

UVA EVSC Field Safety Plan

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Field Site Location:	<i>Descriptive name of research location (e.g. Shenandoah Valley, VA; Blandy Experimental Farm)</i>		
Activity Description:	<i>Type, length, and purpose of activity (e.g. hiking 3-4 miles, collecting specimens, etc.)</i>		
Plan Created for:	<i>Name of Research Group / Course / Trip Leader</i>	Date of revision:	<i>Mo-Day-Yr</i>
Date(s) of Travel:	<i>Start date, duration, expected return to campus</i>		

A field safety plan serves as a tool to document your hazard assessment, communication plan, emergency procedures, and training. This plan should identify hazards, as well as precautions and actions taken to address and mitigate those hazards. As you complete your plan, be mindful in considering the unique safety concerns that can apply to students with marginalized racial, sexual, and gender identities.

Instructions:

1. Complete this field safety plan: insert specifics for your site and operations, delete irrelevant sections.
2. Complete appropriate training for your site and operations (e.g. first aid, heat illness, task-specific training).
3. Obtain immunizations and prophylaxis for your destination, if applicable (schedule 8 weeks in advance).
4. Share via email with all participants in the field group to allow them to review, post questions, and evaluate risk for themselves.
5. Hold a pre-trip meeting with your group and/or supervisor to review your field safety plan, travel logistics, pack list (including first aid kit), personal safety and security concerns, and any remaining training needs.

Site Information		
Location	Latitude: XX.XX (from GPS/Map)	Longitude: XX.XX (from GPS/Map)
Site Information	<i>Elevation, terrain, environment. Land type: federal/state/private</i>	
Travel to Site	<i>How will participants get to the field site? Note any dangerous roads, conditions. Are there racial symbols, such as confederate flags, xenophobic signs, etc. along the route?</i>	
Site Access	<i>Are there any particular restrictions or challenges to accessing site? Note any alternate routes or suggested parking areas; gate access codes, etc. Make special note if isolated or remote.</i>	
Environmental Hazards	<i>Describe any dangerous wildlife, insects, endemic diseases, poisonous plants, etc. that participants may encounter. Note intended mitigation measures; discuss prior to trip.</i>	
Security	<i>Is the field site located on private property? If so, be sure the owners are contacted and approve of the proposed trip. Owners should be contacted and reminded the day before arrival and made aware of the number of participants to expect on the property.</i> <i>Is there a high risk for harassment or violence? Note intended mitigation measures; discuss prior to trip. For international travel, check the U.S. State Department travel site for current travel alerts and look up the security rating for your destination via the Worldcure Trip Planner.</i>	
No-Go Criteria	<i>What are the conditions under which approach to - or activities at - the site should be stopped or canceled? e.g. heavy rains, electrical storms, snow, temperatures > 100 degrees, within 2 hours of high tide, wave heights over 1 meter, etc.</i> <i>For complex trips, consider using the GAR Risk Management Model.</i>	

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Expected Weather	<i>Note extreme conditions that could impact the trip or require additional planning, (e.g. high heat, wind, rain, snow, approaching storm).</i>		
Drinking Water Availability	<input type="checkbox"/> Plumbed water available <input type="checkbox"/> Water cooler with ice provided <input type="checkbox"/> Bottled water provided <input type="checkbox"/> Natural source and treatment methods (e.g. filtration, boiling, chemical disinfection): Please note: review OSHA guidelines for heat-related illness identification and first aid		
Access to Shade/Shelter	If forecast exceeds 80°, shade must be provided by natural or artificial means for rest breaks. <input type="checkbox"/> Building structures <input type="checkbox"/> Trees <input type="checkbox"/> Temporary Canopy/Tarp <input type="checkbox"/> Vehicle with A/C <input type="checkbox"/> 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-work safety discussion required. <input type="checkbox"/> Direct supervision <input type="checkbox"/> Buddy system <input type="checkbox"/> Reliable cell or radio contact <input type="checkbox"/> Other:		
Emergency Services and Contact Information			
Local Contact	<i>Name, address & phone #, may be a local colleague/institution, reserve manager, USFS office, etc.</i> Lodging location: <i>name, address, phone #</i>	University Contact Someone not on trip. Provide them with a copy of this plan.	<i>Name, number, email; may be a Professor/PI, department contact, supervisor back on campus, etc.</i> Frequency of check ins: <i>daily, at end of work day, etc.</i>
Emergency Medical Services (EMS)	<i>Procedures for contacting emergency medical services.</i>		
Nearest Emergency Department (ED)	<i>Evacuation plan and transportation options to the nearest Emergency Department; include estimated transport time, contact information and driving directions from the site to the nearest provider of emergency medical care. Attach map with specific directions.</i>		
Cell Phone Coverage	Primary Number: Coverage: <i>good, spotty, none</i> Nearest location with coverage:	Satellite phone/device	Device carried? <input type="checkbox"/> yes <input type="checkbox"/> no Type/number:
Nearby Facilities	<i>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?</i>		
Side Trips	<i>Are side trips planned or allowed during free time? Before or after the planned activities? Are there restrictions, specific rules, or expected code of conduct?</i>		
Participant Information			
Field Team/Participants	Is anyone working alone? <input type="checkbox"/> Yes <input type="checkbox"/> No If no: <i>describe the buddy-system to be implemented</i> If yes: <i>describe the communication plan, which should include strict check-in procedures. If cell coverage is unreliable, will participants be provided a satellite communication device or personal locator beacon?</i> Primary Field Team Leader: <i>Name, phone number</i> Secondary Field Team Leader: <i>Name, phone number</i> <input type="checkbox"/> Field Team/Participant list is attached as training documentation <input type="checkbox"/> Other attachment: e.g. course roster		
Physical Demands	<i>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 regarding appropriate training & documentation).</i>		

