

**Bruce County Rail Trail**

# **Risk Management Plan**

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**Bruce County Rail Trail Management Committee (BCRTMC)**

August 17, 2004  
Revised October 13, 2004

Walkerton, Ontario

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*The Trail Management Plans for the Bruce County Rail Trail, completed by Northwood Associates Landscape Architects Ltd., were used as a guide when developing this Risk Management Plan.*

## **Section A: Trail Development Standards**

### **2.1 TRAILS**

#### **2.1.1. INTENDED USE**

- It is intended that the trail be barrier-free (i.e. wheelchair accessible).
- County-approved uses include the following:
  1. walking/hiking
  2. cross-country skiing
  3. bicycling
  4. horse-back riding \*
  5. dog-sledding \*
  6. snowmobiling \*
  7. ATV (all-terrain vehicle) riding \* (*\* for those who belong to an organized club*)
  
- Trail Management is planned to be under the auspices of the Bruce County Rail Trail Management Committee when it takes over management of the entire rail trail.

#### **2.1.2. SURFACING**

- It would be desirable for the surface to be 50 mm (2") hard-packed limestone screenings (stone dust) over up to 125 mm (5") compacted granular base over the existing leveled-off rail bed.
- The amount of granular base will vary depending on the condition of the existing rail bed. Sections of the existing rail bed where there is clear stone should be graded off to spread out the clear stone over a larger area prior to the installation of the finished trail surface.
- This surface (screenings over granular base) will be used for the majority of the trail as it provides a relatively low cost, easy to maintain and accessible (wheelchairs and bicycles) surface with a character complementary to the surrounding rural landscape.
- Trail can be constructed in two phases, with granular base installed first and later topped up with limestone screenings, as funding allows.
- Some urban sections of the trail may be upgraded in the future to a hard, smooth surface such as asphalt or recycled material.

#### **2.1.3. WIDTH**

- Average width of the trail will be 4 m (13'): enough width for several people to comfortably pass each other whether on foot, in a wheelchair, riding a bicycle, on horseback or riding a snowmobile or ATV.
- Trail to be 5 to 5.5 m wide where it passes through urban areas. (Signs should be posted in these areas indicating a reduced speed limit for motorized vehicles.)
- Trail shoulder area where grade at side of trail begins to slope down will be approximately 0.6 m (2') wide.

#### **2.1.4. CLEARANCE**

- 3.5 m (11.5') is preferred average vertical clearance for full width of trail to allow for emergency vehicle access.

Note that the width of the trail clearing in areas of dense evergreen tree and underbrush growth should be increased to reduce the need for constant trimming of encroaching branches and to increase visibility and perceived safety for the trail user.

- Dense herbaceous vegetation (tall weeds and grasses) should be cut back approximately 1 m (3') on either side of the trail.

#### **2.1.5. ACCESS BARRIERS**

- The approved BCRTMC design will be used.

#### **2.1.6. FENCING**

- The County of Bruce has assumed responsibility for fencing of the trail and has established a Fencing Subcommittee to deal with fencing issues.

#### **2.1.7. ROAD CROSSINGS**

- Trail should cross all main roads at or close to right angles if allowed by trail property boundaries.
- Appropriately sized culverts should be installed or existing culverts extended to provide for trail re-alignment at road crossings while accommodating roadside drainage.
- There should be signage and road markings to warn vehicles of trail crossing ahead.
- Signage to warn trail users of road crossing ahead should also be situated a short distance from the crossing.

### **2.2. VIEWING/RESTING AREAS**

#### **2.2.1. INCIDENCE**

- Provide rest areas adjacent to the trail, where appropriate.
- Create viewpoints in appropriate locations where there are interesting views or at points of interest (historical significance) such as at former railway sidings and south of Mildmay where a train derailed and disappeared into the swamp.
- Rest areas should be compatible with surrounding environment.

## **2.3. SIGNAGE**

### **2.3.1. CONSISTENT WITH REGIONAL TRAILS**

- All trail signage should comply with BCRTMC Trail Signage Policy.

### **2.3.2. TRAIL HEAD / KIOSK**

- Each trail group may wish to establish and maintain a Trail Head / Kiosk:
  - Clearly identify whole trail system by name;
  - Simple map of trail showing: - adjacent communities and major landmarks/attractions related to trail; - distances and approximate walking times for each section of the trail; - trail access points; - parking locations.
  - Small map of Region showing (future and) existing trail linkages to east and west;
  - Trail regulations – communicated in a positive manner (i.e. outline allowed use rather than prohibited use), trail etiquette;
  - Interpretive information: - some highlights or features to watch for on the trail; - interesting points of natural or cultural history relevant to trail, historic photographs of railway, stations and/or sidings; - origin of place names;
  - 911 emergency number location for trail head.

### **2.3.3. ACCESS POINTS**

- Clearly identify the Bruce County Rail Trail and Section Trail Group;
- Communicate trail etiquette;
- 911 emergency number location for access point.

