

Faculty of Science, Memorial University

Safety Policy for Academic and Research Field Work

May 2016

INTRODUCTION

All academic units in the Faculty of Science whose faculty, students, or staff participate in field work for academic or research purposes must have a field safety policy. Current policies are attached as Appendices 1 to 5.

The term "field work" is to be interpreted broadly and will include, for example, work aboard ships, field studies, and work at field stations. It also includes components of student laboratories that take place outdoors and off-campus. These can be for part of a day or extended over several weeks or months.

SAFETY POLICY

The Memorial University Safety Policies (e.g., diving, boating, incident/accident reporting) and the Field Safety Policy of the relevant department shall apply during approved fieldwork. The University's Safety Policies are available at www.mun.ca/facman/Safety/diving_safety.php.

PERSON-IN-CHARGE

Normally fieldwork will be organized and supervised by a faculty member. Responsibility must be delegated if the faculty member cannot be present.

For fieldwork supervised by a person other than a faculty member, prior written approval for such designation must be obtained from the departmental Head.

It is the responsibility of the person-in-charge to take all reasonable steps to ensure that:

- (1) an assessment of known and potential risk has been conducted;
- (2) each participant is informed of the known risks and of the physical requirements of the fieldwork. The participant must acknowledge receipt of the information and agree to participate in the activity;
- (3) the academic portion of the work is conducted safely, including the determination of appropriate safety equipment and clothing and the instruction of participants in use and maintenance of these;
- (4) a written travel plan or itinerary is left with the relevant department before departure;
- (5) before leaving campus, participants provide
 - (a) contact information for next of kin, and
 - (b) information about any relevant health issues.

WILDERNESS, REMOTE OR HAZARDOUS AREAS

In the case of fieldwork in remote areas where there is limited access to medical support, the person-in-charge should consider:

- (1) having at least one participant trained in first aid and CPR;
- (2) providing a communication link to a central station;
- (3) conducting area familiarization trips before work has started;
- (4) leaving details of travel plans with local authorities before leaving;
- (4) having a procedure for contacting local authorities or police who will organize a search for missing people.

FOREIGN TRAVEL

For work undertaken outside of Canada, the participants should consult the Department of Foreign Affairs and International Trade (DFAIT) website <http://www.international.gc.ca/index.aspx> for Travel Reports and Warnings that provide information and advisories on safety and security, local laws and customs, entry requirements, health conditions, and other important travel issues.

VEHICLES

University owned and rental vehicles must be acquired and operated in accordance with Memorial University Policy and Procedures regulations V-2: Vehicles - University Owned or Leased and T-1: Travel Guidelines - General.

Only qualified drivers who meet the Memorial University requirements may drive university vehicles and only those considered qualified by the rental company may drive rental vehicles.

BOATS

Federal Transport Canada Small Vessel regulations require that all operators of all boats have a licence to operate. The University offers courses to this end. It is the responsibility of the person-in-charge to ensure that all safety precautions are taken, operators are licensed, that boats are in good repair and carry legally required safety equipment. It is expected that the master of the vessel will inform everyone of safe operating practices and what procedures to follow in the case of an accident.

APPENDIX 1

Biology Department

- a. Field Research Safety Planning Record
- b. Field Biology Safety Form: Undergraduate/Graduate

Biology Department, Memorial University
FIELD RESEARCH SAFETY PLANNING RECORD
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This form or a similar one, is to be completed by the Principal Investigator and submitted to the Department Head (or equivalent) before departure on field research. Multiple trips to the same site or group of sites can be covered by one form. The form is good for a single academic year and a new form must be completed annually.

| | | |
|--|--|-------------------------|
| ACADEMIC UNIT [Biology / OSC / MI / other*]: *If other, then specify: | | PRINCIPAL INVESTIGATOR: |
|--|--|-------------------------|

LOCATION OF FIELD RESEARCH:

| | |
|----------|--------------------|
| COUNTRY: | GEOGRAPHICAL SITE: |
|----------|--------------------|

NEAREST CITY/TOWN CENTRE: (NAME, DISTANCE TO)

NATURE OF RESEARCH:

| | |
|--------------------|-----------------|
| DATE OF DEPARTURE: | DATE OF RETURN: |
|--------------------|-----------------|

| FIELD RESEARCH TEAM Chain of Responsible Leadership | Category (check all that apply) | | | |
|--|---------------------------------|-------------|-----------------|---------------------|
| NAME | Team Leader | Team Member | Other (specify) | Trained First Aider |
| | | | | |
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|--|---|
| PHYSICAL DEMANDS: <input type="checkbox"/> Diving and other Underwater Activities <input type="checkbox"/> Climbing <input type="checkbox"/> High Altitude <input type="checkbox"/> Remote Area | Other (specify): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|--|---|