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Mental Demands	<i>List any unique mental demands required for this trip, e.g. long travel days, high stress environments, different cultural norms, etc.</i>
First Aid Training & Supplies	<p>OSHA requires at least one trained person (with current certification) for work at remote sites. CPR also recommended.</p> <p><i>List team members trained in first aid and the type of training received.</i></p> <p>Location and description of group medical/first aid kit: <i>Who is carrying it, where is it stored.</i> <i>Brief description of contents.</i></p>
Immunizations or Medical Evaluation	<p><i>List required immunizations/prophylaxis or required medical evaluation, if applicable.</i></p> <p>For travel-related immunizations or medical advice, contact the UVA International Travel Clinic at 434-982-3915 8 weeks prior to your trip. For required or recommended personal protective equipment related to your research protocol, contact the UVA Occupational Health Services at 434-297-6379 (e.g. asbestos, first aid certifications, respirators, etc.)</p>

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Equipment and Activities – Consult with EH&S for specific training and requirements.	
Research Activities	Briefly describe the goal of your field operations, e.g. collection of samples, observation of animals/environment, interviews with human subjects, etc....
Field Transportation	What vehicles will be used during field operations? e.g. chartered boat, paddle craft, car, ATV, truck with trailer, snowmobile, chartered plane or helicopter, etc. Note any required characteristics such as minimum clearance or all-wheel drive, snow tires etc. UVA Office of Property & Liability manages a variety of insurance programs. Please consult their documentation on insurance coverage for assistance.
Research Tools	Briefly describe tools or equipment that will be used to access the research site or during research activities. Indicate specific training required before use, e.g. sharps (knives, razors, needles), hand tools, chainsaws, power tools, heavy machinery, tractors, specialty equipment, firearms; lasers, portable welding/soldering devices; other hazardous equipment or tools.
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.
Personal Protective Equipment	Required—e.g. boots, safety glasses, PFDs, hardhats, waders, etc. Recommended – e.g. walking sticks, gloves, long pants, hats, insect repellent, sunscreen What equipment will be provided and what are participants expected to provide for themselves?
Additional Considerations	
Insurance	Review the University Auto Insurance Policy: https://uvapolicy.virginia.edu/policy/FIN-006#Rental_Veh
International Activities	Check with the International Studies Office (ISO) regarding required approvals. Visas, permits, finances, import/export controls, transportation of specialized equipment, and data security must be considered.
Personal Safety & Security	Personal safety risks during free time should be considered and discussed with all participants in advance. These risks may include alcohol or drug use, leaving the group, situational awareness, sexual harassment, local crime/security concerns, among others. Establish and review expectations for the group and set the tone for a safe, successful trip. High Risk Travel: Check the U.S. State Department travel site for current travel alerts and you may use the Worldcue Trip Planner 'Location Intel' tab to generate a security brief for your destination.
Campus Contacts	
UVAPD	434-924-7166; https://uvapolice.virginia.edu/
University Health Services	uvahealth.com Faculty/Staff: 434-243-0075 (Occupational Health- UVA WorkMed) Students: Student Health and Wellness 434-924-5362, after hours call 434-297-4261
EH&S	http://ehs.virginia.edu/
Travel Emergency Assistance	Enroll in UVA Travel Assistance Program (no cost for faculty and students). Enroll by contacting the Procurement and Supplier Diversity Services . U.Va. Faculty and staff on University business may refer to the Office of Property & Liability Risk Management/International Insurance for information about the insurance protection that is in place for them while traveling outside of the United States.
Report Injuries	Complete the employee Incident Report Form

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First Aid Reference – Signs & Symptoms of Heat Illness		
Signs & Symptoms	Treatment	Response Action:
HEAT EXHAUSTION <ul style="list-style-type: none"> • Dizziness, headache • Rapid heart rate • Pale, cool, clammy or flushed skin • Nausea and/or vomiting • Fatigue, thirst, muscle cramps 	<ol style="list-style-type: none"> 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 <ul style="list-style-type: none"> • Disoriented, irritable, combative, unconscious • Hallucinations, seizures, poor balance • Rapid heart rate • Hot, dry and red skin • Fever, body temperature above 104 °F 	<ol style="list-style-type: none"> 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) 	<p>Call 911 or seek medical help immediately.</p> <p>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!</p>

Include any additional resources: route/location maps, photos of general terrain and areas requiring extra caution, etc.

General risk management advice is available through the [UVA Office of Property & Liability Risk Management](#) (434-924-3055).

Pre-departure checklist:

- ☐ Field site has been investigated and thoroughly evaluated for physical, mental, and racial safety concerns
- ☐ Participants have reviewed and signed field safety plan; emergency contact info collected
- ☐ All required approval forms, licenses, etc. have been obtained and printed
- ☐ Transportation details and documentation are in order - including vehicle rentals and drop-off details, if applicable
- ☐ Communication plans for field work are established; any satellite devices have been gathered
- ☐ Research tools and necessary PPE have been obtained
- ☐ Necessary trainings have been completed by all participants
- ☐ First aid kits are stocked
- ☐ Emergency plan is established, including group communication and driving route to nearest medical center

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Signature of PI/Supervisor:

I acknowledge this safety plan has been prepared for field work under my supervision.

Name	Signature	Date	Phone Number

Field Team/Participant - Training Documentation

I verify that I have read this Field Safety Plan, understand its contents, and agree to comply with its requirements.
I will disclose to the PI/supervisor any pertinent health information (e.g., epilepsy, diabetes, severe allergies, etc.)

Name/Phone Number	Signature	Date	Emergency Contact/Phone Number