*Version- Oct 2024*

School of Earth & Environment

Field Activity Plan

# Health and Safety

|  |
| --- |
| **Activity Leader** |
| Full Name |  |
| Work Area / Location |  |
| Email |  | Phone |  |
| Signature |  | Date |  |

|  |
| --- |
| **Deputy Activity Leader** *(if required)* |
| Full Name |  |
| Work Area |  |
| Email |  | Phone |  |

|  |
| --- |
| **Approval to Undertake the Field Activity** *(for completion by Manager/Head or delegated authority i.e. Departmental Safety Officer, Academic Supervisor. (Approval for high risk activities can only be approved by the relevant Senior Leadership Team member)* |
| I consent for this Field Activity to be run to the specifications of the plan. |
| Full Name |   |
| Date |   |
| Signature |  |

|  |
| --- |
| **Field Activity Details** |
| Paper/Course |  |
| Purpose of Field Activity |   |
| Location |  |
| Start Time and Start Date |   | Click or tap to enter a date. |
| Finish Time and Finish Date |   | Click or tap to enter a date. |
| Return from activity method of notification (who you will notify and how you will notify them) |  [ ] Whiteboard outside of Sacha’s office (ER105A) |
| Nominated Contact person*(Refer to form “****SEE Return from Field Activity -Contact Person Info****”)* | CONTACT INFO: | [ ]  Daily Check In[ ]  Check in upon return[ ]  Contact Form Sent |
| Location Contact Address |  |
| Location Contact Phone |  |
| Map Reference *(if no contact address)* |  |
| Intended Programme |
| *Provide brief description of the daily field activities, including location of activities (****map****?), dates, distance from field HQ, planned route and transportation* |

|  |
| --- |
| **Working at or with other Companies / Organisations / PCBUs\* *(includes Farmers)******Shared - Field locations / Worksite / Equipment*** ***(You must Consult, Cooperate and Coordinate with other PCBUs/Companies)*** *\*PCBU= A person conducting a business or undertaking* |
| Are you working at, with or alongside other Organisations/Companies or PCBUs?(If so list the names): *Shared- Worksite, Field location, Equipment? (Boat, Vehicles, helicopters..)* |  | [ ] **N/A**(SKIP THIS SECTION) |
| Who will be the “**Lead**” PCBU with regards to this project or field location site?*[Who has control of the worksite?]* |  |
| **Lead** PCBU contact person | Name |  |
| Company |  |
| Phone # |  |
| Email |  |
| Are there any requirements in order to gain access to the field activity location?*(Induction? / Permissions? / Security?)* |   [ ]  Yes [ ]  No | Details: |
| Have you received and shared H&S information/documents with all parties? |  [ ]  Yes [ ]  No | What information? (e.g. FAP, SOPs) |  |
| Have you Consulted with other PCBUs to agree how risks will be managed and decide who is best placed to manage each risk? |  [ ]  Yes [ ]  No | Details/Comments |  |
| Are there **Clearly defined roles**, responsibilities and actions between all parties?*(So everyone knows what to expect)* |  [ ] Yes [ ] No |  |  [ ] N/A |

|  |
| --- |
| **Emergency Contacts** *(please complete Safety Equipment List on page 6 if required)* |
| Mobile Phone Number – Leaders # |  |
| Satellite Phone *(Have you made a test call?)* |  [ ] Yes [ ] No | Number # | Choose an item. |
| Personal Locator Beacon |  [ ] Yes [ ] No | Serial Number | Choose an item. |
| Field First Aid Kit |  [ ]  Yes [ ] No (*Do you require anything specific? Burns kit)* |
| List names of qualified First Aiders attending the Field Activity*(if none, consult the Health & Safety Manager)* |  |
|  |
|  |
| UC Security (anytime) | 0800 823 637 |
| Emergency Services- Fire, Ambulance, Police | 111 |
| **UC Emergency Contact** | Name |  **Matt Cockcroft** | Name |  |
| Position |  **School Safety Officer** | Position |  |
| Phone |  **021 126 5057** | Phone |  |
| UC Health and Safety Consultant | Name |  Casey Davis |
| Mobile |  027 311 9727 |
| Office Phone |  |
| Field Station Manager*(if relevant)* | Position | Jenny Ladley |
| Phone | 027 68 67 260  |
| Office | 03 369 5504, Internal ext. 95504 |

|  |
| --- |
| **Emergency Procedures – Response Plan** |
| Call **111** in emergencies (Fire, Ambulance & Police)  |
| ***How will you manage the emergency?***  |
| ***Consider:****How & Who Will:* * *Prevent further harm or injury:*

 *- of affected individuals* *- of the rest of the group** *Access emergency services (111 communication)*
* *Provide first aid.*
* *Notify UC and affected family.*
* *Take over if you are affected.*
* *Communicate expectations – e.g. Cellphone usage*

*Nearest Medical Centre?**Working Remotely/Isolated? – Beacon, Sat phone**Working by yourself? – Nominated Contact person, call in procedure* | **Your Plan** *(include specifics):**
*
*

 [**St John’s First Aid** - <https://www.stjohn.org.nz/first-aid/first-aid-library/> ] |
| **All participants** are aware of the emergency plan and procedures?  |  Yes [ ]  No [ ]  |

|  |  |
| --- | --- |
|  | **Participant Briefing** |
| * The Field Trip Leader must Brief all participants prior to the trip (use the “***Field Activity Briefing***” form). This will provide vital information to all participants so that they are properly informed prior to leaving.
* The Field Trip Leader must ensure an **accurate Departure Register** of all participants is provided to the Safety Officer or relevant other staff member prior to departing.
 |
|  | **Participant Health** |
| Field Activity Participant Declaration and Consent Forms must be sent to the “Field Trip Leader”. |
| **Name**  *(Please remember privacy if sharing this document – remove info/names)* | **Description of Health Condition** | **Controls to be applied** | Notes:  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***If this Field Activity is relying on UC Field Station Accommodation, participants must have provisional accommodation approval in UC Field Stations, PRIOR to submitting this Field Activity Plan to the Manager/HoD/HoS for approval.***

[***https://www.canterbury.ac.nz/life/facilities/field/***](https://www.canterbury.ac.nz/life/facilities/field/)

***Final accommodation approval will be confirmed by the Field Station Manager. The UC Field Station accommodation confirmation should accompany this request for authorisation.***

|  |
| --- |
| **Additional Information** *(complete the items relevant to your Field Activity)* |
| Alternative Route/Plans*(for bad weather/emergencies etc)* |  |
| Have you received consent/permit/access permission for the Field Activity locations? |  [ ]  Yes [ ]  No [ ] N/A | *Are you taking samples?**Do you have permission?* |
| Detail: |
| If yes, specify consent/permits obtained |  |
| Are there cultural considerations, e.g. Marae protocol, specimens not to be collected if rahui is in place? |  [ ] Yes [ ] No |  |  [ ] N/A |
| **Accommodation** contact person | Name |  |
| Mobile |  |
| Office Phone |  |
| Travel arrangements:*(Flights, Ferries, Accommodation need to be made using the SEEs Travel procedure)* |  |
| **Vehicles** used for transport | UC vehicles Rental vehiclesPrivate vehicles | [ ] Yes [ ] Yes[ ] Yes | [ ] No [ ] N/A[ ] No [ ] N/A[ ] No [ ] N/A |
| Car Rental Company *(if applicable)* |  |
| Car Rental Emergency Phone Number |  |
| **Vehicle Details**: | Vehicle 1 | Vehicle 2 | Vehicle 3 | Vehicle 4 |
| **UC** Vehicle Licence Plate #  | Choose an item. | Choose an item. | Choose an item. |  |
| **Private Vehicle** Details | Licence Plate # |  |  |  |  |
| Make |   |  |  |  |
| Model |  |  |  |  |
| Year |  |  |  |  |
| Colour |  |  |  |  |
| Current Registration | [ ]  | [ ]  | [ ]  |  |
| Current WOF | [ ]  | [ ]  | [ ]  |  |
| Vehicle First Aid Kit | [ ]  | [ ]  | [ ]  |  |
| Chains | [ ]  | [ ]  | [ ]  |  |
| Have drivers completed SEE Driver Assessment? |  [ ] Yes [ ] No *(These can be arranged by Sacha Baldwin)* |
| Are you planning to drive “off-road”?*(Have you done the 4x4 driving course?)* |  [ ] Yes [ ] No |  |  |
| Have all requirements for transportation of hazardous goods been considered?See [Land Transport](http://www.landtransport.govt.nz/rules/dangerous-goods-2005.html#41) for guidance. |  [ ] Yes [ ] No |  | [ ] N/A |
| Expected road conditions?*(Check-* [*NZ Transport Agency*](https://www.nzta.govt.nz/traffic-and-travel-information/)*)* |  |
| Contingency plan for adverse conditions,e.g. weather, rockfall, snow [*Metservice*](https://www.metservice.com/warnings/home) |  |
| Catering arrangements, e.g. self-catered |  |
| No. of days extra emergency food |  |
| Do your participants have any special requirements with regards to food or medical requirements? |  [ ] Yes [ ] No [ ] N/A*If medical/allergy related, list in participant health list above.* |
| If yes, have these people been appropriately catered for? |  [ ] Yes [ ] No |  | [ ] N/A |
| Are you carrying drinking water, purifier or have access to it during the trip?*Please specify* |  [ ] Yes [ ] No |  | [ ] N/A |
| Wet weather gear and thermal clothing requirements |  [ ] Yes [ ] No |  | [ ] N/A |
| Any other personal protective clothing and equipment |  |
| Name(s) of qualified/experienced person accompanying the group |  |
| Competency of participants has been assessed and mandatory certificates, licences and training are current, e.g. Firearms Licence, First Aid Certificate, Driver Licence | [ ] Yes [ ] No [ ] N/A |
| Overseas travel. See [University Travel](https://intranet.canterbury.ac.nz/travel/) website for guidance.*(Provide the destination, visa and vaccination requirements, travel insurance, and security arrangements for risk destinations. Attach the travel itinerary to this plan)* | [ ] Yes [ ] No [ ] N/A |

|  |
| --- |
| **Safety Equipment List***(complete for safety equipment taken, ensure equipment is maintained and relevant training is received)* *Examples- First Aid Kit, Satellite Phone, PLB, High Vis, Signs, Snow chains, Radios, Emergency Shelter* |
| Type of Equipment | Booked out using “**Cheqroom**” APP | Quantity | Serial Number *(if relevant)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Hazard Risk Assessment and Management

Use this form for Risk assessment of short-term work or activity, leave space to update any hazards identified during the trip and please give feedback upon return.

|  |
| --- |
| **Work/Activity Details /Risk Assessment** |
| Examples of **potential** Hazards / Risks: | *Sampling, Augering, Working near water, UAV Flying, Volcanic risks, Working Alone, Working Remote, Slips/Trips/Falls, Biological Hazards, Tsunami, Animals, Fire Risk,**Sharp objects, Eye injury, Heavy objects, Vibration, Chemical Hazards, Thermal Hazards, Power Tools, Electricity (overhead, Buried, fences etc.), People* | ***Any further External Risks?******Who is “Lead” for H&S?****-What risks are collaborators and other external companies creating?* |
| Helpful Resources and Links: | **UC SEEs Resources *-*** [*SEEs Resources*](file:///K%3A%5C_SEE%20Health%20%26%20Safety%5C1.%20Public%5CRESOURCES)**UC Chemical Safety** - [*https://canterbury.libguides.com/chem/sds*](https://canterbury.libguides.com/chem/sds) **WORKSAFE -** [*https://www.worksafe.govt.nz/topic-and-industry/*](https://www.worksafe.govt.nz/topic-and-industry/) **SITESAFE -** [*https://www.sitesafe.org.nz/guides--resources/free-H-and-S-guides/*](https://www.sitesafe.org.nz/guides--resources/free-H-and-S-guides/) **St John’s First Aid -** [*https://www.stjohn.org.nz/first-aid/first-aid-library/*](https://www.stjohn.org.nz/first-aid/first-aid-library/) **Before you dig -** [*https://www.beforeudig.co.nz/nz/home/*](https://www.beforeudig.co.nz/nz/home/) **CAA UAV -** [*https://www.aviation.govt.nz/drones/part-101-rules-for-drones/*](https://www.aviation.govt.nz/drones/part-101-rules-for-drones/) |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazard**(An actual or potential source of harm, including behaviour) | **Consequence If Hazard Not Controlled**(i.e. Injury, Illness, Incident, Property Damage, etc) | **Likelihood**(L value) | **Consequence**(C value) | **Risk Rating**(L x C) | **Controls**(i.e. Eliminate, Substitute, Guarding, Training, Administrative, PPE) | **Residual Risk Rating**(The remaining level of risk after controls have been implemented) | **Hazard Eliminated or Minimised**(E or M) |
| DrivingCar Accident | Injury/Death | 1 | 5 | 5 | * Drive to the conditions and to NZ Road Code at all times.
* Wear High Vis when near the road.
* Park well off active roadway and somewhere visible to other travelling vehicles
* Take regular breaks or swap drivers to avoid fatigue.
* Confirm your full load (incl trailers) is secure before setting off.
* Verify Vehicle is “Road Safe” (Condition is acceptable – Tyres, Trailers, WOF etc..)
