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| **Field Site Location**: | *Descriptive name of research location (e.g. Carrizo Plain, CA; Tortuguero, Costa Rica)* | | |
| **Activity Description:** | *Type, length, and purpose of activity (e.g. hiking 3-4 miles, collecting specimens, etc.)* | | |
| **Plan Created for:** | *Name of Research Group / Course / Trip Leader* | **Date of revision:** | *Mo-Day-Yr* |
| **Date(s) of Travel:** | *Start date, duration, expected return to campus* | | |

**A field safety plan serves as a tool to document your hazard assessment, communication plan, emergency procedures, and training. This plan should identify hazards, as well as precautions and actions taken to address and mitigate those hazards. Instructions:**

1. **Complete this field safety plan: insert specifics for your site and operations, delete irrelevant sections.**
2. **Complete appropriate training for your site and operations (e.g. first aid, heat illness, task-specific training).**
3. **Obtain immunizations and prophylaxis for your destination, if applicable (schedule 8 weeks in advance).**
4. **Hold a pre-trip meeting with your group and/or supervisor to review your field safety plan, travel logistics, pack list (including first aid kit), personal safety and security concerns, and any remaining training needs.**
5. **Register trips more than 100 miles from campus via** [**UC Away**](https://ehs.ucop.edu/away/) **for travel insurance documentation, location-specific travel alerts via email, and emergency/travel assistance contacts. For international work, the** [**Worldcue Trip Planner**](https://ermsp.ucop.edu/uctrip/) **is available to assist with planning logistics, identify local services, and provide precautions regarding local hazards. Click on “location intel” and create a “trip brief.” A mobile Worldcue app is also available after you register a specific trip/destination via UC Away.**