### **2.3.4. EMERGENCY NUMBERING**

- Clearly identify trail access points on municipal roads in accordance with the Bruce County 911 policy.

### **2.3.5. DECISION POINTS**

- Trail groups may wish to consider:
  - Directional signage relating to the landmarks, snowmobile trails, hamlets and other places identified on the Trail Head and Access Point maps (e.g. 'To the Brant Tract Trails ', 'To the Saugeen River Trail System ').
  - Durable and vandal-resistant, but low-cost, as most will be in remote locations and subject to potential vandalism.

### **2.3.6. TRAIL DISTANCE MARKERS**

- Trail Groups may wish to consider:
  - Distinctive but relatively small markers showing distance (in kilometres) from start of trail for emergency (911) location and identification.
  - South edge of Bruce County portion of trail should be designated 'start' of trail.

### **2.3.7. CROSSING SIGNS**

- Clearly identifying impending road crossings and authorized laneways and cattle crossings, etc. along the trail.

### **2.3.8. INTERPRETIVE SIGNAGE**

- Trail groups may wish to consider the history of the rail line as a theme of interpretive plaques.

## **Section B: Trail Maintenance**

### **5.1. MAINTENANCE TASKS**

#### **5.1.1. EVERY SECOND YEAR**

- Top up surfacing *where needed*.

#### **5.1.2. ANNUAL**

- Spring clean-up and removal of flood debris from culverts and ditches;
- Removal of winter accumulation of garbage;
- Pruning back heavy growth at trail edges.

#### **5.1.3. SEMI-ANNUAL**

- Trail grooming: grading/leveling of surfaces where required;
- Noxious weed control.

#### **5.1.4. MONTHLY**

- Complete and retain a trail inspection report during period of active trail use.
- Inspection of signage, benches and other trail amenities;
- Trail-side maintenance;
- Repair damage to trails and trail verges from heavy use and/or cycling.
- Clean up and remove any garbage along trails.

#### **5.1.5. AS-REQUIRED**

- Repair or replace damaged signs, barriers, structures and other trail amenities;
- Remove any fallen trees from across trails and removal of any potentially dangerous

## **Section C: Trail Repair and Hazard Markings**

Trail repairs are to be made promptly and hazards are to be marked by the local Trail Group. The following is the Trail Inspection Report to help ensure that the developed trail is repaired and hazards are marked.

## Bruce County Rail Trail - Trail Inspection Report

Date of Inspection: \_\_\_\_\_ Time of Inspection: \_\_\_\_\_

Trail Inspector Name(s) and Title: \_\_\_\_\_

Trail or Trail Section: \_\_\_\_\_

### Trail Appearance

Note conditions of trail. Is it adequate to trail standards? If no, explain.

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### Hazards

List hazards and potential hazards below. If repairable, note the time, location, what maintenance actions were taken to correct the problem(s).

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If one or more of the hazards are not repairable, example missing sign, list below what materials, actions and size of work party needed for follow up maintenance.

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### Maintenance

List any basic maintenance work accomplished and at what section. Example, clearing brush, picking up litter.

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Has any follow up maintenance/repairs from previous trail inspections been corrected? If yes, what was corrected and what actions were taken?

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Are any other areas of concern observed? Example: Trespassing onto landowner property, trail section to be rerouted?

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### Additional Comments:

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Upon completion of Trail Inspection, please hand report to the Trail Coordinator for review.

## **Section D: Trail Management Safety Standards**

The BCRTMC has adopted the following trail management safety standards for trail development.

### **Trail Captain Responsibilities**

A trail captain must be responsible for each trail crew. It is recommended that the captain or a crew member be aware of provincial safety standards and safe equipment operation and certified with standard first aid from either St. John's Ambulance or the Red Cross. All personal protective equipment must be worn as required.

The captain, prior to operating equipment, must ensure that equipment operators and assistants are adequately trained. The operator must demonstrate safe equipment operation to the captain. The captain and the operator are both responsible for ensuring that all equipment being used is in good operating conditions with all safety devices operational. The captain must ensure that all youth workers (under 14 years of age) are accompanied one on one with an adult. The captain must ensure that all crew members:

- ❖ Will not lift anything above their ability
- ❖ Report all injuries to the captain
- ❖ Are informed of the hazards associated with working on the trail (i.e. heat, cold, body mechanics, insects, allergies)
- ❖ Report all unsafe conditions to the captain immediately, who will report details to the Trail Group. The Trail Group will report serious injuries to the BCRTMC.
- ❖ Dress for the weather and the associated trail work.

### **Operating Chainsaws**

All chainsaw operators must have completed the Provincial Chainsaw Certification Course to work on the trail. All protective equipment must be worn, this includes;

- ❖ Chainsaw pants or chaps
- ❖ Safety glasses, CSA approved
- ❖ Chainsaw boots, CSA approved
- ❖ Leather gloves
- ❖ Safety Vest, CSA approved
- ❖ Hard hat, CSA approved
- ❖ Ear protection, and
- ❖ Face shield.

