

Weekly Safety Meeting



Hypothermia

Hypothermia is a drop of body temperature caused by exposure to cold or frigid environments. The average temperature of a normal body is 98.6 degrees. With hypothermia, this temperature drops to 95 degrees or lower in severe cases. Some medical conditions such as thyroid problems, diabetes, drug or alcohol use, and certain medications can increase the risk for hypothermia. For adults, symptoms include shivering, shallow breathing, confusion, lack of balance, and weak pulse. If a hypothermic person is unconscious, has no pulse, or is not breathing call emergency help and perform CPR immediately. If medical attention is not immediately available all wet clothes on the person must be removed and he or she should be protected against wind, wrapped in warm clothes or blankets, and given warm liquid (without caffeine or alcohol).

Each year, the winter months create a challenging work environment for many employees. While working outdoors, it is necessary to dress in layers that trap heat and are still easily adjustable for work activities. In extreme weather, workers should intake calories steadily throughout the day (as opposed to having one or two heavy meals each day) and they should drink at least 4 liters of water to prevent dehydration. OSHA does not have specific requirements for working in cold weather. However, hypothermia is included under cold stress requirements, and OSHA recommends employers train workers for cold stress hazards and prevention as well as provide engineering controls, monitor workers for signs of cold stress, communicate with workers at remote areas, schedule work during warmer parts of the day, and educate workers on the symptoms of cold stress.

Hypothermia Prevention Tips:

Promote flu shots for employees.

Encourage proper hand washing and respiratory hygiene practices.

Educate workers on the symptoms of flu, hypothermia, and cold stress.

Wear appropriate clothing:

Heavy wool sweaters

Windproof or waterproof layers

Gloves/Mittens

Socks

Keep your body fueled with water and food.

Work Site Review: Hazards/Safety Suggestions

Company Name: _____

Work Site Location: _____

Foreman/Supervisor: _____

Date: ______ Start Time: ______ Finish Time: ______ Employee Signatures: (continue on back of sheet if necessary)

(My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced, or sustained any recent job-related injury or illness)

Manager/Supervisor's Signature:

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