Field Research Safety Plan

The purpose of this plan is to identify the hazards and risk mitigations related to a specific field research project site. It serves as a training and communication tool for all members of a research team. This document may be prepared by the researcher/ supervisor but must be reviewed for completeness and accuracy and signed by the Responsible Party (Principal Investigator). Faculty and staff entering the field must review and sign this plan. While not intended for student field trips, a professor may choose to use this at his/her discretion.

For the safety of all parties involved in Field Research, please complete the following:

* Complete the safety plan: enter details about specific locations of research. Some sections may not be applicable.
* Complete [LATCH](https://www.labcliq.com/l/ufl/) for lab and required/ recommended trainings.
* If applicable, meet with SHCC travel nurse to determine recommended evaluation, vaccines, prophylaxis, etc. [*http://shcc.ufl.edu/services/specialty-care/travel-counseling-vaccinations/*](http://shcc.ufl.edu/services/specialty-care/travel-counseling-vaccinations/)
* Hold pre-trip meeting to review safety plan, discuss safety/ security concerns, travel details, etc.
* An easily accessible, preferably printed, copy of the Field Research Safety Plan must be available during the trip.
* If this is a recurring activity, the plan must be reviewed, and if necessary, updated before the new research trip begins.
* Safety plan location must be noted in any associated LATCH Hazard Assessments and/or IACUC protocols.

# General Description

|  |  |
| --- | --- |
| **Purpose of Activity** | *Type, duration, description of activity (e.g. collecting specimens for disease analysis; observation of birds over 4 months in Africa)* |
| **Site Location** | *Name of research location (e.g. Everglades NP, Homestead, FL; Mountains North of Port of Spain, Trinidad)* |
| **Group/ Lab Using Plan:** | *Name of Lab/ Course/ Researcher* |
| **Date(s) of Travel:** | *Start and return date. (e.g. 8/1/19-9/1/19; every Friday in August-October 2019)* |

# Responsible Party’s contact information

|  |  |
| --- | --- |
| **Principal Investigator/Supervisor** |  |
| **Department** |  |
| **Phone Number(s)** |  |
| **Email Address** |  |

# Field site (local) contacts

|  |  |  |
| --- | --- | --- |
| **Name** |  |  |
| **Organization** |  |  |
| **Phone Number(s)** |  |  |
| **Email Address** |  |  |

# UF Contact: Not on trip (give copy of this plan)

|  |  |
| --- | --- |
| **Name** |  |
| **Department** |  |
| **Phone Number(s)** |  |
| **Email Address** |  |
| **Frequency of Check-ins** | *E.g. At end of every day, twice a day, etc.* |

# Research Description

|  |  |
| --- | --- |
| **Research Activities** | *Briefly describe the activities being performed (e.g. trap and release, observations only, collecting specimens)* |
| **Transportation** | *How will staff get from site to site, camp to site, etc. (e.g. personal/ state vehicle, boat, walking)* |
| **Associated Known or Potential Hazards** | *Specific hazards/risks that you may encounter in the field (e.g. animal/insect bites, parasites, poisonous plants, or venomous animals, or potential exposure risks such as needlesticks) or Physical hazards associated with the activities (e.g. use of hand tools, chainsaws, tractors)* |
| **Other Hazards** | *Other hazards associated with the activities* |
| **Potential Associated Zoonotic/ Endemic Diseases** | Bacterial: Click or tap here to enter text.  Viral: Click or tap here to enter text.  Fungal: Click or tap here to enter text.  Parasitic: Click or tap here to enter text.  Other: Click or tap here to enter text. |
| **Physical/ Mental Demands** | *Demands that participants need to be able to handle (e.g. diving, high altitudes, long hours, extreme temperature)* |
| **Personal Protective Equipment to be Used** | Closed Toe Shoes  Gloves: What type? e.g. leather, nitrile  Long Pants  Long Sleeves  Head Cover  Goggles/ Safety Glasses  Insect Repellent Sunscreen Face Shield  PFD (required on boats)  Hard Hat  Snake leggings/ boots  Respirator: What type? Click or tap here to enter text.  Other: Click or tap here to enter text. |
|  |  |

# Site information

|  |  |
| --- | --- |
| **Site Location** | Latitude: Click or tap here to enter text. Longitude: Click or tap here to enter text. |
| **Country** |  |
| **Nearest City and Distance from Site** |  |
| **Closest Emergency Room** | Name: Click or tap here to enter text. Phone: Click or tap here to enter text.  Address: Click or tap here to enter text.  Distance from Site: Click or tap here to enter text. |
| **Closest Physician/ Clinic** | Name: Click or tap here to enter text. Phone: Click or tap here to enter text.  Address: Click or tap here to enter text.  Distance from Site: Click or tap here to enter text. |
| **Cell Phone Coverage** | Primary Number: Click or tap here to enter text. Coverage: *good, spotty, none* Nearest Location with Coverage: Click or tap here to enter text. Emergency Medical Procedures if no coverage: Click or tap here to enter text. |
| **Available Medical Equipment On-site** | *Emergency equipment and medicine available at site (e.g. AED, Antivenin, First aid kit, epi-pen)* |
| **Drinking Water Availability** | Potable Plumbed Water  Bottled Water  Filtered from a Natural Source (filtration, boiled, etc.) |
| **Names of Participants with First Aid Certification** | *First aid and CPR certification recommended for work in remote locations.* |
| **Security and Safety of Site** | *e.g. camp in fenced area, work on limited access reserve, any travel advisories* |

# Weather and Environmental information

|  |  |
| --- | --- |
| **Expected Weather** | *Typical temperatures and forecast for the area and time of year* |
| **Potential Extreme Weather** | *Weather that the site may see while you are there (e.g. flash flood, tornado, lightning)* |
| **Site Mitigations** | *Structures or equipment at site to shield staff from weather events (e.g. tornado shelters, fire shelter, weather radio)* |
| **“No Go” Conditions** | *Conditions when activities would cease (e.g. winds over 30 mph, temperatures over 100o F)* |
| **Personal Protective Equipment for Weather Events** | Rain Coat  Snow Gear: Rating? E.g. down to 20oF  Extra Socks |
|  |  |

# Resources

UF International Center, International Travel & Travel Registration

<https://internationalcenter.ufl.edu/travel>

CDC Yellow Book: Health Information for International Travel. 2020. <https://wwwnc.cdc.gov/travel/page/yellowbook-home>

US Travel Advisories

<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>

Global Health and Outbreak Information

<https://www.who.int/>

# PrincipAL Investigator/Supervisor Certification:

**I certify that I have reviewed this document and ensure its completeness and accuracy.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Phone | UF Email | Signature | Emergency Contact Name & Number |
|  |  |  |  |  |

# Trip Roster

**I certify that I have read and understand this document and agree to follow the safety aspects of this plan.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Phone | UF Email | Signature | Emergency Contact Name &Number |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |