

# College of Forestry 420: Planning First Aid and Work Conditions

Safety Policy & Procedure Manual

Section 400: Forest Field Safety

Effective: 01 January 2007

Revised: 24 March 2006

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## PURPOSE

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The purpose of this section is a) To ensure that all persons involved in forest field activities are properly trained in the identification of workplace hazards and the planning of safe working conditions including proper medical supplies and first aid training.

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## Background Information

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All forest activities may be subject to the rules and regulations for planning, first aid and work conditions as regulated under Oregon Administrative Rules Oregon Occupational Safety and Health Division, Division 7, subdivision C (437-007-0200).

Forest activities are divided into those of more than one day duration and those of no more than one day duration. Activities in this section include *Site Planning and Implementation, Hazard Identification, Checking Systems, Working Alone, Medical Services, and Weather Conditions*.

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## Applicability

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All academic, research, students, and visitors in the College of Forestry who are conducting forest field activities.

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## Procedure

The following checklist for supervisor should be evaluated prior to the start of any new activity.

- A pre-work onsite safety inspection has occurred
- Identified hazards have been identified and marked where necessary
- A checking procedure for all workers has been established especially for employees working alone
- A medical plan for the site has been established
- A weather plan has been established
- Field sanitation has been provided for where appropriate

### **Site Planning and Implementation**

Supervisors are responsible for the following regulations in the case of all activities whose duration is longer than one day are subject to the following:

#### **Onsite Surveys**

Before the start of any activities an onsite safety survey must be conducted. **OR-OSHA (437-007-0200)**. The purpose of the survey is to identify any safety hazards that may be present on the site. In addition, the employer is required to conduct a pre-work safety meeting with all employees working on the site to discuss the site conditions and identified hazards as well as the medical evacuation procedures for that site.

#### ***NOTE:***

This meeting must be documented and may be used to satisfy the requirement for monthly safety meetings (**OR-OSHA 437-007-0130(4)**).

Prior to the start of any activities, danger trees or snags in the work area must be evaluated by a competent person. If any are deemed as hazards, they must be felled or at a minimum the work must be arranged to minimize danger to workers.

The employer is responsible for arranging forest activities so that the actions of one worker do not create a hazard for any other workers on the site.

### **Hazard Identification**

Supervisors are responsible for identifying any worksite hazards and insuring they are marked appropriately (**OR-OSHA 437-007-0205**). Hazards are to be marked with hazard identification ribbon that must be bright orange, at least 1 1/2 inches wide, and marked in black with “skull and crossbones” and/or the word “Danger. *This ribbon may be obtained through the instrument room.*”

#### ***NOTE:***

The employer must notify employees of existing marked hazards in their work area and instruct all employees in the recognition and use of hazard identification ribbon. This ribbon must not be used for any other purpose than identifying hazards and must be removed when the hazard is abated.

### **Checking Systems**

Supervisors are responsible for implementing a checking system to account for all employees at the end of each work shift. Employees must be knowledgeable about the checking system (**OR-OSHA 437-007-0210**).

#### ***NOTE:***

In the case of employees working alone, the employer is required to implement a system to check on the well being of those workers as provided in the section on ***working alone*** (**OR-OSHA 437-007-0215(3)**).

The checking system must include the time interval between checks and the procedures to be followed if the employee cannot be contacted, including provisions for emergency medical care and treatment.

- A specific person must be assigned for contacting the lone employee and verifying when contacts were made.
- The time intervals for checking must be understood and agreed to by all parties.

- Intervals should reflect the hazardous nature of the work and the methods available for checking.
- The system for checking an employee's well-being must be reviewed at least annually

### **Working Alone**

Workers are not prohibited from working alone when performing certain jobs which by their nature may be single employee assignments, provided the employer complies with the requirements for Checking Systems and Medical Services and First Aid (**OR-OSHA 437-007-0215 (3)**).

**NOTE:** (OR-OSHA 437-007-0215 Sections 1, 2, and 4).

The employer must not assign workers to a task or location so isolated as to be without visual, audible, or radio contact with another person who can summon or provide aid in an emergency.

