**UBC Field Work Safety Plan**

This field work safety plan will aid supervisors who wish to conduct field work activities. This plan will include a review of operational activities to ensure effective controls are in place to prevent incidents.

***Use of this template:*** *All light italicized grey font are instructional and must be removed before final copy is approved. Management of the work must review and approve of this plan.*

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| 1. **COURSE INFORMATION** | |
| **Date Field Work Safety Plan Prepared** |  |
| **Faculty** |  |
| **Department** |  |
| **Course (Name and Number)** |  |
| **Course Instructor Name** |  |
| **Number of UBC Participants on site** |  |
| **Field Work Activity Summary** |  |
| **Site Supervision Summary** |  |

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| 1. **FIELD WORK SITE INFORMATION** | |
| **Date of Departure** |  |
| **Date of Return** |  |
| **Number of Days on Site** |  |
| **Name of Field Work Site** |  |
| **Address of Site or GPS Location** |  |
| **Description of Site (cliffside, mountainside, oceanside etc.)** |  |

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| 1. **FIELD WORK PARTICIPANT CONTACT INFORMATION** | | | |
| **Name** | **Position (instructor, supervisor, student)** | **Email** | **Contact Number (cell)** |
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| 1. **ACCOMODATIONS AND MEALS** | |
| **Accommodation Type (e.g. tent, cabin, trailer, hotel/motel)** |  |
| **Accommodation Name (e.g. campground name)** |  |
| **Accommodation Address or GPS Locations** |  |
| **Accommodation Phone Number** |  |
| **Meal Type (e.g. self cooked, catered, restaurants)** |  |
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| 1. **TRANSPORTATION** | | |
|  | **Transportation to/from site** | **Transportation on site** |
| **Mode of transportation** |  |  |
| **Details of transportation vehicle** |  |  |
| **Source of transportation (UBC, rental, other)** |  |  |

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| 1. **COMMUNICATIONS** | | |
|  | **Communication with group on site** | **Communication with “outside”** |
| **Mode of communication (cell phones, satellite phones, radio frequency etc.)** |  |  |
| **“Phone” (or equivalent) Number** |  |  |
| **Frequency of Communication** |  |  |

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| 1. **FIELD WORK ITINERARY** | | |
| **Date** | **Time** | **Activity** |
| *e.g. Jan 1* | *e.g. 8:00am* | *e.g. Leave UBC by car and drive to Location X* |
| *e.g. Jan 1* | *e.g. 1:00pm* | *e.g. Arrive at Location X* |
| *e.g. Jan 1* | *e.g. 1:30pm* | *e.g. Conduct site activities (set up equipment and collect samples)* |
| *e.g. Jan 1* | *e.g. 4:00pm* | *e.g. Return to UBC by car* |
| *Add rows as needed* |  |  |

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| 1. **TRAINING REQUIREMENTS** | | | |
| **Name** | **Position** | **Name of Course, specialized training (e.g. first aid) or safe work procedure** | **Training Completed/Procedure Reviewed** |
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| *Add rows as needed* |  |  |  |

*UBC* [*Mandatory Safety Courses*](https://srs.ubc.ca/training-and-general-education-courses/mandatory-training-for-all-ubc-workers/) *must be completed prior to work activities. Document all safety-related training courses completed including site specific training on procedures required for the task or emergency response.*

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| 1. **MATERIALS/EQUIPEMNT** | | |
| **Equipment/Tool/Material/Personal Protective Equipment (PPE)** | **UBC/Rental/Other** | **Standard Operating Procedure Available? (Y/N or N/A)** |
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| *Add rows as needed* |  |  |

*All equipment should be listed in case equipment is lost, stolen, damaged to assist in* [*insurance claim*](https://srs.ubc.ca/insurance/)*. Remember to include Personal Protective Equipment (PPE). Manuals/Instructions/Documents should be available.*

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| 1. **OTHER IMPORTANT INFORMATION** |

*Identify other important information that can help protect staff against injury and damage. You can modify the steps listed below to suit your needs*

