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| **Field Site Location**: | *Niwot Ridge/City of Boulder Watershed* | | |
| **Activity Description:** | *Type, length, and purpose of activity (e.g. hiking 8 miles round trip for species comp surveys)* | | |
| **Plan Created for:** | *Name of Research Group / Trip Leader* | **Date created:** | *Mo-Day-Yr* |
| **Date(s) of Travel:** | *Start date, duration, expected return e.g. Tuesdays June through August 5am to 3pm* | | |

**ATTENTION: Pre-populated content** *in grey* **is to help guide you through this document. You should modify all sections specific to your needs and use the included content/questions as a guide.**

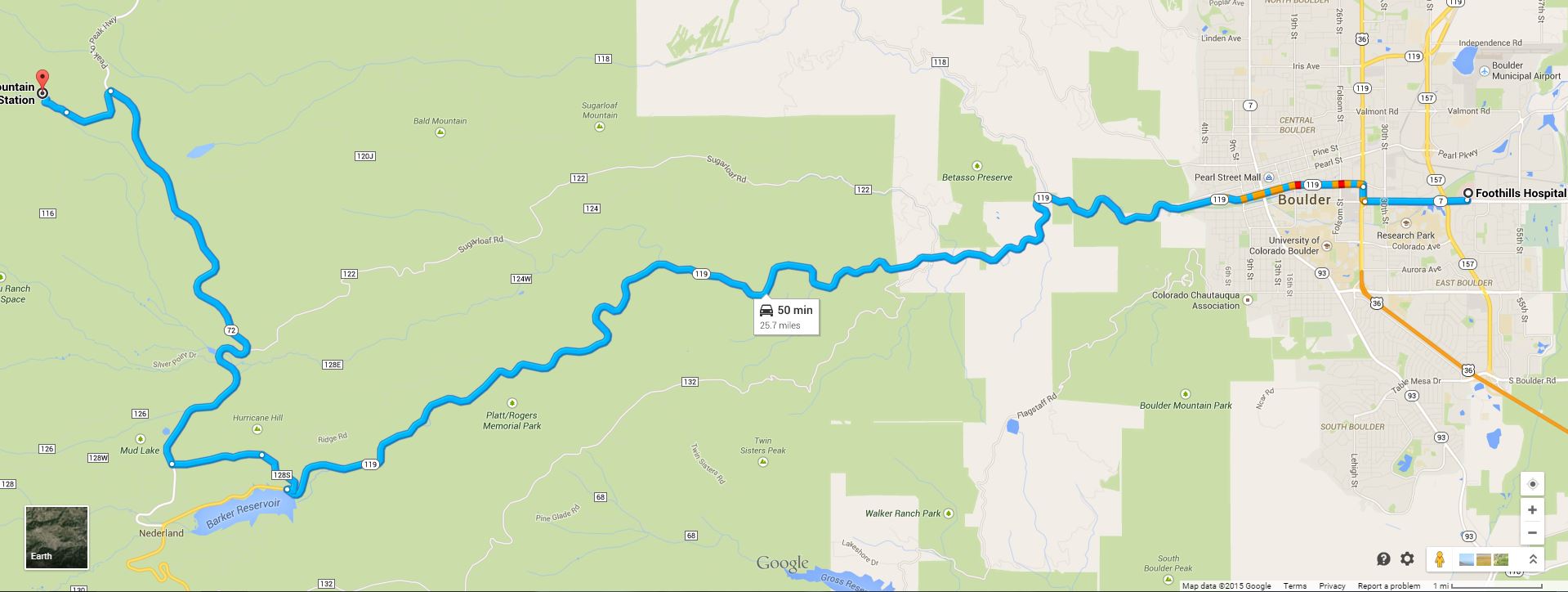
**A field safety plan serves as a tool to document your hazard assessment, communication plan, emergency procedures, and training. This plan should identify hazards, as well as precautions and actions taken to address and mitigate those hazards. Instructions:**

