Reed College Field Research Safety Plan Template

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| Field Research Safety Plan Template | | | |
| Field Site Location |  | | |
| Activity Description |  | | |
| Plan Created For |  | Date of Revision |  |
| Date(s) of Travel |  | | |
| Site Information | | | |
| Location | Latitude: |  | Longitude: |
| Site Information |  | | |
| Travel to Site |  | | |
| Site Access |  | | |
| Environmental Hazards |  | | |
| Security |  | | |
| No Go Criteria |  | | |
| Expected Weather |  | | |
| 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): | | |
| *Acclimatization* | If forecast exceeds heat index of 80°, [heat acclimation practices](https://www.cdc.gov/niosh/topics/heatstress/acclima.html) must be implemented.  *Describe acclimatization plan.* | | |
| Access to Shade/Shelter | If forecast exceeds heat index of 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 heat index is expected to exceed 90° 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 as temperatures increase](https://www.reed.edu/ehs/safety-information-and-programs/index/h/heat-illness-prevention-and-response.html#heat)). 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: | | |
| Wildfire Smoke Procedures | Should AQI(PM2.5) reach or exceed 101, filtering facepieces must be provided for voluntary use. At AQI(PM2.5) of 251 or greater, filtering facepieces must be provided and use required. Effective means of communication and pre-work safety discussion required.  ☐ Direct supervision ☐ Buddy system ☐ Reliable cell or radio contact ☐ Other: | | |
| Communications | | | |
| Local Contact | **Lodging location***:* | **College Contact**  Not on trip. Provide a copy of this plan. | Frequency of check ins: |
| Emergency Medical Services |  | | |
| Nearest Emergency Department |  | | |
| Cell Phone Coverage | Primary Number:  Coverage:  Nearest location with coverage: | Satellite phone/ device | Device carried? ☐yes   ☐no  Type/number: |
| Nearby Facilities |  | | |
| Side Trips |  | | |
| Participant Information | | | |
| Field Team/ Participants | Is anyone working alone? ☐ Yes ☐ No  I*f 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:  Secondary Field Team Leader:  ☐ Field Team/Participant list is attached as training documentation  ☐ Other attachment: e.g. course roster | | |
| Physical Demands |  | | |
| Mental Demands |  | | |
| First Aid Training  & Supplies |  | | |
| Immunizations or Medical Evaluation |  | | |
| Equipment and Activities – Consult with EH&S for specific training and requirements. | | | |
| Research Activities |  | | |
| Field  Transportation |  | | |
| Research Tools |  | | |
| Chemicals and Hazardous Materials |  | | |
| Other Research Hazards |  | | |
| Personal Protective Equipment | Required:  Recommended: | | |
| Additional Considerations | | | |
| Insurance |  | | |
| International Activities |  | | |
| Personal Safety & Security | High Risk Travel: Check the [U.S. State Department](https://travel.state.gov/content/passports/en/alertswarnings.html) travel site for current travel alerts. Reed prohibits travel to level 4 countries. | | |
| Campus Contacts | | | |
| Reed Community Safety |  | | |
| Campus Health and Counseling Services |  | | |
| EHS | 503-777-7788; ehs@reed.edu | | |
| Report Injuries | ehs@reed.edu/risk@reed.edu | | |
| First Aid Reference – Signs & Symptoms of Illness (examples for heat illnesses included) | | | |
| Signs and Symptoms | Treatment | Response Actions | |
| HEAT EXHAUSTION   * Dizziness, headache * Rapid heart rate * Pale, cool, clammy or flushed skin * Nausea and/or vomiting * Fatigue, thirst, muscle cramps | * Stop all exertion. * Move to a cool shaded place. * 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 | * Move (gently) to a cooler spot in shade. * Loosen clothing and spray clothes and exposed skin with water and fan. * 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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Include any additional resources: route/location maps, photos of general terrain and areas requiring extra caution, etc.

Signature of Faculty/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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