* Health screening and vaccine consultation can be done through [UBC Occupational Preventive Health](http://www.hr.ubc.ca/wellbeing-benefits/workplace-health/occupational-preventive-health/)
* If workers will be [Working Alone or in Isolation](https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-04-general-conditions#SectionNumber:4.20.1), the appropriate [documentation](http://rms.ubc.ca/health-safety/safety-programs/personal-safety/6969-2/) needs to be completed
* If the worker may be exposed to the hazard of [Workplace Violence](https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-04-general-conditions#SectionNumber:4.27), a [Workplace Violence Risk assessment](http://rms.ubc.ca/health-safety/safety-programs/personal-safety/workplace-violence-prevention/#What%20are%20supervisor/department%20responsibilities%20for%20workplace%20violence?) needs to be completed
* In the event of a sudden deterioration of safe conditions, field work may need to be stopped until which time it is safe to continue
* All Incident/Accident will be reported onto [CAIRS](https://www.cairs.ubc.ca/) ([www.cairs.ubc.ca](http://www.cairs.ubc.ca)) or if internet access is not readily available the process below will be used (Note: incidents need to be reported within 48 hours of the occurrence of the incident:
  1. Identified process here if required
* Please complete this section (if required)

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| **RISK ASSESSMENT** | | | | | | | | |
| **Key Activity/Task** | **Hazards and possible outcomes** | **Pre-Control Risk** | | | **Controls** | **Post-Control Risk** | | |
| **Consequence** | **Likelihood** | **Risk Level** | **Consequence** | **Likelihood** | **Residual Risk Level** |
| *Aquatic plant sampling via canoe* | *Canoe tip over during sample retrieving resulting in drowning risk* | *Major* | *Moderate* | *Medium* | *Life jackets (PFD);*  *Rescue procedures and training;*  *Work in pairs* | *Moderate* | *Unlikely* | *Low* |
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| *Add rows as needed* |  |  |  |  |  |  |  |  |

*See* [*Risk Assessment Guidance Document*](http://rms.ubc.ca/health-safety/safety-programs/risk-assessment-safe-work-procedure/) *for support.*

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| 1. **EMERGENCY CONTACT INFORMATION** | |
| **UBC Specific Contact Info** | |
| **Department Contact Name (this person should not be at the field site)** |  |
| **Department Contact’s Phone Number** |  |
| **UBC Safety & Risk Services** | 604-822-2029 |
|  |  |
| **Field Site Specific Emergency Contact Information** | |
| **Local Contact Name** |  |
| **Local Contact’s Phone Number** |  |
| **Local Emergency Response Number** | 911 available |
| **Local RCMP Detachment** |  |
| **Nearest Hospital to the Site** |  |
| **Canadian Coast Guard (if applicable)** |  |

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| 1. **FIRST AID** | |
| **Number of UBC participants (workers, students)** |  |
| **Hazards in the workplace (low/moderate/high risk of injury)** |  |
| **Types of injuries likely to occur** |  |
| **Barriers to providing first aid to an injured worker** |  |
| **Transportation to hospital (< 20 minutes or > 20 minutes)** |  |
| **Supplies, equipment and facilities required (**[**Schedule 3-A**](https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-03-rights-and-responsibilities#Schedule3A)**)** |  |
| **Name(s) of First Aid Attendants (Level of Training)** |  |

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| 1. **COMMUNICABLE DISEASE PREVENTION** |

*A communicable disease is an illness caused by an infectious agent or its toxic product that can be transmitted in a work, research or academic environment from one person to another (i.e. influenza, COVID-19, norovirus)*

|  | **Yes** | **No** | **N/A** | **Details** | |
| --- | --- | --- | --- | --- | --- |
| **Have communicable disease entry/exit requirements been identified and addressed?** |  |  |  | **If yes, list requirements here:** |  |
| **Have all participants been directed complete a daily health check, wash hands, not attend activities if symptomatic?** |  |  |  | **If no or N/A, describe why** |  |
| **If a participant at the field site develops symptoms, is there a plan to ensure the worker/student is cared for or safely transported home** |  |  |  | **Describe the plan or why there isn’t a plan** |  |
| **Will there be access to testing kits and /or required vaccination records for any applicable communicable diseases?** |  |  |  | **If yes, describe** |  |
| **Is self-isolation or quarantining required for any communicable disease?** |  |  |  | **If yes, how will you manage this?** |  |

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| 1. **EMERGENCY PROCEDURES** | |
| **List of Potential Emergencies** | #1 |
|  | #2 |
|  | *Add rows as needed* |

*List procedures associated with all reasonably possible emergencies. Note: This Plan may defer to the specific facility’s response procedures if contractually provided. See “*[*Remote Off-Campus Emergency Procedures*](https://srs.ubc.ca/health-safety/safety-programs/risk-assessment-safe-work-procedure/)*” for examples.*

**Procedure for dealing with Potential Emergency #1:**

*Add steps here*

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| 1. **SAFE WORK PROCEDURES** |

*The following are general safe work procedures and practices to be incorporated in your safety plan. Please provide all steps to safely perform tasks in this section.*

