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| **Field Site Location**: | *Short descriptive name of locality, e.g., Gentile Wash, Antelope Creek* |
| **Activity:** | *Type, length, and intensity of activity at site: hiking, climbing, swimming, etc.* |
| **Created for:** | *Name of Research Group/Course and Date*  | *Date of rev:* | *MM/DD/YYYY* |

**General Site Information:** *Elevation (feet or meters), terrain, vegetation*

**If travelling more than 100 miles from campus, register your trip at** [**ehs.ucop.edu/away**](https://ehs.ucop.edu/away/#/) **for UC travel insurance documentation and location-specific trip alerts. For international work, the** [**Worldcue Trip Planner**](https://ermsp.ucop.edu/uctrip/enterERM.do) **is available to assist with planning logistics, identifying local services, and guidance regarding local hazards.**

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| Geographic Location:  | **Latitude:** | **XX°X.X (from GPS/Map)** | **Longitude:** | **XX°X.X (from GPS/Map)** |
| Local Contact: | *Name, address, number, email; may be a local colleague/institution, reserve manager, USFS office, etc.* *Lodging location: name, address, phone #* | University Contact:*Not on trip. Provide person a copy of this Field Safety Plan.*  | *Name, number, email; may be a Professor/PI, department contact, supervisor back on campus, etc.***Frequency of check-ins:**  |
| Nearest Emergency Medical Services (EMS): | *Contact information for nearest emergency medical services first responders.* *Check with local sheriff’s office, USFS, etc. to see how 911 is implemented in the area. In some localities, the best first contact may be with the state police, highway patrol, or county sheriff’s office* |
| Nearest Emergency Department (ED): | *Contact information, hours of operation, and driving directions (attach map) from the site to the nearest provider of emergency medical care. It may be a hospital with an Emergency Department (ED), a clinic, or other provider. Check that the local hospital has an ED that is continuously staffed.* |
| Go/No Go Criteria: | **NO GO:** *What are the conditions under which approach to or activities at the site should be curtailed or canceled? May include “Heavy rains during past 2 days” if access is on dirt roads that have swelling clay soils. Typical criteria are “Electrical storms,” “Heavy Rains or Snow”, “Within 2 hours of high tide,” or “Wave heights over 1 m.” Note also possibility of flash floods in canyons if rain falls upstream. Consider lighting conditions on outcrop faces and light available for drive out from outcrop at end of activity, e.g., “must plan for one hour of daylight for exit drive.”* |
| Directions to site | *Driving directions to the site from a nearby generally recognizable landmark (typically an exit # from a major highway or major road junction). Provide enough details to guide emergency assistance to the site and for inexperienced participants during normal operations.* |
| Parking Areas: | Primary: *Description/directions to main site where all vehicles can be parked safely. Consider how changing weather conditions may impede access to the vehicles from the outcrop or egress from the site.***Secondary:** *Description/directions to backup site where all vehicles can be parked safely.*  |
| Assembly Areas: | **Primary:** *Description/directions to first-choice area where all participants can assemble safely for technical introduction to site and site safety briefing.***Secondary:** *Use in case primary site is already occupied or is otherwise unsuitable.* |
| Expected temperature/weather: | *Note extreme conditions that could impact the trip or require additional planning, e.g. high heat, humidity (increases the risk of heat exhaustion and heat stroke), wind, rain, snow, approaching storm, etc.*  |
| Drinking water availability:  | **If forecast exceeds 80°, Cal/OSHA requires access to at least one quart (4 cups) per person per hour for the entire shift, i.e., an 8 hour shift of strenuous work requires access to 2 gallons per person. Water must be fresh and suitably cool.** [ ]  Plumbed water available [ ]  Water cooler with ice to be provided [ ]  Bottled water provided [ ] Other: [ ]  Natural source and treatment methods (e.g. filtration, boiling, chemical disinfection):  |
| Access to Shade/Shelter: | **If forecast exceeds 80°, shade must be provided by any natural or artificial means for rest breaks. Shade is not considered adequate when heat in the area does not allow the body to cool (e.g., sitting in a hot car).** [ ]  Building structures ­  Trees ­  Temporary Canopy/Tarp ­  Vehicle with A/C ­  Other: |
| High Heat Procedures - Required when temperatures are expected to exceed 95° F | **If possible limit strenuous tasks to morning or late afternoon hours. Rest breaks in shade must be provided at least 10 minutes every 2 hours (or more if needed). Effective means of communication, observation and monitoring for signs of heat illness are required at all times. Pre-shift meeting required.** [ ]  Direct supervision [ ]  Buddy system [ ]  Reliable cell or radio contact [ ]  Other:  |
| Personal Protective Equipment (PPE): | **Required:** *Such as boots, safety glasses, PFDs, hardhats, etc.***Recommended:** *Such as walking sticks, gloves, long pants, hats, insect repellant, sunscreen* |
| Out of Bounds Areas: | *Brief description of area marked on map, indicating the reasons why or when the areas are out of bounds. Include specific directions for use of barriers, markers, etc.* |
| Cell phone coverage: | **Device carried?** [ ] yes [ ] no**Type:** **Coverage:** none **Nearest location with coverage:**  | Satellite phone/device: | **Device carried?** [ ] yes [ ] no**Type:** **Coverage:** none **Nearest location with coverage:**  |
| ­Nearby services: | *Are restroom facilities available at or near the site? Water? Gas? Public Phone? A convenience store? If not, where are the nearest services along the route (to assist with planning the day’s activities)?* |
| Access: | *Easy/Difficult/Practically Impossible/Unsafe. Note alternative locations/routes/areas*  |
| Physical demands: | *List any physical demands required for this trip and training/certification provided; e.g., diving, climbing, high altitude, swim test, respirator use, etc. (consult with EH&S regarding appropriate training & documentation)* |
| Field Team/ Participants: | **Primary Field Team Leader**: *Name and phone number* **Secondary Field Team Leader:** *Name and phone number*[ ]  Field Team/Participant list is attached as training documentation [ ]  Other attachment, e.g, course roster Is anyone working alone? [ ]  Yes [ ]  No **If so, develop a communications plan with strict check-in procedures; carry a sat device for remote locations.** |
| First Aid Training | *Please list team members trained in first aid and the type of training received. Cal/OSHA requires at least one trained person (with current certification) for work in remote locations. CPR training is recommended.* **Location of group medical/first aid kit:** *name of person carrying it, brief description of contents* |
| Immunizations or Medical Evaluation (if applicable) | *List required immunizations/prophylaxis or required medical evaluation.* **For travel-related immunizations or medical advice, contact the <Occupational Health name and phone number>. at least 6 weeks prior to your trip; for required or recommended immunizations and medical clearance related to your research protocol, contact the <Occupational Health name and phone number>.**  |

