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| **Created for/by:** | *Name of the research group/course/or other group* | | |
| **Principal Investigator:** | *Include cell phone and email address* | | |
| **Activity:** | *Title/description of the activity (e.g. pond water sample collection)* | | |
| **Location:** | *Name of the research location (e.g. Boundary Waters Canoe Area, Lake Pepin, Itasca State Park)* | | |
| **Date(s) of Travel:** |  | **Date of Plan Revision:** |  |

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| **General Information** | | | | | | |
| **Location** | Latitude*:* | *XX.XX (from GPS/Map)* | | Longitude: | | *XX.XX (from GPS/Map)* |
| **Site information** | *Type of terrain, environment, etc.* | | | | | |
| **Travel to site** | *How will you get to the site? Note any construction or hazardous conditions.* | | | | | |
| **Site Access** | *Are there any restrictions to accessing the site? Note any alternate routes, parking areas, gate controls, etc. Note if the location is isolated or remote* | | | | | |
| **Nearby Facilities** | *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?* | | | | | |
| **Side Trips** | *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?* | | | | | |
| **Field Team/ Participants** | Is anyone working alone? ¨ Yes ¨ No; If yes, develop a communications plan with strict check-in procedures; if cell coverage is unreliable, carry a satellite communication device or personal locator beacon.  **Primary Field Team Leader:***Name, phone number*  **Secondary Field Team Leader:** *Name, phone number*  ¨ Field Team/Participant list is attached as training documentation | | | | | |
| **Cell Phone Coverage** | **Primary Number:**  **Coverage:** *good, spotty, none*  **Nearest location with coverage:** | | **Satellite phone/device** | | **Device carried?** ¨ yes ¨ no  **Type/number:** | |

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| **Emergency Services** | | | |
| **Local Contact** | *Name, address & phone #*  **Lodging location:** *name, address, phone #* | **University Contact**  **Not on trip.** | *Name, number, email;*  **Frequency of check ins:** *daily, at end of work day, etc.* |
| **Emergency Medical Services (EMS)** | *Contact information and procedures for contacting emergency services (law enforcement and medical).* | | |
| **Nearest Emergency Department (ED)** | *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.* | | |
| **First Aid Training**  **& Supplies** | EHRS recommends at least one trained person (with current certification in CPR and First Aid) for work at remote sites.  *List team members trained in CPR/first aid and the type of training received.*  Location and description of group medical/first aid kit: *Who is carrying it, where is it stored. Brief description of contents.* | | |
| **Immunizations or Medical Evaluation** | *List required immunizations/prophylaxis or required medical evaluation, if applicable.*  For information on required or recommended immunizations/prophylaxis or medical clearance related to your research protocol, contact Penn Occupational Medicine at (215) 316-5151. | | |

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| **Hazard Information** | |
| **Physical Demands** | *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 HSRM regarding appropriate training & documentation).* |
| **Mental Demands** | *List any unique mental demands required for this trip, e.g. long travel days, high stress environments, different cultural norms, etc.* |
| **Security** | *Is there a high risk for harassment of violence? Note intended mitigation measures. For international travel, check the* [*U.S. State Department travel site*](https://travel.state.gov/content/travel/en.html) *for current alerts.* |
| **Environmental Hazards** | *Describe any dangerous wildlife, insects, endemic disease, poisonous plants, etc. that you may encounter. Note intended mitigation measures* |
| **Expected Weather** | Are there any forecasted weather events that could impact the trip? |
| **Drinking Water Availability** | ¨ Plumbed water available  ¨ Water cooler with ice provided  ¨ Bottled water provided  ¨ Natural source and treatment method (e.g. filtration, boiling, chemical disinfection)  Describe: |
| **Access to Shade/Shelter** | If **forecast exceeds 80°F**, shade must be available for rest breaks.  ¨ Building Structures ¨ Trees ¨ Canopy/Tarp ¨ Vehicle with A/C ¨ Other  Describe: |

