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| **Incident Risk Assessment Worksheet** | | | | **1. Incident/Activity Name**  **Work Capacity Test** | | | | **2. Location** | | | | | |
| **Identification of Hazards and**  **Risk Assessment** | | | | **3. Name and Title of Analyst** | | | | **4. Date** | | | | | |
| **5. Pre-Mitigation** | | | | | | **6. Mitigation or Abatement Action**  (Engineering, Administrative, PPE, Avoidance, Education, etc) | | | | **7. Post-Mitigation** | | | |
| **8. Hazard** | 9.Hazard Probability | **10. Severity Code** | **11.**  **RAC** | |  | | | | 12.Hazard Probability | | 13. Severity **Code** | 14. RAC | 15. Acceptable **Yes/No** |
| Physical Overexertion |  |  |  | | * Provide prospective participants information about the test and describe how to prepare for it 6-8 weeks prior to WCT participation * Applicants complete the appropriate Health Screen documents ie HSQ, or Medical Standards Program exam prior to WCT participation. * Brief WCT participants on administration, rules, and safety requirements prior to the test -- WCT Administrator will answer questions concerning the test. * Make them understand they are to quit and get help from one of the Test Administrators on the course if they begin to feel ill during the test. * Test Administrators and Emergency Services Personnel (EMT) monitor personnel for illness, injury, or duress during WCT. * Test Administrator is to terminate test if indicated by level of subject distress. * Provide prospective participants official time for fitness training where policy permits. * Schedule tests when environmental conditions are most favorable. * Have a person currently qualified as an EMT (advanced life support and other EMS equipment) on site when testing is done. | | | |  | |  |  |  |
| **Hazard** | Hazard Probability | **Severity Code** | **RAC** | | **Mitigation or Abatement Action**  (Engineering, Administrative, PPE, Avoidance, Education, etc) | | | | Hazard Probability | | Severity **Code** | RAC | Acceptable **Yes/No** |
| Physical Overexertion |  |  |  | | * Have unit Emergency Medical Plan (ICS-206) and make sure Test Administrators, EMT’s, and local unit dispatchers know how to activate plan. * Ensure participants do not exceed a walking pace as required by WCT. * Ensure test subjects are properly hydrated, and provide water to participants during WCT. | | | |  | |  |  |  |
| Strains and Sprains |  |  |  | | * Provide information to prospective subjects describing how to get into shape for the tests. * Provide prospective subjects official time for fitness training where policy permits. * Brief subjects about the test just prior to beginning. * Monitor subjects for indications of distress and terminate the test for them. * Ensure test subjects have comfortable footwear that provides adequate support and protection to feet and ankles. * Give subjects time to adjust packs for comfort prior to beginning the test. * Provide time prior to starting the test for subjects to warm up and stretch. * Have subjects cool down and stretch after the test. | | | |  | |  |  |  |
| Heat Stress |  |  |  | | * Make sure Test Administrators understand the effects of exercising in heat, ran recognize the symptoms of heat stress, and how to treat it. | | | |  | |  |  |  |
| **Hazard** | Hazard Probability | **Severity Code** | **RAC** | | **Mitigation or Abatement Action**  (Engineering, Administrative, PPE, Avoidance, Education, etc) | | | | Hazard Probability | | Severity **Code** | RAC | Acceptable **Yes/No** |
| Heat Stress |  |  |  | | * Where possible, schedule tests for the most favorable environmental conditions. Use the Heat Stress chart, *Fitness and Work Capacity*, 2nd Edition, (p. 29). Avoid the "High" range. * Inform prospective test subjects on how to dress for the conditions and include the information in the pre-test briefing. * Make sure test subjects are aware of the need for acclimatization. Provide time for employees to become acclimatized if conditions of their employment permit. * Test Administrators include heat stress information in the test briefing if appropriate. * Provide water at key points along the test course if conditions dictate. * Test Administrators monitor all test subjects for signs of heat stress, terminate test if is stress is indicated, and are prepared to provide treatment needed. | | | |  | |  |  |  |
| Cold Temperature  &  Adverse Weather |  |  |  | | * Make sure Test Administrators knows symptoms of cold-related physical effects and are prepared to treat them. * Inform prospective test subjects on how to dress for the conditions and include information in the pre-test briefing. * Locate an indoor facility suitable for testing if conditions warrant. * Postpone testing if conditions warrant. * Locate a suitable test surface. Consider indoor facility, plowed airport, plowed road or other safe area. * Postpone testing if conditions warrant. | | | |  | |  |  |  |
| **Hazard** | Hazard Probability | **Severity Code** | **RAC** | | **Mitigation or Abatement Action**  (Engineering, Administrative, PPE, Avoidance, Education, etc) | | | | Hazard Probability | | Severity **Code** | RAC | Acceptable **Yes/No** |
| Traffic |  |  |  | | * Select test course without traffic. * Arrange for traffic control to eliminate traffic hazard. * Make sure test subjects are briefed about traffic hazard and controls implemented prior to the test. | | | |  | |  |  |  |
| Pack Rubbing,  Chafing, or Straining Subjects |  |  |  | | * Make sure test subjects have practiced with a pack and have become work hardened to carry a pack. * Recommend upper body clothing that protects from pack rubbing. * Makes sure subjects have an opportunity prior to testing to adjust * and try out the pack. * Terminate testing for subjects struggling to carry the pack or maintain a pace adequate to complete the test successfully. * Permit subjects to use a self-provided pack that meets the applicable weight requirement. | | | |  | |  |  |  |
| **Agency Administrators Signature and Date** | | | | | | | **Preparers Signature and Date** | | | | | | |

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| **MEDICAL PLAN** | | Project Name | Date Prepared | | | Name of Preparer | | | |  | | | | | |
| Transportation | | | | | | | | | | | | | | | |
| Ambulance Services | | | | | | | | | | | | | | | |
| Name | Address | | | | | | | Phone | | | | Paramedics  Yes No | | | |
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| Hospitals | | | | | | | | | | | | | | | |
| Name | Location | | | Travel Time  Air Ground | | | Phone | | Helipad  Yes No | | | | Burn Center  Yes No | | |
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| Medical Emergency Procedures | | | | | | | | | | | | | | | |
| **Provide detailed Emergency Medical Procedure for project (Refer to instructions to complete)** | | | | | | | | | | | | | | | |

**Instructions for Completion of Emergency Medical Procedures**

As appropriate the following information should be included in the emergency medical procedures for any staffed project or incident location. The plan must be reviewed and approved by the Agency Administrator.

* Include timeframes (ETEs and ETAs) from and to specific locations
* Include GPS coordinates for key locations such as remote camps, project areas, helispots, etc.
* List all potential evacuation resources and/or equipment that could be used for medical emergency
* Identify other resources and/or equipment (types, capabilities, availability) not assigned to Unit/Agency but possibly available if requested
* Identify contingencies (alternate plan or procedure if the preferred option becomes unavailable or identified resources cannot perform the mission)
* Identify specific concerns by location
* Identify environmental influences or factors and resource status changes that might keep the preferred option from working
* Use the Risk Assessment Worksheet to mitigate lengthy travel times to access Advanced Life Support
* If the primary evacuation plan is to use aviation, then a secondary plan should be identified including time frames for patient extraction

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| **The emergency medical procedures must be communicated to all personnel assigned to the project.**  **RA and Emergency Medical Procedures Acknowledgment** |
| We, the undersigned work leader and crew members, acknowledge participation in the discussion of this RA and accompanying emergency medical procedures. We have thoroughly discussed and understand the provisions of each of these documents:  Date: |

Signature Signature