Weekly Safety Meeting

proActive Safety Services

Train. Protect. Prevent.

AVOIDING FROSTBITE

What is frostbite? A condition caused by exposure to the cold that will freeze the top layer and tissues beneath your skin. Frostbite occurs often in your extremities. In some cases, your skin will recover, and in others the skin will die.

Blood vessels in your skin constrict when you are exposed to cold weather. This happens to restrict the blood flow to our extremities in order to keep your vital core warm. This lack of blood flow is what can cause damage to your skin and nearby tissues.

Who is most at risk for Frostbite?

1. Workers who are exposed to cold temperatures.

2. Workers who are working in windy areas.

3. Workers who are working at higher altitudes.

4. Workers who are working from heights.

The degrees of frostbite!

1. First-degree frostbite - frostnip is when your skin will turn cold and red. You may begin to feel a prickling sensation and minor numbness.

2. Second-degree frostbite - ice will begin to form on your skin causing your skin to feel hard. Swelling may begin and your skin may begin to feel warm.

3. Third-degree frostbite - your skin may have a blue or gray spot, deep blood-filled blisters, and your muscles may not work properly near the affected area.

Avoiding frostbite!

1. Be prepared! Know the weather report before you begin work and have the right equipment. Sometimes rescheduling outdoor work on a treacherous day maybe a better decision for everyone involved.

2. Seek medical attention immediately if frostbite is suspected. Call 911!

Has anyone ever experienced frostbite? If so, what stage? Could it have been avoided?

Work Site Review: Hazards/Safety Suggestions

_____
_____
_____

Company Name: _____   Work Site Location: _____

Date: _____ Start Time: _____ Finish Time: _____   Foreman/Supervisor: _____

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: _____