### **Operating Brush saws**

All brush saw operators must be properly trained to operate the saw. All personal protective safety wear must be worn, this includes;

- ❖ Safety glasses, CSA approved

- ❖ Hard hat, CSA approved
- ❖ Safety Vest, CSA approved
- ❖ Leather gloves
- ❖ Safety boots, CSA approved, and
- ❖ Ear protection.

### **Operating Hand Tools**

All volunteers operating hand tools must be properly trained in procedures and possible hazards. All personal protective safety wear must be worn, this includes;

- ❖ Safety glasses, CSA approved
- ❖ Safety boots, CSA approved
- ❖ Leather gloves, and
- ❖ Safety vest, CSA approved.

### **Handling Brush**

All brush handlers must be properly trained in handling procedures and possible hazards. All personal protective safety wear must be worn, this includes;

- ❖ Safety glasses, CSA approved
- ❖ Safety Vest, CSA approved
- ❖ Hard hat, CSA approved
- ❖ Safety boots, CSA approved, and
- ❖ Leather gloves.

### **Herbicides/Pesticides Usage**

The applicator must be a provincially certified exterminator or technician and use all the required equipment for the safe use of herbicides and pesticides. All personal protective safety equipment must be worn, this includes;

- ❖ Hard hat, CSA approved
- ❖ Safety Vest, CSA approved
- ❖ Cover-alls
- ❖ Goggles (for mixing herbicides with water)
- ❖ Rubber gloves, and
- ❖ Safety or rubber boots, CSA approved.

### **Standard First Aid Kit**

A standard first aid kit is required to be on site when clearing the trail. The first aid kit must conform to the WSIB Regulation 1101 Standard.

### **Paid Contractors**

If paid contractors are working on the site with volunteers, they are to exercise additional caution when working. They must make volunteers aware of the dangers associated with backing up vehicles. When contractors are backing up, a designated 'flag person' will be responsible for ensuring that their area is clear for backing up.

## **Section E: Trail Work Waiver & Accident/Illness Report**

The BCRTMC recommends the following Trail Work Waiver and accident/illness report forms. This waiver and report acknowledges that all volunteers are responsible for their own actions. Trail Groups will report all injuries that occur during trail development functions.

## Bruce County Rail Trail - Trail Work Waiver

### Waiver and Assumption of Risk

Please read this Waiver carefully.

I, \_\_\_\_\_, in consideration of the Trail Group allowing me to accompany them on this trail development, hereby agree to release, save harmless and indemnify the Trail Group, its directors and members from and against all claims, actions, costs and expenses in respect to death, injury, loss or damages to me or my property arising as a result of my participation in this trail development, notwithstanding that the same may have been contributed to or occasioned by the negligence of the Trail Group, its directors and members.

I affirm that I am in good health, capable of participating in this trail development, and I accept as my personal risk the consequences of such participation.

I agree to follow the safety instructions and other rules of the Trail Group. I will not participate with this trail development if I am under the influence of drugs or alcohol.

I understand that I am not considered an employee of the Trail Group, BCRTMC or the County of Bruce.

In the event of an accident or medical problem suffered by me, I consent to the Trail Group seeking out the appropriate medical care required.

I declare this Waive and Assumption of risk is binding on me, my heirs, executors, administrators, and assigns.

I have read this Waiver and Assumption of Risk and I fully understand all aspects of it.

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Signature: \_\_\_\_\_

## Bruce County Rail Trail - Accident/Illness Report Form

1. Person making report: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_  
Weather Conditions: \_\_\_\_\_
3. Location of Accident: \_\_\_\_\_
4. Brief factual description of accident (state no opinions respecting cause):  
\_\_\_\_\_  
\_\_\_\_\_
5. Identity of ill or injured person: \_\_\_\_\_
6. Association Member? Yes \_\_\_ No \_\_\_  
Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
7. Description of injury or illness: \_\_\_\_\_  
First Aid Given: \_\_\_\_\_  
By Whom: \_\_\_\_\_

*Complete the following when help is needed, otherwise skip to item 12 and complete.*

8. Does injury or illness require immediate help?  
\_\_\_\_\_  
Manpower and equipment available with injured party?  
\_\_\_\_\_
9. Exact place to meet? \_\_\_\_\_
10. Notify family? Yes \_\_\_ No \_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
11. Agency contacted for help: \_\_\_\_\_  
Call back phone numbers: \_\_\_\_\_  
Person making request for help? \_\_\_\_\_  
Date request is made: \_\_\_\_\_ Time: \_\_\_\_\_

*Submit to Committee with privileged information attached.*

**CONFIDENTIAL**

12. Witness(es) to accident (*use back of sheet for additional information if necessary*).

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Full description of accident including discussion of preceding events and conditions (*use back of sheet for additional information if necessary*).

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Trail Captain's evaluation. Give your opinion of the cause of the accident. Be specific. Show sources of information and whether accident could have been prevented (*use back of sheet for additional information if necessary*).

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15. I, personally, have supplied the confidential information requested above for the Trail Group:

Name (*please print*): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_