**Safe Work Practices**

**List identified risks associated with the activity or the physical environment and appropriate measures to be taken to reduce the risks. Refer to relevant protocols, SOPs, etc. if applicable.**

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**Additional Considerations**

**Contact <EH&S phone number> for guidance. Check all that apply.**

[ ]  One or more of the following will be handled/transported: hazardous biological, chemical, or radioactive materials, pesticides, animals, or fireworks.

[ ]  Activities are to involve one of the following: ATVs, snow mobiles, tractors or other motorized vehicles; rigging, climbing, fall protection;

 shoring/trenching, digging/excavations, caves, other confined spaces or egress/access limitations; chainsaws, hand held power tools; explosives or fire arms; lasers, portable welding/soldering devices; other hazardous equipment or tools.

[ ]  Modes of transportation other than regularly scheduled commercial carriers (e.g. chartering a boat, plane) will be used.

[ ]  The <link to campus auto policy> for university vehicles, personal vehicles, and rental vehicles has been reviewed.

[ ]  Visas, permits, finances, import/export controls, transportation of specialized equipment, and data security have been considered. (See [UC Global Operations](http://ucgo.org/) (ucgo.org) or contact UC <Campus Name> <link to appropriate website> for guidance.)

[ ]  Personal safety risks during free time have been considered or discussed, e.g., alcohol or drug use, leaving the group, situational awareness, sexual harassment, or local crime/security concerns. You may use the [Worldcue Trip Planner](https://ermsp.ucop.edu/uctrip/enterERM.do) ‘Location Intel’ tab to generate a security brief.

**Campus Contacts:**

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| **UCPD Emergency Number:** <Police Department phone number> **University Health Services** <Student Health Facility Name and link to webpage> ***Faculty/Staff:*** <Occupational Health Phone Number> (Occupational Health). ***Students:*** Access care via the online appointment system or the advice nurses at <Student Health Phone Number>. **Office of Environment, Health & Safety (EH&S):** <link to EH&S> <EH&S Phone Number> or <EH&S Email Address>**Travel Insurance Emergency Number:** <Campus Risk Services Phone Number> (Campus Risk Services) or (800) 527-0218 (United Healthcare - UC Travel Insurance)**Report injuries:** Call EH&S at <EH&S Phone Number>. For non-paid students use: <Link to Appropriate Website>.  |

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| **First Aid Reference – Signs & Symptoms of Heat Illness** |
| **Signs & Symptoms** | **Treatment** | **Response Action:**  |
| **HEAT EXHAUSTION*** Dizziness, headache
* Rapid heart rate
* Pale, cool, clammy or flushed skin
* Nausea and/or vomiting
* Fatigue, thirst, muscle cramps
 | 1. Stop all exertion.
2. Move to a cool shaded place.
3. Hydrate with cool water.
 | Heat exhaustion is the most common type of heat illness. Initiate treatment. If no improvement, call 911 or seek medical help. Do not return to work in the sun. Heat exhaustion can progress to heat stroke.  |
| **HEAT STROKE*** Disoriented, irritable, combative, unconscious
* Hallucinations, seizures, poor balance
* Rapid heart rate
* Hot, dry and red skin
* Fever, body temperature above 104 °F
 | 1. Move (gently) to a cooler spot in shade.
2. Loosen clothing and spray clothes and exposed skin with water and fan.
3. Cool by placing ice or cold packs along neck, chest, armpits and groin (Do not place ice directly on skin)
 | **Call 911 or seek medical help immediately.** **Heat stroke is a life threatening medical emergency. A victim can die within minutes if not properly treated. Efforts to reduce body temperature must begin immediately!**  |

**Photos, Maps, Diagrams**

*Insert maps of approach route and detailed outcrop traverse routes, photos of general terrain and areas requiring extra caution, etc.*

**Training Documentation**

Sign here to verify you read this Field Safety Plan, understand its contents, and agree to comply with its requirements.

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| **Name/Phone Number** | **Signature** | **Date** | **Emergency Contact/Phone Number** |
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