1. **Complete this field safety plan: insert specifics for your site and operations, delete irrelevant sections.**
2. **Complete appropriate training for your site and operations (e.g. first aid, heat illness, task-specific training).**
3. **Hold a daily (morning or could be evening prior) meeting with your group to review your field safety plan, travel logistics, pack list (including first aid kit), personal safety and covdi19 concerns, and any remaining training needs.**

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| **Site Information** | | | | | | |
| **Location** | *Lat/Long if appropriate/available* | | *Additional description where you will work in the field.* | | | |
| **Site Information** | *Elevation, terrain, environment.* | | | | | |
| **Travel to Site and from site** | *How will participants get to the field site? Note any dangerous roads, conditions, additional vehicles such as boats, ATV, or extra precautions due to covid restrictions (i.e. masks, number of people per vehicle).* | | | | | |
| **Site Access** | *Are there any particular restrictions or challenges to accessing site? Note any alternate routes or suggested parking areas; gate access codes, etc.* *Make special note if isolated or remote.* | | | | | |
| **Environmental**  **Hazards** | *Describe any hazards participants may encounter. Note intended mitigation measures; discuss prior to trip. (e.g. High altitude, rugged terrain, wild animals)* | | | | | |
| **Security** | *High risk for harassment or violence? Note intended mitigation measures; discuss prior to trip.* | | | | | |
| **No Go Criteria** | *What are the conditions under which approach to - or activities at - the site should be stopped or canceled? e.g. heavy rains, electrical storms, snow, temperatures, change in Covid19 restrictions* | | | | | |
| **Expected Weather** | *Note extreme conditions that could impact the trip or require additional planning, (e.g. high heat, wind, rain, snow, approaching storm).* | | | | | |
| **Personal Safety and Security** | *Personal safety risks 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. Discuss potential scenarios and consider possible actions in response, such as the use of bystander interventions to Distract, Delegate, Delay, Direct, and/or Document an incident. University of Colorado Reporting and support options are listed under Campus Contacts below. Any incidents on CU property/Niwot Ridge research areas can be reported through CU regardless of your home institution.  We also encourage you to include your home institution reporting method.* | | | | | |
| **Exit Plan** | *How will participants leave in an emergency? Do multiple people have access to vehicles, keys, and communication devices to call for help?* | | | | | |
| **Other (e.g. Covid19 concerns)** | *Social distancing measures, masks, extra masks, hand sanitizer. Potential for limited facility access and how to mitigate.* | | | | | |
| **Emergency Services and Contact Information** | | | | | | |
| **Local Emergency Contact**  *Local colleague, family, or friend that you will check-in with after field work. Provide them a copy of this plan. See Note 1 / Safety Check in Planning at the end of this document.* | *Name, numbers, email;*  *How often will you or your team check in with them?*  *If you are working solo have a documented safety check in plan like the one at the end of this document.* | **University Emergency Contact** (may be a Professor/PI, department contact, supervisor back on campus, etc.)  *Someone not in the field with you. Provide them a copy of this plan. See Note 1 / Safety Check in Planning at the end of this document.* | | | | *Name, numbers, email;*  *How often will you or your team check in with them?*  *If you are working solo have a documented safety check in plan like the one at the end of this document.* |
| **Emergency Medical Services (EMS)** | *Procedures for contacting emergency medical services. e.g. use cell phone to call 911, if cell not working, use PLB/Spot/Sat Phone/etc. to contact emergency services* | | | | | |
| **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. A map with directions to the nearest hospital is included at the end of this document.* | | | | | |
| **Cell Phone Coverage** | **Primary Number:** *xxx-xxx-xxxx*  **Coverage:** *spotty at MRS*  **Nearest location with coverage:** Niwot Saddle (depending on provider) | | | **Satellite phone/device**  *Sat phone info* | **Device carried?** yes no  **Type/number:** e.g. inReach PLB | |
| **Nearby Facilities** | *Remote Shelters on Niwot Ridge are available for use in an emergency. Emergency phones are located at Tundra Lab, C1, MRS (phone at MRS is on the east end of the access ramp hallway in front of the Marr Lab). Supplement safety equipment at Tundra Lab includes: AED, Supplemental Oxygen, Epi-Pen, first aid kits.* | | | | | |
| **Emergency response to Sexual Harassment or Assault** | *Call 911 to obtain immediate assistance and report the crime of sexual violence.  Remember that the victim’s well-being must be considered before all other matters.*  *Immediately reporting a case to the police could be more traumatic for the victim than beneficial. Let them make the decision to report (or not report). Talk to the person and reinforce that they are not at fault. However, if the individual does not wish to talk to you, respect their decision. CU Boulder victim support and reporting services are listed in the contacts section of this safety plan below.* | | | | | |
| **Unit Reporting Procedures** | *Include your units reporting procedures for harassment, discriminatory actions, or sexual misconduct that you witness, are told about or experience in the field. Links to policy and procedures for University of Colorado found here;* [*https://www.colorado.edu/oiec/reporting-resolutions/making-report*](https://www.colorado.edu/oiec/reporting-resolutions/making-report)*.* | | | | | |
| **Participant Information** | | | | | | |
| **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  Other attachment: | | | | | |
| **Physical Demands** | *List any physical demands required for this trip and training/certification provided. e.g. diving, hiking, climbing, high altitudes, heights, , etc. (consult with EH&S 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.* | | | | | |
| **First Aid Training**  **& Supplies** | OSHA requires at least one trained person (with current certification) for work at remote sites. WFA recommended over Basic First Aid for sites above c1.  *List team members trained in first aid and the type of training received.* | | | | | |
| **Sexual Harassment Prevention/Bystander Training** | *List team members trained in sexual harassment prevention or bystander training, and type of training received.* | | | | | |
| **Other Pertinent Training** | *(List any other trainings (mandatory or recommended) related to your activity, e.g., lake safety, tower climbing, UTV driver safety, etc.)* | | | | | |
| **First Aid Supplies** | Location and description of group medical/first aid kit: *Who is carrying it, where is it stored? Brief description of contents.* | | | | | |

