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| **Trip Goals:** | *What are the goals (research and/or teaching) of the field trip?* |
| **Group Information:** | *Name of Research Group / Course;**Principal Investigator / Lead Instructor*  | **Date of Plan creation:** | *Mo-Day-Yr* |
| **Travel Date(s):** | *If specific dates are not available, please indicate a range or season, e.g. 3/15-28/2024, Fall 2023, garibaldi spawning season* |

**A field safety plan serves as a tool to document your travel hazard assessment, communication plan, emergency procedures, and required training. Developing and using a field safety plan is part of the Cal/OSHA requirement of an effective Injury and Illness Prevention Plan (IIPP).**

**This plan should not only identify hazards but indicate how they will be addressed and mitigated.**

**Steps to prepare for field work:**

1. **Complete a field safety plan.**
2. **Complete appropriate training for your site and operations (heat illness, first aid,…).**
3. **Obtain recommended immunizations for your destination (allow 4-6 weeks prior to your trip).**
4. **Hold a pre-trip meeting with your group and/or supervisor to review the field safety plan, travel logistics, pack list (including first aid kit), personal safety and security concerns, and any remaining training needs.**
5. **Register trips via** [**UC Away**](https://ehs.ucop.edu/away/) **for travel alerts, travel insurance documentation, and evacuation services. For international travel, the** [**Worldcue Trip Planner**](https://ermsp.ucop.edu/uctrip/) **is available to assist with planning logistics, identify local services, and provide guidance regarding local hazards. Travel arrangements can be made through Connexxus, which will provide a detailed itinerary.**

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| **Site Information** |
| **Geographic Location** | Name/Description: *e.g., Country, State, Field Site*Coordinates (Latitude, Longitude): *XX°X.X from GPS/Map*  |
| **Site Information** | *Briefly describe the elevation, terrain, environment. Make note if the area is Isolated or remote.*  |
| **Travel to Site** | *How will participants get to the field site? Note any dangerous roads or conditions.* *Are there any particular restrictions or challenges to accessing the site? Note any alternate routes. Review the* [*University Auto Insurance Policy*](http://risk.ucsc.edu/insurance/insurance-programs/auto-insurance.html) *for university vehicles, personal vehicles, and rental vehicles.* |
| **Transportation** | *What vehicles will be used during fieldwork operations? Plane, helicopter, watercraft, car, ATV.* *UCSC Risk Services manages a* [*variety of insurance programs*](https://risk.ucsc.edu/insurance/insurance-programs/index.html) *that may be applicable.* |
| **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?*  |
| **Environmental Hazards** | *Describe any dangerous animals, insects, endemic diseases, poisonous plants, etc. that participants may encounter. Provide intended mitigation measures; discuss prior to trip.* |
| **Personal and Regional Security** | *Are any of the group’s individuals at high risk for harassment or violence at the field site based on their identities? Is there any instability at the destination? Note intended mitigation measures; discuss prior to trip. For International travel, check the* [*U.S. State Department travel site*](https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/) *for current travel alerts. Look up the cumulative security rating (CSAR) for your destination via the* [*Worldcue Trip Planner*](https://ermsp.ucop.edu/uctrip)*. Note, travel to any region with a CSAR rating of 4 or 5 requires additional review.* |
| **Go/No Go Criteria** | *What are the conditions under which approach to, or activities at, the site should be curtailed or canceled? e.g. heavy rains, electrical storms, snow, temperatures > 100 degrees, within 2 hours of high tide, wave heights over 1 meter, US State Department travel warning or alert, etc.*  |
| **Expected Weather** | *What will the weather conditions typically be for the time you are there?*  |
| **Drinking Water Availability** | *If the 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 requires 2 gallons per person.*☐Plumbed water available ☐ Water cooler with ice to be provided ☐ Bottled water provided ☐ Natural source and treatment methods (e.g. filtration, boiling, chemical disinfection): |
| **Access to Shade/Shelter** | *If the forecast exceeds 80*°*, shade must be provided by any 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-operations meeting required.* ☐ Direct supervision ☐ Buddy system ☐ Reliable cell or radio contact ☐ Other: |
| **Communication and Emergency Action Plans** |
| **Local Contact** | *Name, address & phone #; this may be a local colleague/institution, reserve manager, USFS office, etc.* *If staying overnight, lodging location: name, address, phone #*  | **University Contact****(Not participating in trip)** | *Name, number, email; this may be a Professor/PI, department contact, supervisor back on campus* *Frequency of check ins: daily or other?* *University Contact should have travel itineraries for team members* |
| **Cell Phone Coverage** | **Coverage at Site:** *e.g.* *good, spotty, none***Nearest location with coverage:** *Consider carrying a satellite communication device for locations without cell coverage****.***  | **Satellite Communication devices** **(phone, InReach or Personal Locator)** | **Device carried?** ☐yes ☐no**Type:** **Name of device if from loaner program:** |
| **Plan for Redundant Communications** | *Detail your plan for minimizing single point communications, e.g., there should not be a single person overseeing access to a single satellite device. Will each participant be able to access their cell phones and/or the internet on a regular basis?* |
| **Contacting Emergency Medical Services (EMS)** | *Describe the procedure for contacting emergency medical services from the field site.* *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, county sheriff’s office or other local authorities.* |
| **Nearest Emergency Department (ED)** | *Describe the evacuation plan and transportation options to the nearest Emergency Department; include estimated transport time, contact information and driving directions from the site.* |
| **Participant Preparation and Expectations** |
| **Field Team/ Participants** | Is anyone working alone? ☐ Yes ☐ No *If yes, develop a communications plan (see above) with strict check-in procedures.*Primary Field Team Leader: *Name, phone number*Secondary Field Team Leader: *Name, phone number*☐ Field Team/Participant list is attached as training documentation (see last page) |
| **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 for appropriate training and documentation.*  |
| **Mental Demands** | *List any unique mental demands required for this trip, e.g. long travel days, high stress environments, different cultural norms, etc.* |
| **Code of Conduct** | *Describe the plan to create shared expectations of behavior for your group, e.g. Community Agreement, Code of Conduct. Does a Code of Conduct already exist at the field site/station/reserve? How will breaches of codes and agreements be handled?* |
| **Procedure for Reporting Incidents of Harassment** | *Describe how reports of harassment will be taken at the field site. Identify specific contacts at UCSC who will receive incident reports from the field site. Identify any mandated reporters/responsible employees in the group who are required to report to the institution.* |
| **Special Circumstances (if applicable)** | *Describe any special considerations for participants, such as the involvement of multiple organizations and/or third parties at the field site, difficulties accessing confidential support given any communication barriers, etc.* |
| **First Aid Training and Supplies** | *Cal/OSHA requires at least one First Aid-trained person (with current certification) for work in remote locations. CPR training is also recommended.**List team members with current certifications and the type of training received.* Location and description of group first aid kit: *Who is carrying it, where is it stored.* |
| **Immunizations or Medical Evaluation (if applicable)** | *List required immunizations/prophylaxis or required medical evaluation. CDC provides recommendations based on location, wwwnc.cdc.gov/travel. For additional medical guidance and immunization services please contact UrgencyMED, (831) 704-3030 or your primary care physician. Allow at least six weeks prior to trip.*  |
| **Other Hazards and Equipment** |
| **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.* |
| **Research Tools** | *Brief description of tools or equipment that will be used to access research site or during research activities. Indicate if any specific training is required before use, e.g. sharps (knives, razors, needles), hand tools, power tools, heavy machinery, specialty equipment, firearms.*  |
| **Personal Protective Equipment** | **Required—***e.g.**boots, safety glasses, PFDs, hardhats, etc.* **Recommended—***e.g. walking sticks, gloves, long pants, etc.*  |
| **Additional Considerations** |
| **Export Controls** | *Note that you must comply with all export control regulations, which cover shipment of controlled physical items, such as scientific equipment and transfers of controlled information, including technical data*. *Contact the UCSC Export Control Officer (export@ucsc.edu) for information.* |
| **International Activities** | *Have you considered visas, permits, finances, transportation of specialized equipment, and data security? Check with the* [*Global Engagement*](https://global.ucsc.edu/) *office regarding required approvals.*  |

