**Field Work Communication and Emergency Response Plan**

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| --- |
| Instructions: Complete this form and **send to research project manager, field team, and designated check in person**. Fill in all fields to the best of your ability, and communicate changes or additions with the check-in person as they arise during field work. In the “Important emergency contact information at site” section, please note the type of contacts will vary according to field site – add or remove as necessary. Think about what information would be needed in the event of a real emergency. Rows can be added as needed in any section. **Field safety includes safety from any form of discrimination or harassment.** Discrimination or harassment safety issues will be treated with the same level of urgency as a safety incident due to an accident in the field, e.g. |

Department and group/supervisor:

Trip Leader\*:

Field Safety Officer\* (can be same as above):

University check-in person\*:

Departure date:

Return Date:

**Description of field work activity and travel plan**:

**Field work activity location** (all destinations if more than one):

|  |  |  |
| --- | --- | --- |
| Date(s) | Location description | GPS/UTM/address |
|  |  |  |
|  |  |  |
|  |  |  |

**Vehicle details (plate #, make, model, color, rental company):** *As best as possible*

**Accommodation(s):** *If an urban location, list name, address and phone number of accommodation. If backcountry, name of nearest town if applicable or the common description of the area and the GPS Coordinates if available (attach a map if useful).*

|  |  |  |  |
| --- | --- | --- | --- |
| Date(s) | Hotel name or location description | Phone # | Address/GPS |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Field work team:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Participant name | Role (leader/member/other) | Cell phone | Email | Emergency contact name | Emergency contact number |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

**Communication plan and check in procedure:**

University check-in person:

Check-in time (trip leader will check-in ***by*** this time):

Method of contact (include phone number if applicable):

**Additional communications equipment:**

|  |  |  |
| --- | --- | --- |
| Type (sat phone, in-reach, spot, email, cell phone etc.) | Owner/user | Phone Number/frequency |
|  |  |  |
|  |  |  |

**Important emergency contact information at site:**

|  |  |  |
| --- | --- | --- |
|  | Phone number(s) | Address |
| Local police/RCMP |  |  |
| Search and Rescue |  |  |
| Nearest Hospital (including nearest full-service) |  |  |
| Emergency Medical Service |  |  |
| Local contact |  |  |
| Other |  |  |

**Important UBC emergency contacts:**

|  |  |  |
| --- | --- | --- |
|  | Phone number(s) | Email address |
| Project PI |  |  |
| UBC Department Safety officer |  |  |
| UBC EOAS department office |  |  |
| UBC Office of the Dean, Science |  |  |

**Emergency Exit Strategy/Plan:** *What will you do if immediate removal from the field is needed? Maps encouraged if appropriate.*

**Additional information participants want others to know (publicly) in an emergency (sensitive medical information will be submitted separately):**

|  |  |
| --- | --- |
| Participant | Information |
|  |  |
|  |  |
|  |  |
|  |  |

**Safety Training**

|  |  |
| --- | --- |
| **Training** | **Personnel/Expiry Date** |
|  |  |
|  |   |
|  |  |
|  |  |

**Document Approval Signatures**

|  |  |  |
| --- | --- | --- |
|   |   |  |
|  Name of Supervisor  | Signature of Supervisor | Date |
|  |   |  |
|  Name of Department Head | Signature of Department Head | Date |

 **FAILURE TO CHECK-IN PROCEDURE**

In the event that the team lead has failed to carry out the evening check-in by the appointed time the university check-in person will:

**1. CALL** the team lead cell number (or other contact method i.e. satellite phone)

**2. CALL** other team members’ cell numbers

**3. EMAIL** the team lead, cc’ing all staff safety team members, supervisors, and the other team members.

If the team lead is unreachable/does not respond the check-in member on call will:

**4. CALL THE ACCOMMODATION CONTACT OR LOCAL CONTACT** (depending on day’s plans)

If the check-in member on call has not been able to verify the team’s safety by **2 hours\*** after appointed time they will:

**THEN 5. CALL THE LOCAL AUTHORITY** (ie. 911/ SEARCH AND RESCUE)

\*This time period is suggested, but may be adjusted based on field work information and judgement.

**\*Duties and responsibilities**

**Trip Leader:** Organize and delegate all research and logistical elements of the field work trip. Communicate with Field Safety Officer and be knowledgeable on all safety-related elements (Trip Leader and FSO can be same person). Check-in with University Check-in person, or delegate responsibility to FSO (set alarm).

**Field Safety Officer (FSO):** Complete all field safety forms, gathering all necessary information and distributing Medical Information form to team members. Be point-of-contact for all safety-related issues in the field; ensure safety equipment (e.g. first aid kit, bear spray) is present and in working order. Print this form and distribute to team members. Obtain printed medical forms and carry in sealed envelope.

**University Check-in Person:** Receive check-in messages and respond with acknowledgement that message was received (two-way communication). Set alarm for agreed-upon check-in times. Be up-to-date on all field plans prior to and during the trip. Follow “Failure to Check-in Procedure” if check-in not received.