviewer</i>	<i>Title</i>	<i>Signature</i>	<i>Date</i>

Any approvals subject to adherence to all provisions of Policy A116 and its related procedures

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	International Travel Only		<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
<i>Signature of Dean</i>	<i>Date</i>	<i>Signature of VPA</i>	<i>Date</i>		
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved				
<i>Signature of President or Designate</i>					

See Procedure A, Section 2.10 for guidance on approval expiry dates and re-assessment requirements.

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Addendum: **Form 2: ASSUMPTION OF RISK AND RESPONSIBILITY, AND WAIVER OF LIABILITY**

Issued by: Senior Vice-President, Academic

Effective: 2012-05-09

PLEASE READ CAREFULLY

The information provided on this form is used by the College to provide emergency contact and support for students participating in assigned off-campus academic activity. This form must be completed by every participant prior to departure and returned to the Activity Leader by the date specified. This information will be kept on file and used or released in the event of an emergency or as otherwise as deemed necessary by Fanshawe College.

In consideration of being permitted to participate in the Assigned Off-Campus Academic Activity described as:

Period of Activity: From Date To Date

Name of Host Institution/Employer/Program Name City/Town/Region, etc. Country

Contact Name at Host Institution/Employer/Program Contact Position Phone Number

eMail address of Contact Name:

If you are travelling to more than one destination, attach a separate sheet with the above information for each destination.

Assumption of Risk:

I understand that participation in a Fanshawe College-Assigned Off-Campus Academic Activity ("Activity") will take me away from campus. During this period, I acknowledge that I may be in unfamiliar surroundings and may be exposed to risks to my person and possessions.

I understand that I could suffer physical injury, sickness or death, or damage to my property during my participation in the Activity. I freely and voluntarily accept and assume all such risks, dangers and hazards. Accordingly, I acknowledge that the College will not be able to ensure my complete safety at all times from such risks and dangers.

Assumption of Responsibility:

I understand that it is my responsibility to abide by all applicable Fanshawe College and Host Institution or Employer policies and the laws of a host jurisdiction and to ensure that I have adequate insurance coverage for medical, personal health, dental and accident and protection of personal possessions.

I acknowledge that Fanshawe College does not carry accident or injury insurance for my benefit. I acknowledge that there may be certain matters for which I could be held at fault personally if my conduct falls short of what would be considered a reasonable standard for an individual in my position. In these cases I agree to be accountable in all respects for my own actions and not to ask the College or its employees to accept the consequences thereof. Further, I agree to be responsible for any claims made against the College in relation to such actions.

COLLEGE POLICY MANUAL

For International Travel Only:

Attach a photocopy of the picture page of your passport._____
*Passport Number*_____
*Passport Expiry Date (DMY)*_____
*Scheduled Date of Departure Date from Canada*_____
*Scheduled Date of Return to Canada***Emergency Contact Information:**

Name: _____

*Name of Emergency Contact Person**Relationship to me (Parent, spouse, friend, etc.)*

Contact Info: _____

*Home Phone**Mobile Phone**eMail***I HAVE READ THIS DOCUMENT CAREFULLY AND ACKNOWLEDGE MY RESPONSIBILITIES AND THE EFFECTS OF THIS WAIVER OF LIABILITY.****Signature of participant (or signature of parent or guardian, if participant is under 18 years of age):****Witness to participant (or parent or guardian, if participant is under 18 years of age):**_____
*Signature*_____
*Signature of Witness*_____
*Date*_____
Date