

Appendix 4: Field safety plan

This template can be used by Supervisors, team leaders, and team members to create a safety plan for all field research trips. This should serve as a guide for field teams to think about potential environmental hazards, have contact information clearly in one place, and information on medical facilities in the event of a medical emergency. Supervisors should review this plan with team leaders and members before field research begins, and team members should have copies of the plan during field research.

Research team			
Project title			
Supervisor <i>(Name, phone number)</i>			
Team Leader <i>(Name, phone number)</i>			
Field Team Members <i>(Names, phone numbers)</i>			
Travel Date(s)			
Planned activities <i>List proposed activities briefly</i>			
Is anyone working alone? <i>Yes/No? Names</i>		Frequency of check-ins? <i>Daily Other?</i>	
Communication plan			
Contact information while in field <i>(Provide information on how each team member can be contacted in the field [cell phone number, satellite phone number, CB radio or walkie talkie channel, etc.])</i> <i>If cell coverage is unreliable in parts of the field site, provide information on where best service can be found</i>			

<p>Daily Communication Plan</p> <p><i>(How frequently will team members check in with one another? Who is responsible for checking in? What is the protocol if a team member cannot be reached?)</i></p>			
<p>Research site information</p>			
<p>Field site geographic location</p> <p><i>Name of location, geographic coordinates.</i></p> <p>Link to online map</p>			
<p>Is the field site new?</p>	<p>Yes / No</p>	<p>If no, names of previous investigators</p>	
<p>Specific site information</p> <p><i>Elevation, terrain, environment, lakes, rivers or forests</i></p>			
<p>Access to Shelter/Drinking water</p>	<p><input type="checkbox"/> Plumbed water available <input type="checkbox"/> Bottled water provided</p> <p><input type="checkbox"/> Cabins /Labs <input type="checkbox"/> Tents <input type="checkbox"/> Vehicle with A/C</p>		
<p>Nearby facilities</p> <p><i>Name, distance, hours of operation</i></p> <p><i>If not, where is the nearest service area?</i></p>	<p><input type="checkbox"/> Restrooms <input type="checkbox"/> Gas <input type="checkbox"/> Firewood</p> <p><input type="checkbox"/> Store <input type="checkbox"/> Other:</p>		
<p>Travel and access</p> <p><i>List typical access roads and alternate routes</i></p>			
<p>Environmental risk factors</p> <p><i>Describe any environmental conditions (terrain, plants, animals, disease vectors) that create a risk.</i></p> <p><i>Briefly discuss safety measures planned.</i></p> <p><i>List any specialized safety equipment needed (e.g., bear spray, rifle...)</i></p>			

<p>Human interaction risk factors</p> <p><i>List any potential risk factors from the locals or criminal groups and briefly discuss management plans.</i></p>	
<p>Weather risk assessment and management plan</p> <p><i>Identified weather risks: Extreme cold, extreme heat, lightening, flooding</i></p> <p><i>What are the conditions under which field activities at the site should be canceled?</i></p> <p><i>Briefly discuss safety measures to reduce risk and emergency plan in case of an emergency</i></p>	
<p>Emergency services and contact information</p>	
<p>Field site contact</p> <p><i>Name, address and landline phone number of local institutions,</i></p> <p><i>Name of campsite, cabins, dorms</i></p> <p><i>Address, location and phone numbers</i></p>	
<p>Institution Contact and other persons not participating in field team</p> <p><i>Name of department chair, personnel manager, number, email of other department administration on campus, or other lab members</i></p>	
<p>Nearest emergency medical services or hospital</p> <p><i>Contact information for nearest emergency medical services. List the local full telephone number (not just 911) and provide an address. Attach a map of route from field site to medical facility.</i></p>	
<p>Evacuation plan</p> <p><i>List the identified evacuation plan in case of an emergency (driving, splitting up team...)</i></p>	

Field researcher(s) information	
<p>Physical demands</p> <p><i>List physical demands required for this trip (hiking, climbing, wading, high altitudes, other)</i></p>	
<p>First aid training</p> <p><i>List team members trained in first aid and CPR.</i></p> <p><i>Location of first aid kit, or who is carrying it.</i></p> <p><i>Brief description of any special components.</i></p>	
<p>Immunizations or prophylactics</p> <p><i>List required immunizations/prophylaxis needed.</i></p>	
<p>Medications</p> <p><i>List any regularly taken medication that might need to be given in an emergency: epipens, insulin, nitroglycerine pills, allergy shots, asthma inhalers, other.</i></p> <p><i>List how they are carried and stored: refrigerated or room temperature</i></p>	
Equipment, Activities, Permits	
<p>Fieldwork transportation</p> <p><i>What vehicles will be used during field research operations? watercraft, car, ATV.</i></p>	
<p>Research activities</p> <p><i>Detail the goal of field operations</i></p>	
<p>Research hazards</p> <p><i>Describe the potential research-associated hazards and hazardous materials</i></p>	

<p>Research Tools</p> <p><i>Brief description of tools or equipment that will be used to access research sites or conduct research activities. Including sharps, power tools, heavy machinery, specialty equipment, firearms</i></p>	
<p>Personal Protective Equipment</p> <p>Required—Boots, safety glasses, hardhats, snake gaiters, reflective vests, etc.</p> <p>Recommended—Waders, gloves, long pants, mosquito net (sleeping), etc.</p>	
<p>Permits</p> <p><i>Do you have the required permits for working at the site, collecting specimens, or shipping specimens across political boundaries?</i></p> <p><i>Is the contact information of the permit issuer(s) on the permit? If not, provide contact information here.</i></p>	
<p>Affiliation Documents</p> <p><i>Do all team members have documents (letters on institutional letterhead, business cards, magnet decals for vehicles) to carry with them that would demonstrate their institutional affiliation and authority?</i></p>	
Institution Contacts	
<p>PSU Campus Public Safety: Off-Campus Emergency: 503-725-5911 Non-Emergency: 503-725-4407</p>	
<p>PEBB - Public Employees Benefit Board: https://www.oregon.gov/oha/pebb/pages/index.aspx</p> <p>[ADD personal insurance information]: [address of provider] [###-###-####] (hospital) [###-###-####](emergency)</p>	

PSU Environmental Health & Safety]:

503-725-3738

EHS-group@pdx.edu**trainee injuries**

Student Health and Counseling (SHAC)

1880 SW 6th Ave. Portland, Suite 200

<https://www.pdx.edu/health-counseling/health>

503-725-2800

Staff/faculty injuries:

503-725-4945

<http://bit.ly/psu-injuryreport>

Supervisor and Team Leader Signature: *I prepared this Field Safety Plan and reviewed its contents with all team members.*

Name (printed)	Signature	Date

Field Team Members: *I read and discussed this Field Safety Plan with my Supervisor and Team Leader, I understand the outlined risks associated with this field research, and I understand the process for mitigating risks as outlined in this plan.*

Name (printed)	Signature	Date