

UCSB FIELD RESEARCH PLAN

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This is intended as a tool for researchers to aid in planning a safe field work experience. Completion of the form is optional and does not need to be submitted. Upon request, EH&S can provide input to the process: <http://www.ehs.ucsb.edu/field-safety>

| DEPARTMENT: | | PRINCIPAL INVESTIGATOR (name/phone): | |
|--|---|---|--|
| DATE OF DEPARTURE: | | DATE OF RETURN: | |
| PROJECT LEADER (name, email, phone): | | | |
| CHECK-IN CONTACT (name/phone. Additional info in Emergency Plan): | | | |
| LOCATION OF FIELD RESEARCH: | | | |
| General Location: _____ | | | |
| Geographical Site (lat/long if possible): _____ | | | |
| Nearest City (name/distance): _____ | | | |
| RESEARCH ACTIVITY PLANNED: General description of field work or activity & add additional pages if necessary. | | | |
| RESEARCH TEAM CONTACTS: Project Leader should ensure all participants have a copy of their health insurance card, have signed up for UC Travel Assist when traveling out-of-state/ country and all non-UCSB employees have completed a UCSB Waiver. | | | |
| NAME | Specialized Training (CPR/First Aid, etc.) | UCSB Employee, Student or Volunteer | EMERGENCY CONTACT (name and phone number) |
| 1. | | | |
| 2. | | | |
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| <p>EMERGENCY PLAN Page 2 of 4 (add additional pages if necessary)</p> | |
| <p>LOCATION OF FIRST AID SUPPLIES AND PROCEDURES:</p> | |
| <p>PROCEDURES FOR CONTACTING EMERGENCY MEDICAL SERVICES (EMS):</p> | |
| <p>EVACUATION PLAN & TRANSPORTATION OPTIONS TO EMS (include transport time):</p> | |
| <p>CLOSEST EMS:</p> <p><i>Name of the facility (preferred choice):</i></p> <ul style="list-style-type: none"> • Address: • Phone: • Hours Open & Distance: | <p><i>Name of the facility (second choice):</i></p> <ul style="list-style-type: none"> • Address: • Phone: • Hours Open & Distance: |
| <p>CHECK-IN COMMUNICATION PLAN: <i>Describe planned communication, including frequency of contact with Check-In Contact. The Check-In Contact should have a copy of the Field Plan.</i></p> | |
| <p>MAP AND DIRECTIONS: <i>Include a map of the worksite, directions, parking information and assembly point.</i></p> | |
| <p><u>UCSB CONTACT NUMBERS:</u></p> <p>UCSB Police: (805) 893-344 EH&S TAC (24/7): (805) 448-4089 UCSB Health Services</p> <ul style="list-style-type: none"> • Information: (805) 893-5361 • 24hr Nurse line: 1(800)539-1387 <p>UC Work Comp. Claim Reporting: (877) 682-7778</p> | <p>UC Auto, Property and General Liability Reporting: (800) 416-4029 UC Travel Insurance Emergency Number: (866) 451-7606 (inside US) 1-202-828-5896 (outside US)</p> <p><i>Register your trip/Apply for Travel Insurance prior to travelling 100 or more miles away from home. https://ehs.ucop.edu/away</i> For more information: http://www.ucop.edu/risk-services/loss-prevention-control/travel-assistance/</p> |

HAZARDS INHERENT TO THE PROJECT

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(check any that apply)

ENVIRONMENT:

- *Boating and/or other water activities
- High Altitude
- *Extreme temps (near freezing or >95F)
- Excessive exposure to sun, wind, etc.
- Rough/Unusual terrain
- Risk of Flash Flood/Avalanches/Rock Slides
- Work along a roadway shoulder
- *Heights (cliffs, trees, etc.)
- Disaster Area
- Violence (military, political, social unrest)
-

ACCESSIBILITY/ACTIVITIES/CULTURAL:

- Remote area/long travel to Medical Services
- Limited communication options
- Language Barriers
- Cultural Differences/Sensitivities
- *Confined Spaces/Sub Terrain
- Climbing
- *Trenching/excavating
- Work at night/poor lighting
- *Excessive Noise Exposure
- Potential for oxygen deficiency or other atmospheric hazards (gas, vapors, etc.)
- *Hazardous Materials Handling
- Lack of potable water
- Flying debris or impact
- Electrical hazards
- Fire hazards

* Special requirements for permits or trainings apply.
Contact [EH&S](#) for additional information.

FOUNA/FLORA:

- Animals (list):

- Plants (list):

EQUIPMENT/TOOLS To Be Used (list):

HAZARDOUS MATERIALS brought to area (chemical, biological, radiological):

OTHER HAZARDS:

NECESSARY PPE (personal protective equipment):

RISK ASSESSMENT

Specify measures for eliminating or reducing risks. Add additional pages in necessary:

| RISK | PRECAUTION |
|------|------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

HEAT ILLNESS PREVENTION AND RESPONSE PROCEDURES

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NO-GO CRITERIA: *Conditions under which approach to or activities at the site should be curtailed or canceled. May include heavy rains, high/low temps, electrical storms, snow, high tide, time-of-day, etc.:*

FIRST AID REFERENCES - SIGNS AND SYMPTOMS OF HEAT ILLNESS:

| SYMPTOMS: | TREATMENT: | RESPONSE ACTION: |
|---|--|--|
| <p>HEAT EXHAUSTION</p> <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 | <ul style="list-style-type: none"> • Stop all exertion. • Move to a cool shaded place. • Hydrate with cool water. | <p>Initiate treatment. If no improvement, call 911 or seek medical help. Do not return to work in the sun. Heat exhaustion can progress to heat stroke.</p> |
| <p>HEAT STROKE</p> <ul style="list-style-type: none"> • Disoriented, irritable, combative, • Hallucinations, seizures, poor balance, headaches, unconscious • Rapid heart rate, hot, dry, red skin • Fever, body temp above 103 °F | <ul style="list-style-type: none"> • 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) | <p>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!</p> |

| | |
|-------------------------------------|---|
| Drinking water availability: | <input type="checkbox"/> Potable water available <input type="checkbox"/> Water cooler <input type="checkbox"/> Bottled water <input type="checkbox"/> Other: <input type="checkbox"/> Natural source and treatment methods (e.g. filtration, boiling, chemical disinfection): |
| Access to Shade/Shelter: | <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: |

FIRST AID REFERENCES - GENERAL RESPONSE PORCEDURES in case of injuries:

- Rescue victim, control any bleeding and/or position so any required first aid may be initiated.
- Begin CPR if necessary: **(C)** Compression, **(A)** Airway and **(B)** Breathing as required.
- Activate the local EMS for transport to the nearest appropriate medical facility.
- Contact supervisor/Primary Investigator, Check-In Contact and EH&S’s TAC phone (see page 2).

ADDITIONAL INFORMATION: