

## The Promise Foundation Fieldwork Safety Plan

This form may be used by the Principal Investigator (PI), Co-Investigator (CI) or Field Team Leader to develop a Safety Plan. **The completed Safety Plan must be shared with all the members of the fieldwork team and kept on file at The Promise Foundation.** Multiple trips to the same location can be covered by a single Safety Plan. The Safety Plan must be revised whenever a significant change to the location or scope of fieldwork occurs. The Safety Officer is available to assist in completion or review of the Safety Plan on email (lorraine.rodriques@t-p-f.org)

### Principal Investigator/Co-Investigator/Director/Field Team Leader Contact Information:

Name:

Project Name:

Phone Number:

Email Address:

**Dates of Travel:** *(List multiple dates if more than one trip is planned.)*

### Location of Fieldwork:

Country:

Geographical Site:

Nearest City:

*(Name, distance from site)*

Nearest Hospital:

*(Name, distance from site, phone number)*

**Type of fieldwork:** (Please include a brief description of the type of work to be performed.)

### Local (Field) Contact

Name and Phone Number:

**Communication Plan:** (Describe planned communication with The Promise Foundation and the local contacts during fieldwork. The communication plan should indicate mode of communication Email, WhatsApp, Video Meeting, Face-to-Face meeting, and the frequency of communication, such as daily, twice daily, weekly etc)

### Emergency Procedures:

Please describe the emergency procedures for each of the following events:

1. In the event of an accident at or on the way to and from the field location

2. The Foundation adopts the WHO definition of close contact which is defined as anyone who has direct contact or was within 1 meter for at least 15 minutes with a person infected with the virus that causes COVID 19, even if the person did not have symptoms [[WHO definition](#)]

In the event of a field worker coming in close contact with persons at the field location who have tested positive with COVID 19 or have suspected Covid-19 symptoms

3. In the event of a fire or other natural or man-made disaster at field location

**First Aid Training:** (Please list any team members who are trained in first aid and the type of training received.)

**Physical Demands:** (Please list any physical demands required for this field research; e.g., climbing, extensive walking, extreme heat, extreme cold.)

**Risk Assessment:** Please list identified risks associated with the activity or the physical environment (e.g., extreme heat or cold, wild animals, endemic diseases, travel risks, rough terrain, firearms, explosives, violence). List appropriate measures to be taken to reduce the risks. *Add additional rows or include a separate sheet if necessary.*

Identified Risks	Controls
1. Field worker succumbing to heat exhaustion	
2. Accidental injury while travelling to and from the field or at the field site.	
3. Exposure to COVID-19	
4. Exposure to other communicable diseases (cholera, typhoid)	
5. Inadvertently transmitting communicable disease	
6. Man-made disaster at site (fire, chemical spill, road hazards)	
7. Attack by animals (dogs, cows, snakes)	

**Travel Immunizations:** If you are visiting a site that requires immunization / prophylaxis (typhoid, cholera, COVID-19, flu, chicken pox) please list requirements below.

**Field Team Membership:** (Please list the names, and emergency contact information for all members of the field team, and identify the Field Team Leader.)

**Participant name**

**Emergency Contact  
Name**

**Emergency Contact  
Phone number**

**Team Leader:**

**Team Members:**

**Training Certification:**

By signing below the Principal Investigator, Co-Investigator, Director, or Field Team Leader verifies that he or she has shared the contents of this safety plan with all team members and that they are familiar with the risks, prevention measures, and emergency plans.

**Signature**

**Printed Name**

**Date**