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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!**  |

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| **On-Campus Contacts:** |
| **UCSC Police Department Emergency Number:** (831) 459-2345, Non-Emergency Number: (831) 459-2231 |
| **University Health Services** | ***Faculty/Staff:***  | <http://risk.ucsc.edu/workers-comp/authorized-medical-providers.html>, Doctors on Duty - (831) 425-7991 |
| ***Students:*** | Cowell Student Health Center, <http://healthcenter.ucsc.edu/>, (831) 459-2211 |
| ***Counseling & Psychological Services (CAPS)*** | <http://caps.ucsc.edu/counseling/crisis-assistance.html>, (831) 459-2628 |
| **Center for Advocacy, Resources and Empowerment (CARE)** | <https://care.ucsc.edu/>, for survivors and victims of sexual assault, Same day appointments- (831) 502-2273; For support outside of our office hours, please call Monarch Services 24/7 crisis line: 1-888-900-4232 |
| **Title IX office** | <https://titleix.ucsc.edu/>; Any person may report incidents of sexual violence, sexual harassment, relationship violence, stalking, or other forms of prohibited behavior to the campus Title IX Office. Email: titleix@ucsc.edu or phone: 831-459-2462. |
| **Travel Insurance** **UCSC:****Emergency Number:**  | (831) 459-1458, <http://risk.ucsc.edu/insurance/insurance-programs/travel-insurance.html> (855) 327-1420 (Domestic) or +1-630-694-9804 (Outside the USA) |
| **Environmental Health & Safety (EH&S):** [ehs.ucsc.edu](http://ehs.ucsc.edu/), (831) 459-2553, ehs@ucsc.edu |  |
| **Report injuries:**  | Emergency - 911 submit report [Employer’s First Report of Injury (EFR, ehs.ucop.edu/efr)](https://ehs.ucop.edu/efr/home) |

**Signature of Academic Supervisor/PI:**

**I acknowledge that this safety plan has been prepared in accordance with the requirements of the University of California, Santa Cruz “Field Research Safety” Policy and EH&S “Procedure for Field Research Safety.”**

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