**Domestic UBC Field Work Safety Plan**

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| 1. **GENERAL INFORMATION** |

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| **Date Field Safety Plan Prepared** | Click or tap to enter a date. |
| **Department** |  |
| **Prepared by (Name)** |  |

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| **Purpose of Field Work** | **Yes** | **No** | **Details** | |
| Component of Academic Course |  |  | Course Name |  |
| Course Number |  |
| Course Instructor Name |  |
| Component of Research Project |  |  | Principle Investigator Name |  |
| Other |  | Specify: | | |

Summary of activities conducted at field site:

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| 1. **DURATION OF FIELD WORK** |

*Choose one option*

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| **One time visit to the field site** | | **Multiple visits to the same/similar field site(s) with similar hazards**2 |
| **Date of Departure** | Click or tap to enter a date. |  |
| **Date of Return** | Click or tap to enter a date. |  |

2Multiple trips to the same/similar site(s) with similar hazards for the same activities by the same people can be covered by one Field Safety Plan, provided activities and participants remain as specified.

When minor changes occur (no new hazards are introduced), an addendum to a previously submitted plan can be added. Any significant changes to the activity will require the onsite supervisor to reassess risks and submit a new Field Safety Plan. Any new participants should be reflected on a revised Field Work Safety Plan. A Field Work Safety Plan is good for 12 months. For ongoing or long-term projects, the supervisor should submit a new version each year.

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| **FIELD WORK PARTICIPANT INFORMATION** | | |
| **Name** | **Affiliation (UNDG student, Graduate student, Staff, Faculty, volunteer)** | **Phone Number** |
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| *Add rows as needed* |  |  |

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| 1. **DESTINATION INFORMATION** |

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| **Name of Field Work Site** | **Date range of visit(s)** | **Region (Province)** | **City/Closest City to Field Work Site** | **GPS coordinates or civic address of Field Work Site** |
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| *Add rows as needed* |  |  |  |  |

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| 1. **LOCAL HOST ORGANIZATIONS AND COLLABORATORS** |

*e.g. universities, research centres, NGOs, archives, libraries, etc. that you will be affiliated with.*

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| **There is a local contact at the field site (complete details below)** | **There will be no local contact at the field site** |

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| Name of Organization |  |
| Location (city and province) |  |
| Key Contact: Name |  |
| Key Contact: Role/Title |  |
| Key Contact: Email |  |
| Key Contact: Phone Number |  |
| Safety Resources offered by organization (ie. Secure transportation, translators, local orientation and safety training) |  |

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| 1. **ACCOMODATION (if ≥ 24 hours)** |

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| **Dates** | **Type of Lodging**3 | **Civic Address/GPS Coordinates** | **Closest City** | **Phone number for lodging venue (if applicable)** |
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*3CG (Campground); WT (Wilderness Tenting); TR (Trailers); CA (Cabin); HM (Hotel/Motel)*

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| 1. **TRANSPORTATION** | |
| How are you arriving to the Field Work Site? | By Air  By Ground (ie. Driving)  By Water (ie. Boat) |
| How are you commuting to your accommodation? | N/A, less than 24 hour trip |
| How are you getting to and from your accommodation to the Field Work Site? | N/A, less than 24 hour trip |
| How are you commuting while on the Field Work Site *(if applicable)* |  |

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| 1. **HAZARDS, CONTROLS, AND EMERGENCIES** |

*Check the applicable hazards of the field site from the table below and for each, identify controls and emergency considerations*