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| **Equipment and Activities – Consult with EH&S for specific training and requirements.** | |
| **Research Tools** | *Briefly describe tools or equipment that will be used to access the research site or during research activities. Indicate specific training required before* use if appropriate, |
| **Other Research Hazards** | *Describe other potential research-associated hazards e.g. handling or shipping hazardous materials (chemical, biological, handling animals, climbing or working at heights, rigging; shoring/trenching, confined spaces; drone use.* |
| **Personal Protective Equipment** | *Required—e.g. face masks, hand sanitizer, hiking boots, PFDs, etc.*  *Recommended – e.g. rain jacket, sunscreen, hats,etc.* |
| **MRS Contacts** | |
| **Address** | 818 County Road 116 Nederland CO 80466 |
| **Phone Numbers** | *Main office: 303-492-8842, LTER office: 303-492-8841* |
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| **Campus Contacts** | |
| **CUPD (Police Department)** | Emergency, 911 / Non-emergency, 303-492-6666  Anonymous reporting: <https://www.colorado.edu/police/records-reports/anonymous-reporting> |
| **University Health Services** | 303-492-5101  <https://www.colorado.edu/healthcenter> |
| **CU EH&S** | [ehs@colorado.edu](mailto:ehs@colorado.edu), 303-492-2854 |
| **Report Injuries (CU employees)** | <https://www.colorado.edu/ehs/resources/procedures-work-related-injuries-or-illness-including-animal-bites-severe-allergic> |
| **CU Office of Institutional Equity and Compliance Reporting** | The Office of Institutional Equity and Compliance (OIEC) at CU addresses concerns about protected class discrimination or harassment and sexual misconduct through formal investigation, informal resolutions, and remedial and protective measures.  *CU Office of Institutional Equity and Compliance anonymous reporting contacts;*  *-online :*[*https://www.colorado.edu/oiec/*](https://www.colorado.edu/oiec/)  *- phone: 303-492-2127* |
| **Victim Assistance and Support** | OVA provides**free and confidential information, consultation, support, advocacy and short term counseling services to University of Colorado Boulder students, graduate students, faculty and staff who have experienced a traumatic, disturbing or life disruptive event. *OVA is not the office that investigates or adjudicates cases.*** You can reach the OVA by calling 303-492-8855 or sending an email [assist@colorado.edu](mailto:assist@colorado.edu). You can also report anonymously to the OVA using their web site. More information about this office is provided at <https://www.colorado.edu/ova/>. |