* Licensed and experienced driver to drive
 | 5 | M |
| Medical Conditions - pre-existing | Illness/Death | 3 | 5 | 15 | * Well in advance of the proposed Field Activity **Verify** that all field participants have made health declarations.
* Check all health declarations and **have a plan** that safely manages all declared conditions/allergies.
* Advise participants of the level of fitness required for the fieldwork.
* Establish a clear procedure by which disabilities, that may require adjustments or support whilst on fieldwork, to be disclosed.
* Discuss with the Safety Officer if there are any difficulties or potential issues.
 | 5 | M |
| Choose a Hazard... |  |  |  |  |  |  |  |
| Choose a Hazard... |  |  |  |  |  |  |  |
| Choose a Hazard... |  |  |  |  |  |  |  |
| Choose a Hazard... |  |  |  |  |  |  |  |
| Choose a Hazard... |  |  |  |  |  |  |  |
| Choose a Hazard... |  |  |  |  |  |  |  |
| Choose a Hazard... |  |  |  |  |  |  |  |
| Choose a Hazard... |  |  |  |  |  |  |  |

**How to use this form:**

|  |  |
| --- | --- |
| 1. **List all the known or potential hazards associated with the proposed activity.**
2. **Identify the potential consequences if the hazard(s) are not controlled.**
3. **Consider the likelihood of it occurring and the consequence rating if it did occur.**
4. **Use the Risk Rating Matrix below to rate the hazard risk.**
5. **Identify suitable control options for the hazard that will reduce the risk levels.**
6. **Use the Risk Rating Matrix to calculate the residual risk.**
7. **Record the residual risk rating score against the hazard.**
8. **Determine if the controls eliminate or minimise the hazard.**
 | **Hazard Control Key:****E = Eliminate the Hazard****M= Minimise the likelihood the hazard will cause harm** |

|  |
| --- |
| **Risk Rating Matrix** |
| **Risk Matrix** |
|  | **Result****Likelihood** | Minor (1) | Moderate (2)(first aid only) | Severe (3)(Notifiable Event) | Major (4)(permanent disabling injury) | Catastrophic(5)(Loss of life, > $1m costs) |  |
|  | Rare (1) | Low (1) | Low (2) | Low (3) | Low (4) | Medium (5) |
|  | Unlikely (2) | Low (2) | Low (4) | Medium (6) | Medium (8) | High (10) |
|  | Moderate (3) | Low (3) | Medium (6) | Medium (9) | High (12) | High (15) |
|  | Likely (4) | Low (4) | Medium (8) | High (12) | High (16) | Critical (20) |
|  | Almost certain (5) | Medium (5) | High (10) | High (15) | Critical (20) | Critical (25) |
| **Risk Categories** |
|  | Critical & High | Risk treatment strategies to be approved by Supervisor/Manager. |  |
|  | Medium | Risk treatment strategies to be implemented by Person in Control of Work/Activity and any specialist support as required. Strategies to be approved by persons with specialist knowledge or experience. |
|  | Low | Risk acceptable – to be managed under normal control procedures (e.g. planning, training, information, supervisor and review). |
| **Risk**: the chance of something happening that will impact on your work.**Residual Risk**: The levels of risk remaining after all control measures have been implemented. |