

# Baylor University Field Safety Plan

<b>Field Site Location:</b>			
<b>PI/Trip Leader:</b>			
<b>Department(s):</b>		<b>Date of revision:</b>	
<b>Date(s) of Travel:</b>			

This template is provided to assist with the development of a safety plan for any scientific research activity that is conducted off campus. The completed plan should be shared with all the members of the field team, and a copy uploaded into the documents section of your lab on BioRAFT.

Multiple trips to the same location can be covered by the same plan. The plan should be revised whenever a significant change to the location or scope of work occurs.

Site Information: Include map and/or lat/long coordinates with this safety plan			
<b>Country</b>			
<b>County &amp; State</b>			
<b>Nearby Facilities</b>			
<b>Nearest City</b>			
<b>Nearest Hospital or Clinic</b>		<b>Address</b>	
<b>Campus Contact Person</b>		<b>Phone</b>	
<b>Field Contact Person</b>		<b>Phone</b>	
<b>Expected Weather</b>			
<b>Drinking Water Availability</b>	<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):		
<b>Access to Shade/Shelter</b>	<i>If forecast exceeds 80°, shade must be provided by natural or artificial means for rest breaks.</i> <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:		
<b>High Heat Procedures</b>	<i>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.</i> <input type="checkbox"/> Direct supervision <input type="checkbox"/> Buddy system <input type="checkbox"/> Reliable cell or radio contact <input type="checkbox"/> Other:		
<b>Cell Phone Coverage</b>	<b>Primary Number:</b> <b>Coverage:</b> <b>Nearest location with coverage:</b>	<b>Satellite phone/device</b>	<b>Device carried?</b> <input type="checkbox"/> yes <input type="checkbox"/> no <b>Type/number:</b>

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Hazards (check all that apply)		
<p><b>Environment</b></p> <input type="checkbox"/> High Altitude <input type="checkbox"/> Extreme Temperature <input type="checkbox"/> Excessive/Extreme Exposure to sun, wind, blowing sand, etc. <input type="checkbox"/> Work Over/Under Water <input type="checkbox"/> Lack of Potable Water <input type="checkbox"/> Lack of Sanitary Facilities	<p><b>Work Tasks</b></p> <input type="checkbox"/> Work in Confined Space (natural or man-made) <input type="checkbox"/> Trenching/Excavating <input type="checkbox"/> Work at Night/Poor Lighting <input type="checkbox"/> Noise Generated > 85 dBA <input type="checkbox"/> Dusts/Other Particulate Hazards <input type="checkbox"/> Potential for Oxygen Deficiency or Other Atmospheric Hazard (i.e. gas, vapor) <input type="checkbox"/> Hazardous Waste Generation <input type="checkbox"/> Transportation of Hazardous Materials <input type="checkbox"/> Handling Hazardous Materials <input type="checkbox"/> Storage of Hazardous Materials on site <input type="checkbox"/> Flying Debris or Impact <input type="checkbox"/> Electrical Hazard <input type="checkbox"/> Fire Hazards (welding, cutting) <input type="checkbox"/> Diving <input type="checkbox"/> Climbing/Strenuous Hiking Required	
<p><b>Accessibility</b></p> <input type="checkbox"/> Remote Location <input type="checkbox"/> Long Distance/Travel Time to Medical Services <input type="checkbox"/> Difficult Communications with the outside world <input type="checkbox"/> Rough/Unusual Terrain <input type="checkbox"/> Flash Flood Potential <input type="checkbox"/> Falling Objects (avalanches, rock falls, etc.) <input type="checkbox"/> Work along roadway shoulders (Attach traffic control plan and permit, if required) <input type="checkbox"/> Heights (trees, cliffs, etc) <input type="checkbox"/> Disaster Area <input type="checkbox"/> Violence (political, military, etc)	<p><b>Equipment Used in Field Area</b></p> <input type="checkbox"/> Snowmobile/ATV <input type="checkbox"/> Boat/Canoe/Kayak <input type="checkbox"/> Forklift <input type="checkbox"/> Drill Rig	
<p><b>Flora/Fauna</b></p> <input type="checkbox"/> Wild Animal Hazards <input type="checkbox"/> Venomous/Poisonous Animals: <input type="checkbox"/> Insects as Known Disease Carriers <input type="checkbox"/> Trapping/Handling Animals: <input type="checkbox"/> Toxic/Poisonous Plants:	<p><b>Materials Brought to Field Area</b></p> <input type="checkbox"/> Chemicals <input type="checkbox"/> Biological <input type="checkbox"/> Radiological <input type="checkbox"/> Other:  <input type="checkbox"/> No Known Hazards	
Preparedness		
<p><b>Personal Protective Equipment (check all that apply)</b></p> <p><i>All field activities require basic protection including appropriate field clothing, hand protection, safety shoes/boots, and eye protection. Any additional PPE requirements based on the hazards identified as part of minimizing risk of exposure, injury, or illness.</i></p>		
<input type="checkbox"/> Face Shields <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Hard Hat <input type="checkbox"/> Rain Gear	<input type="checkbox"/> Respirator Type: Cartridge/Filter Type:	<input type="checkbox"/> Portable Eye Wash <input type="checkbox"/> Emergency Shower <input type="checkbox"/> Fall Protection <input type="checkbox"/> Extraction Equipment (Confined Space) <input type="checkbox"/> Other:
<p><b>Travel Immunizations Needed (if any):</b></p>		

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**Other Considerations (check all that apply)**

- Medications (Taken on a Regular Basis)
- Allergy Treatments (as needed)
- Adequate Food and Water Supplies
- Water Purification Tablets or Filter Devices
- Field First Aid Kit
- Severe Weather Evacuation Plan
- Other:

**First Aid Reference – Signs & Symptoms of Heat Illness**

Signs & Symptoms	Treatment	Response Action:
<p><b>HEAT EXHAUSTION</b></p> <ul style="list-style-type: none"> <li>• Dizziness, headache</li> <li>• Rapid heart rate</li> <li>• Pale, cool, clammy or flushed skin</li> <li>• Nausea and/or vomiting</li> <li>• Fatigue, thirst, muscle cramps</li> </ul>	<ol style="list-style-type: none"> <li>1. Stop all exertion.</li> <li>2. Move to a cool shaded place.</li> <li>3. Hydrate with cool water.</li> </ol>	<p>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.</p>
<p><b>HEAT STROKE</b></p> <ul style="list-style-type: none"> <li>• Disoriented, irritable, combative, unconscious</li> <li>• Hallucinations, seizures, poor balance</li> <li>• Rapid heart rate</li> <li>• Hot, dry and red skin</li> <li>• Fever, body temperature above 104 °F</li> </ul>	<ol style="list-style-type: none"> <li>1. Move (gently) to a cooler spot in shade.</li> <li>2. Loosen clothing and spray clothes and exposed skin with water and fan.</li> <li>3. Cool by placing ice or cold packs along neck, chest, armpits and groin (Do not place ice directly on skin)</li> </ol>	<p><b>Call 911 or seek medical help immediately.</b></p> <p><b>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!</b></p>

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