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| **Site Information** | | | | | | |
| **Location** | Latitude: **XX.XX (from GPS/Map)** | | | Longitude: **XX.XX (from GPS/Map)** | | |
| **Site Information** | *Elevation, terrain, environment.* | | | | | |
| **Travel to Site** | *How will participants get to the field site? Note any dangerous roads, conditions.* | | | | | |
| **Site Access** | *Are there any particular restrictions or challenges to accessing site? Note any alternate routes or suggested parking areas; gate access codes, etc.* *Make special note if isolated or remote.* | | | | | |
| **Environmental**  **Hazards** | *Describe any dangerous wildlife, insects, endemic diseases, poisonous plants, etc. that participants may encounter. Note intended mitigation measures; discuss prior to trip.* | | | | | |
| **Security** | *High risk for harassment or violence? Note intended mitigation measures; discuss prior to trip. For international travel, check the*[***U.S. State Department travel site***](https://travel.state.gov/content/passports/en/alertswarnings.html)*for current travel alerts and look up the security rating for your destination via the****[Worldcue Trip Planner](https://ermsp.ucop.edu/uctrip/enterERM.do" \t "_blank)****.* | | | | | |
| **No Go Criteria** | *What are the conditions under which approach to - or activities at - the site should be stopped or canceled? e.g. heavy rains, electrical storms, snow, temperatures > 100 degrees, within 2 hours of high tide, wave heights over 1 meter, etc.*  *For complex trips, consider using the* [***GAR Risk Management Model***](https://www.uscg.mil/hq/nsfweb/foscr/ASTFOSCRSeminar/Presentations/Safety/ORM-GAR.pdf)*.* | | | | | |
| **Expected Weather** | *Note extreme conditions that could impact the trip or require additional planning, (e.g. high heat, wind, rain, snow, approaching storm).* | | | | | |
| **Drinking Water Availability** | Plumbed water available  Water cooler with ice provided  Bottled water provided  Natural source and treatment methods (e.g. filtration, boiling, chemical disinfection):  **Please note:** online heat Illness prevention training is available via the [**UC Learning Center**](http://ehs.berkeley.edu/training/uc-learning-center-access) (search using the keyword "heat", course length is 15-20 minutes). | | | | | |
| **Access to Shade/Shelter** | If forecast exceeds 80°, shade must be provided by natural or artificial means for rest breaks.  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-work safety discussion required.  Direct supervision  Buddy system  Reliable cell or radio contact  Other: | | | | | |
| **Emergency Services and Contact Information** | | | | | | |
| **Local Contact** | *Name, address & phone #, may be a local colleague/institution, reserve manager, USFS office, etc*.  **Lodging location:** *name, address, phone #* | **University Contact**  Not on trip. Provide a copy of this plan. | | | | *Name, number, email; may be a Professor/PI, department contact, supervisor back on campus, etc.*  **Frequency of check ins:** *daily, at end of work day, etc.* |
| **Emergency Medical Services (EMS)** | *Procedures for contacting emergency medical services.* | | | | | |
| **Nearest Emergency Department (ED)** | *Evacuation plan and transportation options to the nearest Emergency Department; include estimated transport time, contact information and driving directions from the site to the nearest provider of emergency medical care. Attach map with specific directions.* | | | | | |
| **Cell Phone Coverage** | **Primary Number:**  **Coverage:** *good, spotty, none*  **Nearest location with coverage:** | | **Satellite phone/device** | | **Device carried?**  Yes  No  **Type/number:** | |
| **Nearby Facilities** | *What facilities are available at or near the site: restrooms, water, gas, public phone, store? If not, where are the nearest services along the route?* | | | | | |
| **Side Trips** | *Are side trips planned or allowed during free time? Before or after the planned activities? Are there restrictions, specific rules, or expected code of conduct?* | | | | | |
| **Participant Information** | | | | | | |
| **Field Team/ Participants** | Is anyone working alone?  Yes  No If yes, develop a communications plan with strict check-in procedures; if cell coverage is unreliable, carry a satellite communication device or personal locator beacon.  Primary Field Team Leader: *Name, phone number*  Secondary Field Team Leader: *Name, phone number*  Field Team/Participant list is attached as training documentation  Other attachment: e.g. course roster | | | | | |
| **Physical Demands** | *List any physical demands required for this trip and training/certification provided. e.g. diving, swimming, hiking, climbing, high altitudes, respirators, heights, confined or restricted spaces, etc. (consult with EH&S regarding appropriate training & documentation).* | | | | | |
| **Mental Demands** | *List any unique mental demands required for this trip, e.g. long travel days, high stress environments, different cultural norms, etc.* | | | | | |
| **First Aid Training**  **& Supplies** | Cal/OSHA requires at least one trained person (with current certification) for work at remote sites. CPR also recommended.  *List team members trained in first aid and the type of training received.*  Location and description of group medical/first aid kit: *Who is carrying it, where is it stored. Brief description of contents.* | | | | | |
| **Immunizations or Medical Evaluation** | *List required immunizations/prophylaxis or required medical evaluation, if applicable.*  For travel-related immunizations or medical advice, contact the UHS International Travel Clinic at 510-643-7177 8 weeks prior to your trip. For required or recommended immunizations and medical clearance related to your research protocol, contact the Occupational Health Clinic at 510-642-6891 (e.g. handling bats, working at altitude, respirators) | | | | | |