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| **Equipment and Activities** | |
| **Pre-Trip Preparations** | *List any trainings, vaccinations etc.*  Ask participants if they have any pre-existing conditions that may require someone to assist in administering emergency treatments, such as using an EpiPen.  If relevant, complete EHRS “Heat Illness Prevention Training” and/or “Shipping of Hazardous Materials and Dangerous Goods for Laboratory Staff – EHRS" on workday prior to trip. |
| **Research Activities** | *Provide a brief description of your field operations* |
| **Field**  **Transportation** | *What vehicles will be used during field operations? e.g. car, ATV, truck with trailer, snowmobile, chartered plane or helicopter, etc.* |
| **Research Tools** | *Briefly describe any tools or equipment that will be used during research activities. Place special attention on items that require specific training. 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 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, etc.  Recommended – e.g. walking sticks, gloves, long pants, hats, insect repellant, sunscreen |
| **Shipping** | ¨ Yes;  Describe:  ¨ No  Note: A permit might need to be obtained for shipping certain material. |
| **Additional Considerations** | |
| **Insurance** | Review the University’s Auto Liability, General Liability, and Workers’ Compensation insurance information at Penn’s [Insurance & Managing Risk](https://www.finance.upenn.edu/insurance-managing-risk/) website (Please note, coverage differs for paid staff versus students) |
| **International Activities** | Check with [Penn Global](https://global.upenn.edu/) for support regarding international travel.  Check the [U.S. State Department](https://travel.state.gov/content/passports/en/alertswarnings.html) travel site for current travel alerts. |
| **Personal Safety & Security** | Personal safety risks during free time should be considered and discussed in advance, e.g., alcohol or drug use, leaving the group, situational awareness, sexual harassment, or local crime/security concerns. Review expectations and set the tone for a safe, successful trip. |
| **Campus Contacts** | |
| **Public Safety** | Call [**215-573-3333**](tel:215-573-3333)or **511** from a Penn campus phone.  www.publicsafety.upenn.edu |
| **Clinical Services** | Please go to Occupational Health after an injury to ensure appropriate follow-up and Workers’ Compensation coverage.  <https://www.pennmedicine.org/practices/occupational-medicine?fadf=pennmedicine> **Faculty/Staff:** Penn Occupational Medicine (215) 316-5151  After hours 24/7 Emergency Room; if local: HUP or Presbyterian  **Students:** Student Wellness (215) 746-9355  After hours 24/7 Emergency Room; if local: HUP or Presbyterian |
| **EHRS** | (215) 898-7187, [www.ehrs.upenn.edu](http://www.ehrs.upenn.edu/) or contact [ehrs@ehrs.upenn.edu](mailto:ehrs@ehrs.upenn.edu) |
| **Report Injuries** | Complete the University of Pennsylvania’s [Incident Reporting Form](https://ehrs.upenn.edu/announcements/new-injury-incident-reporting-forms). |
| **Safe and Inclusive Work Environment** | |
| **Working Environment Description** | *Define the basic scope of the field experience include description of any third party involvement.* |
| **Expectations for Maintaining a Culture of Safety and Inclusion in the Field** | *Define conduct expectations, roles and responsibilities and consequences of violating the expectations. Emphasize how this extends to off-duty hours as well as off-campus. Identify trainings and support systems that are in place such as check-ins, mentor/mentee programs etc.* |
| **Communication Expectations** | *Will participants have regular internet or cell service for within team, between team and to the organization communication while on site? If not describe alternative arrangements. Note any vulnerable single party communication pathways such as lone field workers.* |
| **Incident and Concern Reporting Procedures** | *Describe how team members report any incidents or concerns.* |
| **Incident and Concern Resolution Procedures** | *Description of how these reports would be addressed and resolved.* |

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| **Roster and Training Documentation** | | |
| **PI/Supervisor:**  I acknowledge that this safety plan has been prepared for field work under my supervision. | | |
| **Name** | **Signature** | **Date** |
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| **Field Team:**  I verify that I have read this Field Safety Plan, understand its contents, and agree to comply with its requirements. | | |
| **Name** | **Signature** | **Date** |
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**Attach an additional resources: route/location maps, photos, equipment guides, etc.**