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| **Natural Hazards** | | | | | | | | |
|  | Avalanches | |  | Hazardous Flora and Fauna | |  | | Flash flood |
|  | Working Cliffside/Mountainside | |  | Wildlife encounter (bears, snakes etc.) | |  | | Working near water |
|  | Elevation (low oxygen) | |  | Pests | |  | | Working on or over water |
|  | High Altitude (falling from) | |  | Fire | |  | | Working on ice |
|  | Falling objects | |  | Wildfire | |  | | Extreme Marine Weather (Rogue Waves, current) |
|  | Terrain (uneven, Rocky, loose ground, slippery, sharp objects etc.) | |  | Wildfire Smoke | |  | | Entanglement |
|  | Extreme Land weather (strong winds, rain, fog etc) | |  | Temperature Extreme (Hot) | |  | | Engulfment |
|  | Lighting | |  | Temperature Extreme (Cold) | |  | | Nearby road traffic |
|  | Remote region (forest, lake etc.) with no WiFi/Data | |  | Darkness/low light | |  | | Tight spaces/narrow openings/overhangs |
|  | Other: | |  | | | | | |
|  |  | | | | | | | |
| **Transportation Hazards** | | | | | | | | |
|  | Road Traffic (vehicle crash etc.) | |  | Vehicle Condition (flat tire, mechanical issue, etc.) | |  | | Rollover |
|  | Wildlife crossings | |  | Route Conditions – weather extremes (stuck in vehicle, off roads etc.) | |  | | Long hours of driving |
|  | Other: | | | | | | | |
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| **Field Work Hazards** | | | | | | | | |
|  | Slips/Trips and Falls on the same level | |  | Fatigue | |  | | Hand tools/equipment (cuts/scrapes, etc.) |
|  | Awkward posture (reaching, crouching, etc.) | |  | Contact with hazardous materials (chemicals, etc.) | |  | | Machines (exposed moving parts) |
|  | Excessive Force required (pushing/pulling, etc.) | |  | Compressed gas and/or pressurized systems | |  | | Mobile equipment (ATV, etc.) |
|  | Awkward Load (carrying/lifting, etc.) | |  | Climbing | |  | | Sharps (needles) |
|  | Duration (Long hours, etc.) | |  | Dehydration | |  | | Vibration |
|  | Work Rate (fast pace, etc.) | |  | Getting Lost | |  | | Noise (>85 decibels) |
|  | Other: | | | | | | | |
| **List Hazards checked (and details if necessary)** | | **Risk Level**4 **(Low/Med/High)** | | | **Controls to minimize Risk due to Hazard** | | **Emergency Actions5** | | |
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| *Add rows as needed* | |  | | |  | |  | | |

4Risk Level considers the probability of the hazard causing injury to the individual impact of that injury to the individual

* To determine the probability, consider things like duration and frequency of exposure to the hazard and historical incidents.
* To determine the impact, consider the severity of the harm, presence of others in the vicinity, and capability, willingness and timeliness of others to provide assistance.

**Probability**

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| --- | --- | --- | --- | --- |
|  | **Impact** | | | |
|  | **Minor**  *Minor cuts, bruises, irritation or physical discomfort* | **Moderate**  *Injury or illness requiring medical treatment* | **Major**  *Injury or illness requiring hospital admission and/or temporary impairment (≤ 6 months)* | **Extreme**  *Injury or illness resulting in long term or permanent impairment. One or more fatalities* |
| **Rare**  *Not known to have occurred, but considered remotely possible* | Low | Low | Medium | Medium |
| **Unlikely**  *It has been known to occur but not likely in normal circumstances* | Low | Medium | Medium | Medium |
| **Moderate**  *From once per month to once per year, may occur at some time* | Medium | Medium | Medium | High |
| **Likely**  *From once per day to once per month, expected to occur at some time* | Medium | Medium | High | High |
| **Very Likely**  *Continuously or many times daily, expected to occur regularly under normal circumstances* | Medium | High | High | High |

5 Emergency Actions refers to identifying key actions that will be taken in the event that the hazard causes harm to an individual. Refer to <https://travelfieldsafety.ubc.ca/topic-specific-resources-for-field-safety-planning/> for assistance.

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| 1. **HAZARD SPECIFIC TRAINING** |

*Detail any specific training that participants will receive with respect to the hazards checked off in Section 9*

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| --- | --- |
| **Name of Trained Participant** | **Training Completed** |
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| *Add rows as needed* |  |

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| 1. **COMMUNICATIONS** | | |
|  | **Communication with participants at Field Site** | **Communication with University Contacts not at Field Site** |
| **Mode of communication (cell phones, satellite phones, radio frequency etc.)** |  |  |
| **Phone Number (or equivalent)** |  |  |
| **Frequency of Communication** |  |  |

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| 1. **WORKING ALONE OR IN ISOLATION** |

*Working in teams (≥ 2) is always encouraged to avoid working alone situations.*

*Working Alone is defined as working in circumstances where assistance would not be readily available to the worker (a) in the case of an emergency or (b) in case the worker is injured or in ill health*