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| **Equipment and Activities – Consult with EH&S for specific training and requirements.** | |
| **Research Activities** | *Briefly describe the goal of your field operations, e.g. collection of samples, observation of animals/environment, interviews with human subjects, etc.…* |
| **Field**  **Transportation** | *What vehicles will be used during field operations? e.g. chartered boat, paddle craft, car, ATV, truck with trailer, snowmobile, chartered plane or helicopter, etc.*  UC Berkeley Risk Services manages a variety of insurance programs. Please consult their website for assistance:[**riskservices.berkeley.edu/insurance-programs**](http://riskservices.berkeley.edu/insurance-programs) |
| **Research Tools** | *Briefly describe tools or equipment that will be used to access the research site or during research activities. Indicate specific training required before use, e.g. sharps (knives, razors, needles), hand tools, chainsaws, power tools, heavy machinery, tractors, specialty equipment, firearms; lasers, portable welding/soldering devices; other hazardous equipment or tools.* |
| **Other Research Hazards** | *Describe other potential research-associated hazards e.g. handling or shipping hazardous materials (chemical, biological, radiation, and explosives), handling animals, climbing or working at heights, rigging; shoring/trenching, digging/entering excavations, caves, other confined spaces; drone use.* |
| **Personal Protective Equipment** | Required—e.g. boots, safety glasses, PFDs, hardhats, etc.  Recommended – e.g. walking sticks, gloves, long pants, hats, insect repellant, sunscreen |
| **Additional Considerations** | |
| **Insurance** | Review the University Auto Insurance Policy: [**riskservices.berkeley.edu/insurance-programs/auto**](http://riskservices.berkeley.edu/insurance-programs/auto) (Please note, coverage differs for paid staff versus students) |
| **International Activities** | Check with the Global Engagement Office (GEO) regarding required approvals. Visas, permits, finances, import/export controls, transportation of specialized equipment, and data security must be considered. See UC Global Operations (ucgo.org) or contact the Office of Legal Affairs or Research Administration & Compliance for further guidance |
| **Personal Safety & Security** | Personal safety risks during free time should be considered and discussed in advance, e.g., alcohol or drug use, leaving the group, situational awareness, sexual harassment, or local crime/security concerns. Review expectations and set the tone for a safe, successful trip.  **High Risk Travel: UC Support Services**  Check the [**U.S. State Department**](https://travel.state.gov/content/passports/en/alertswarnings.html) travel site for current travel alerts and you may use the [**Worldcue Trip Planner**](https://ermsp.ucop.edu/uctrip/enterERM.do) ‘Location Intel’ tab to generate a security brief for your destination.  UC also offers pre-travel security risk planning, in-country security risk assessments, and contingency planning for those traveling to high risk destinations. As soon as you know you will be travelling to a high risk area, contact Risk Services or Phillip Van Saun (UCOP Risk Services Director of Risk, Security & Resilience) directly at pvansaun@ucsd.edu to arrange assistance. |
| **Campus Contacts** | |
| **UCPD** | 510-642-3333, [**ucpd.berkeley.edu**](http://ucpd.berkeley.edu) |
| **University Health Services**  **(Tang Center)** | uhs.berkeley.edu  **Faculty/Staff:** 510-642-6891 (Occupational Health), CARE Services 510-643-7754  **Students:** Access care via the online appointment system or the advice nurses at 510-643-7197; Confidential Care Advocates at 510-643-7197 |
| **EH&S** | 510-642-3073 ; [**ehs.berkeley.edu**](http://ehs.berkeley.edu) ; ehs@berkeley.edu |
| **UC Travel Emergency**  **Assistance** | Campus Risk Services: 510-289-8282  Chubb-AXA Global Travel Assistance: +1-855-327-1420 (Toll free in the US) ; +1-630-694-9804 (Outside the US) ; [**MedAssist-USA@AXA-Assistance.us**](mailto:MedAssist-USA@AXA-Assistance.us) (E-Mail) |
| **Report Injuries** | Call EH&S at (510) 642-3073 and use the [**Employer’s Report of Injury**](http://uhs.berkeley.edu/sites/default/files/dms-incidentreport.pdf).  For non-paid students use the [**Student Accident Report Form**](http://riskservices.berkeley.edu/sites/default/files/Accidental%20Injury%20Report%203_4_2014.pdf). |

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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 and 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!** |

**Include any additional resources: route/location maps, photos of general terrain and areas requiring extra caution, etc.**

**Signature of PI/Supervisor:**

**I acknowledge this safety plan has been prepared for field work under my supervision.**

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| **Name** | **Signature** | **Date** | **Phone Number** |
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**Field Team/Participant Roster - Training Documentation**

**I verify that I have 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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