Biology Department, Memorial University
FIELD RESEARCH SAFETY PLANNING RECORD
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RISK ASSESSMENT: (Complete to the extent that it is appropriate for your circumstances.) List identified risks associated with activities or environment (e.g. extreme heat or cold, wild animals, endemic disease, firearms, explosives, violence), and measures for eliminating or reducing risks to acceptable levels. Use section 10 if you need to expand on one or more items. Attach additional pages if the space is insufficient.

| RISK | PRECAUTION |
|------|------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

Biology Department, Memorial University
FIELD RESEARCH SAFETY PLANNING RECORD
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EMERGENCY PROCEDURES

Detailed Emergency Plan for Research location (Attach additional page if necessary):
 (Include information on communication and evacuation plans.)

University Contact & Phone No. for the group.

Local Contact and Phone No. (if available at or near the site of research) for the group.

Note: Each member of the group should fill out, and have on file, the form for recording personal contact numbers and other information such as the medical care registration number (page 4).

I, the undersigned, acknowledge that:

- (a) I have been fully informed of the risks of this field research and that I accept them;
- (b) I will comply with the established safety procedures;
- (c) I am in a satisfactory state of health to undertake the research; and
- (d) I have received all of the prescribed immunizations.

ACKNOWLEDGEMENT OF TEAM MEMBERS:

| NAME (Please Print) | SIGNATURE | DATE |
|---------------------|-----------|------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |

Signature of Department Head (or equivalent)

I acknowledge receipt of this document.

| | | |
|---------------------|------------|-------|
| Name (please print) | Signature: | Date: |
|---------------------|------------|-------|

Biology Department, Memorial University
Individual Personal Contact Number(s) and Medical Care Information
(Field Research Safety Planning Record, Page 4 of 4)

Give your name and MUN employee number, or student number, as appropriate:

| | |
|-------|------------------------|
| Name: | MUN or Student Number: |
|-------|------------------------|

Each member of the research team should provide as much of the following information as appropriate for the occasion:

1. Name, number and expiry date on your Newfoundland Medical Care Commission Registration Card (Your M.C.P. No.).
2. Name and number for your medical care card if other than M.C.P. Also, state the name of the plan.
3. Complete the following travel immunization/prophylaxis record for your current status.

Indicate if you do not currently meet requirements for the area in which you wish to travel and whether or not you intend to meet the requirements by the time of travel. Note that having up to date immunizations, such as for tetanus, may be relevant for individuals working and traveling in Newfoundland and Labrador. That is, the list should not be seen as relevant only to people who expect to travel outside of the country.

TRAVEL IMMUNIZATION/PROPHYLAXIS REQUIREMENTS:

- | | | |
|--|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Malaria | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Measles | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Polio | <input type="checkbox"/> Typhoid |
| <input type="checkbox"/> Japanese encephalitis | <input type="checkbox"/> Rabies | <input type="checkbox"/> Yellow Fever |

4. List the names and contact numbers (phone, e-mail, etc.) for people close to you whom you may wish to have contacted in case of an emergency.

Biology Department, Memorial University of Newfoundland

Biology Field Safety Form:

Undergraduate/Graduate Emergency Information - Confidential

Please complete and return this form to "The Biology Department, Memorial University of Newfoundland, St. John's, NL A1B 3X9" [Phone 709-864-7498/Fax: 709-864-3018].

| | |
|--|-----------------------------|
| Biology research or thesis project*: | |
| or | |
| Biology course name and number: | |
| Student No. | Student Name: |
| Home University: | |
| Medical Insurance | |
| MCP # (or equivalent) and expiry date: | |
| Name of other insurer(s) and policy numbers: | |
| Name of Policy Holder (if other than the student): | |
| Policy holder guarantees that additional insurance is in force for the duration of the field project or field course. | Signature of Policy Holder: |
| * Give a short title for research and thesis projects. If appropriate, in brackets, give the name of the supervisor. | |
| Health Information | |
| Please give any allergies, drug sensitivities, regular medications and other information that might be of significance to a physician or hospital treating you in an emergency situation. List food allergies. Students should ensure that their immunizations [e.g. tetanus] are current. | |

