

# Domestic UBC Field Work Safety Plan

1. GENERAL INFORMATION	
Date Field Safety Plan Prepared Department Prepared by (Name)	Click or tap to enter a date.

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:

# 2. DURATION OF FIELD WORK

Choose one option

□ One time visit to t	he field site	$\Box$ Multiple visits to the same/similar field site(s) with similar hazards <sup>2</sup>
Date of Departure	Click or tap to enter a date.	
Date of Return	Click or tap to enter a date.	

<sup>2</sup>Multiple 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.

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



#### 3. DESTINATION INFORMATION

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
Add rows as needed				

#### 4. LOCAL HOST ORGANIZATIONS AND COLLABORATORS

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

# □ There is a local contact at the field site (complete details below)

□ There will be no local contact at the field site

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)	

# 5. ACCOMODATION (if $\geq$ 24 hours)

Dates	Type of Lodging <sup>3</sup>	Civic Address/GPS Coordinates	Closest City	Phone number for lodging venue (if applicable)

<sup>3</sup>CG (Campground); WT (Wilderness Tenting); TR (Trailers); CA (Cabin); HM (Hotel/Motel)



6. 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	□ N/A, less than 24 hour trip
accommodation?	
How are you getting to and from your	□ N/A, less than 24 hour trip
accommodation to the Field Work Site?	
How are you commuting while on the Field	
Work Site <i>(if applicable)</i>	

# 7. HAZARDS, CONTROLS, AND EMERGENCIES

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

Nat	ural Hazards		
	Avalanches	Hazardous Flora and Fauna	Flash flood
	Working	Wildlife encounter (bears,	Working near water
	Cliffside/Mountainside	snakes etc.)	
	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,	Wildfire Smoke	Entanglement
	loose ground, slippery,		
	sharp objects etc.)		
	Extreme Land weather	Temperature Extreme	Engulfment
	(strong winds, rain, fog etc)	(Hot)	
	Lighting	Temperature Extreme	Nearby road traffic
		(Cold)	
	Remote region (forest, lake	Darkness/low light	Tight spaces/narrow
	etc.) with no WiFi/Data		openings/overhangs
	Other:		
Trai	nsportation Hazards		

Road Traffic (vehicle crash	Vehicle Condition (flat tire,	Rollover
etc.)	mechanical issue, etc.)	



Wildlife crossings	Route Conditions –	Long hours of driving
	weather extremes (stuck	
	in vehicle, off roads etc.)	
Other:		

#### Field Work Hazards

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	Slips/Trips and Fa same level	lls on the		Fati	igue	Hand tools/equipment (cuts/scrapes, etc.)
	Awkward posture crouching, etc.)	e (reaching,		00.	ntact with hazardous terials (chemicals, etc.)	Machines (exposed moving parts)
	Excessive Force re (pushing/pulling,				npressed gas and/or ssurized systems	Mobile equipment (ATV, etc.)
	Awkward Load (carrying/lifting, e	etc.)		Clin	nbing	Sharps (needles)
	Duration (Long ho			Deł	nydration	Vibration
	Work Rate (fast p	ace, etc.)		Get	ting Lost	Noise (>85 decibels)
	Other:					·
			$\mathbf{w} \mathbf{o} \mathbf{l}^{4}$		Controls to minimize	Emergency Actions <sup>3</sup>
LIST	Hazards checked (and details if necessary)	Risk Le (Low/Me		h)	Risk due to Hazard	Emergency Actions⁵
LISU	(and details if			h)		Lineigency Actions
	(and details if			h)		
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<sup>4</sup>Risk 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.

Impact			
 Minor Minor cuts, bruises, irritation or physical discomfort	<b>Moderate</b> Injury or illness requiring medical treatment	Major Injury or illness requiring hospital admission and/or temporary impairment (≤ 6 months)	<b>Extreme</b> 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
<b>Unlikely</b> 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

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



#### 8. HAZARD SPECIFIC TRAINING

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

Name of Trained Participant	Training Completed
Add rows as needed	

9. 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		

#### 10. WORKING ALONE OR IN ISOLATION

Working in teams ( $\geq 2$ ) 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

□ Field Work requires participants to work alone	□ Field Work does not require participants to
(complete details below)	work alone

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)	



## **11. EMERGENCY RESPONSE CONTACT INFORMATION**

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

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

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

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

#### 12. 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				If yes, list requirements
requirements been identified and addressed?				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?



#### 13. 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.

#### 14. 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.

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.

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

#### Participants at Field Site

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.



## 15. APPROVAL

The completed plan must be sent to <u>biology.okanagan@ubc.ca</u> who will then review, and forward to the Department Head, Safety Committee who must confirm they have reviewed this Domestic Field Work Safety Plan and support this activity by completing a separate signature form (provided by the Department).

Submitted form and documents will be reviewed by the Department Head and/or Safety Committee. Signature, student consent forms, classlist and trip plan will be stored together for records.

#### 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.