*When the job tasks include fire, suppression, prescribed fire, tree climbing, power chain saw operation, yarding, loading or a combination of these duties a minimum crew of two employees who must work as a team and must be in visual or natural unassisted voice communication with one another. In addition, when the job tasks include moving heavy parts or there is a probability of something heavy falling on a worker, there must be another person in the area who can render immediate assistance or emergency care.*

### **Medical Services and First Aid**

Supervisors are responsible for developing and implementing an emergency medical plan to ensure emergency medical service to employees with major illnesses and injuries (**OR-OSHA 437-007-0220**).

All employees must be knowledgeable concerning the emergency care and emergency medical treatment plan (**Section 2**).

*All personnel employed in forest activities must be trained in first aid and CPR as follows (Section 3):*

- (a) In a language they understand.
- (b) At least every 2 years or as required by a nationally recognized first aid training provider.
- (c) All supervisors must be first aid and CPR trained prior to their initial assignment.
- (d) All new employees, other than supervisors, that are not first aid and CPR trained prior to their initial assignment must receive a first aid and CPR briefing.
- (e) All new employees must receive first aid and CPR training within 6 months of being hired.
- (f) For the initial start-up of an operation where new employees are assigned, at least one out of every five crew members must be first aid and CPR trained before work starts.

**NOTE: (OR-OSHA 437-007-0215 Section 4).**

Each worksite must have at least one serviceable and operable two-way radio, phone or radio/phone combination available to reach ambulance service. Citizens' band radios are permitted only as a secondary means of communication. In the event of a communication "dead area" the crew must have a mobile communication unit or advance plans to relay emergency calls through another site.

**NOTE: (OR-OSHA 437-007-0215 Section 6).**

At worksites of more than one day duration, the employer must have available near the worksite communication device(s):

- Written land directions to the worksite.
- The worksite location by Township, Range and Section.

**NOTE: (OR-OSHA 437-007-0215 Section 7).**

At work sites of more than one days duration When air evacuation is available, the employer must have available, near the worksite communication device(s), the:

- Name and phone number of the air evacuation service.
- Worksite location by latitude and longitude or township, range and section as required by the air service.

## **First Aid and Transportation**

The employer must assure that transportation is always available to a point where an ambulance can be met, or the nearest suitable medical facility (**OR-OSHA 437-007-0215 Section 8**).

**NOTE: (OR-OSHA 437-007-0215 Section 9).**

Vehicles used for the transportation of personnel must carry a suitable first aid kit that is easily located. In addition to the vehicle first aid kit, additional first aid kits must be available at the job site. First aid kits must be suitably equipped for the job.

*The instrument room carries these and they are available for checkout.*

First aid supplies must be stored in adequate containers, clearly marked "First Aid", and regularly inspected and replenished as needed. The container must not be locked but may be sealed. All employees must be informed of the location of first aid supplies.

## **Working Near Unstable Objects and Danger Trees**

Supervisors are responsible for conducting a general inspection of the worksite to identify trees, logs, rootwads, rocks, chunks or other objects that may roll, slide or fall towards personnel. If any object is likely to move during work activity, it must be removed, stabilized, or the work activities modified so that the unstable objects are no longer a hazard. (**OR-OSHA 437-007-0225**).

**NOTE:**

Consideration must be given to rain, snow, other weather conditions, or working below felled and bucked timber that may increase the likelihood that objects may roll, slide or fall.

## **Working Conditions**

Supervisors are required to have a competent person must determine if work activities can be safely conducted during inclement weather conditions or darkness. When weather conditions or darkness pose a hazard to workers, the activity must be discontinued until the work is arranged to mitigate the hazard.

***NOTE:***

This rule does not prohibit work activities at night, but it requires an assessment of conditions so work can be done safely.

***NOTE:***

**Additional OR-OSHA regulations concerning Night Logging, Field Sanitation Requirements for Reforestation, and Working Around Power Lines are in the OR-OSHA Rules and Regulations at the end of this section.**

## Field Location Information

The following information should be recorded to assist emergency or search crews to reach the work site.

### Legal Description

Section \_\_\_\_\_

Township \_\_\_\_\_

Range \_\_\_\_\_

County \_\_\_\_\_

### Emergency Contacts    Include the nearest medical facility

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Medical Facility \_\_\_\_\_

Phone \_\_\_\_\_