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| --- | --- |
| **Field Work requires participants to work alone (complete details below)** | **Field Work does not require participants to work alone** |

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| --- | --- |
| Name(s) of participants working alone |  |
| Check-in Designate Name(s) |  |
| Duration of Work Alone period |  |
| Activities carried out while Working Alone |  |
| Frequency that worker will check-in with Check-in Designate  *(higher the risk, higher the check in frequency, minimum requirements to check-in at start and end of work alone period)* |  |
| Method of communication for check-ins (phone call, radios etc.) |  |
| Escalation Procedure (if a check-in is missed) |  |

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| 1. **EMERGENCY RESPONSE CONTACT INFORMATION** |

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| **University Contacts (Not at Field Site)** | | |
| **Name** | **Role** | **Phone Number** |
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| *Add rows as needed* |  |  |

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| **Local Contact Information (At Field Site)** | | |
| **Name** | **Role** | **Phone Number** |
|  |  |  |
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| *Add rows as needed* |  |  |

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| --- | --- |
| **Local Emergency Information** | |
| **Local Emergency Response Number** | 9-1-1 |
| **Nearest Hospital(s) to the Field Site(s)** |  |
| **Coast Guard (Canadian or equivalent)** |  |

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| **First Aid Information** | | |
| **Name of First Aid Attendant** | **Level of First Aid** | **Phone Number to Summon First Aid** |
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| *Add rows as needed* |  |  |

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| 1. **COMMUNICABLE DISEASE FRAMEWORK** |

*A communicable disease is an illness caused by an infectious agent or its toxic product that can be transmitted in a work, research or academic environment from one person to another (i.e. influenza, COVID-19, norovirus)*

|  | **Yes** | **No** | **N/A** | **Details** |
| --- | --- | --- | --- | --- |
| Have communicable disease entry/exit requirements been identified and addressed? |  |  |  | If yes, list requirements here: |
| Have all participants been directed complete a daily health check, wash hands, not attend activities if symptomatic? |  |  |  | If no or N/A, describe why |
| If a participant at the field site develops symptoms, is there a plan to ensure the worker/student is cared for or safely transported home |  |  |  | Describe the plan or why there isn’t a plan |
| Will there be access to testing kits and /or required vaccination records for any applicable communicable diseases? |  |  |  | If yes, describe |
| Is self-isolation or quarantining required for any communicable disease? |  |  |  | If yes, how will you manage this? |

1. **DISTRIBUTION OF THE COMPLETED FIELD WORK SAFETY PLAN**

A copy of this completed Field Work Safety Plan must be distributed to:

* University Contacts not at the Field site identified in section 13
* All participants identified in section 3

A physical copy of this plan in addition to digital must be taken to the field site.

1. **PARTICIPANT AND SUPERVISOR ACKNOWLEDGEMENT**

**Project/Course Supervisor**

I confirm I have thoroughly reviewed this Domestic Field Work Safety Plan and I understand that as the project/course supervisor I am responsible for the health and safety of staff and students participating in this work.

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| --- | --- | --- |
| **Name** | **Role** | **Date (MM/DD/YYYY)** |
|  |  | Click or tap to enter a date. |

**Supervisor at Field Site**

I confirm I have thoroughly reviewed this Domestic Field Work Safety Plan and I understand that as the field supervisor I am responsible for the health and safety of staff and students participating in this work.

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| **Name** | **Role** | **Date (MM/DD/YYYY)** |
|  |  | Click or tap to enter a date. |

**Participants at Field Site**

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| **Participant’s Name** | **I Confirm that I have thoroughly reviewed the contents of this plan and have a copy of this plan** | **Date (MM/DD/YYYY)** |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |
| *Add rows as needed* |  | Click or tap to enter a date. |

1. **APPROVAL**

This completed plan must be sent to the Department Head, Director or Dean who must confirm they have reviewed this Domestic Field Work Safety Plan and support this activity.

**Department Head, Director or Dean**

I confirm I have reviewed this Domestic Field Work Safety Plan and support this activity. I understand that I am responsible for the health and safety of staff and students participating in this work and for ensuring that supervisors and faculty in my department who conduct this work have been made aware of the responsibilities.

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **Date (MM/DD/YYYY)** |
|  |  | Click or tap to enter a date. |