**FOOTHILLS HOSPITAL EMERGENCY ROOM**



**Directions to Foothills Hospital (**4747 Arapahoe Ave, Boulder, CO 80303) **from the Mountain Research Station**

**•** Turn Right onto CO-72—heading on the Peak to Peak Highway back towards Nederland (7 miles)

• At the traffic circle in Nederland, take Boulder Canyon Drive (HWY 119), heading towards Boulder

• Travel 17 miles down Boulder Canyon into Boulder

• Continue down Canyon Blvd approx. 1.3 miles turning right onto US-36/28th St

• Turn Left onto Arapahoe Ave

• Travel approx. 1.3 miles down Arapahoe Ave, the hospital is on the left.

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

*Note 1: SAFETY CHECK-IN PLANNING*

***Those working solo should establish a structured and rigid check-in procedure with their safety contact. A procedure similar to below is critical to safety. This same plan is also advised for any size group.***

1. State a “**WORRY TIME**” that your contact should expect to hear from you. This time should provide you a substantial buffer to account for unexpected weather, a slow day, etc. Consider the time it will take you to get to reliable communication when you return. If you contact does not hear from you before the “worry time” then they should be closely monitoring for your return and should attempt to contact you by text or phone.
2. State a **“CALL SEARCH AND RESCUE (SAR) TIME”** when your contact will commit to making the following calls.
   1. First attempt to contact the missing person via text and phone.
   2. Second, call the MRS to inquire if they know if the missing person has returned.
      1. MRS mainline/Station Manager – 303-492-8842, MRS secondary – 303-492-8841, MRS Director – 303-717-4386
   3. Third, if you cannot reach the missing person and MRS cannot confirm their location or cannot be reached then call the Boulder County Sherriff (303-441-4444) OR 911 to report the missing person.
      1. Provide the authorities the “worry time” and “call SAR time” as well as the researchers specific field location provided on this safety plan.
      2. MRS address is 818 County Road 116, Nederland CO 80466.
3. Here is an example plan to leave (in writing) with your contact **every time you are in the field** AND **provide them a copy of this safety plan**.

*“Worry if you don’t hear from me by 5pm and try to contact me to make sure I’m OK. If you can’t reach me then call the MRS contacts to see if they have any information on my current location. If you haven’t received any information by 7 pm then call the Sherriff or 911. You have a copy of my field plan, location, and phone numbers to call if you don’t hear from me. My approximate location in the field will be xxxxxxx.”*

*RESPONSES TO A MISSED CHECK-IN*

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| **Check-in Steps** | **Contact** |
| **Worry Time: XX:XX** | 1. Researcher cell**: XXX-XXX-XXXX** |
|  |  |
| **CALL SEARCH AND RESCUE(SAR) TIME: XX: XX** | 1. Researcher cell: **XXX-XXX-XXXX** |
| **If researcher not located…** | 1. MRS main/Station Manager – 303-492-8842 2. MRS secondary – 303-492-8841 3. MRS Director – 303-717-4386 |
| **If researcher not located…** | 1. Boulder County Sherriff (303-441-4444) 2. 911 to report the missing person |
| **Information for reporting missing person(s).**  **Station address:** 818 County Rd 116, Nederland CO 80466, 303-493-8842  **Your planned approximate location that can be communicated to authorities:** [When you leave your plan with your check-in person restate your approximate work location for the day such that it will provide a good starting point for SAR to look.] | |