**Before Commencing Work At The Site:**

*Outline steps associated with personal protective equipment, equipment set up, meetings that occur before work commences, etc. You can modify the steps listed below to suit your needs*

1. Confirm medical and physical requirements are in good standing to perform work activities
2. Conduct a pre-job briefing outlining:
   1. Hazards and associated risks as per the completed risk assessment, and respective controls
   2. Review maps/charts of the area
   3. Environmental conditions for the day
   4. Itinerary of the day
   5. Reminder for all to carry their communication devices on them all the time
   6. Mandatory Personal Protective Equipment required
   7. Accident/Incident reporting
   8. Emergency Procedures
   9. Level of supervision to be adhered to (appropriate to the experience of the individual participants)
3. Please add more steps (if required)

**Commencing Work/Work Procedure:**

*Outline the methodology used to carry out your task in a clear systematic process. Translate each row on your Risk Assessment into 1-2 steps that incorporate the task, hazards and controls. Existing written procedures can be appended or referred to here.*

1. Please complete this section

**Post-Work Procedure:**

*Outline items related to methods of disposal, expectations of housekeeping, etc. You can modify the steps listed below to suit your needs E.g. Field personnel to debrief on any considerations for future safety at the field site*

1. Please complete this section
3. **DOCUMENT APPROVAL SIGNATURES**

This Field Work Safety Plan has been shared with staff both through email and will be made available as a shared document. Staff/Faculty can either provide a signature or email confirmation that they have received, read and understood the contents of the plan. Sign off when complete. Note: Participant confirmation can be documented below.

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| Name of Supervisor |
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| Name of Department Head |

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| Signature of Supervisor |
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| Signature of Department Head |

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| Date |
|  |
| Date |

**Participant Document Confirmation of Understanding**

**To be completed by each participant:**

By confirming below, the following participants have been informed of and/or provided with a copy of this Field Work Safety Plan and any additional procedures/protocols and are aware and understand and agree with the hazards identified and the methods used to control or eliminate the hazards. The following participants, by signing, also confirm that they have discussed with responsible persons relevant medical and physical requirements.

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| **Participant’s Name** | **Email** | **Signature** | **Date** |
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| *Add rows as necessary* |  |  |  |

**Appendix A: Definitions and Responsibilities**

**DEFINITIONS**

* ***Administrative Controls:*** The modification of work processes or activities to minimize risk
* ***Engineering Controls:*** The modification of the physical work environment to minimize risk
* ***Hazard:*** A potential source of harm to a person that can lead to a risk of injury or occupational disease
* ***Risk:*** The chance of injury or occupational disease
* ***Risk Assessment:*** The process where hazards are identified, their risk evaluated, and controls for the risk are determined to eliminate the hazard or minimize the risk
* ***Supervisor:*** The person directly responsible for overseeing the tasks of the worker
* ***Worker:*** All employees of UBC including faculty, staff, and paid students

**RESPONSIBILITIES**

**Department Head**

* Review and approve safe work procedures outlined in this document prior to their implementation

**Supervisor**

* Conduct a risk assessment to identify the potential hazards associated with a particular job and their associated risks
* Implement controls using the hierarchy of controls to minimize the risk due to the hazard
* Complete a safe work procedures to accompany the risk assessment for a particular job by using this template
* Ensure proper training has been provided to workers PRIOR to commencing work (e.g. safe work procedures, use of equipment or tools, personal protective equipment requirements, identifying and reporting hazards, etc.) and that the training has been documented
* Ensure workers have access to and understand any required documentation such as manuals, Safety Data Sheets (SDS) etc.
* Educate workers on emergency procedures, contacts and numbers. If emergency contact information is not posted at the workplace, provide the worker with a copy to carry with them. The worker must know what to do in case of emergency/injury
* Ongoing consultation with Joint Occupational Health and Safety Committee in the review and revision of this procedure to ensure the content is adequate and relevant to current research
* Communicate risks that may arise outside of those that are predetermined
* Complete necessary insurance requirements
* Consult with participants regarding relevant medical and physical requirements or concerns

**Workers**

* Understand and follow this safe work procedure
* Complete the required training for the task
* Use proper personal protective equipment
* Report any unsafe conditions to their supervisor
* Report all incidents in [CAIRS](http://www.cairs.ubc.ca) within 48 hours of the occurrence of the incident

**Other Persons**

Please complete this section if there are other categories of workers/supervisors that have distinct responsibilities (if required) e.g. Spotter, Field Supervisor etc.