

APPENDIX A – HEAT ILLNESS PREVENTION PLAN

General Information

Campus Unit: _____
Prepared By: _____ Date: _____
Task: _____
Location: _____
Task/Location Designated Responsible Person: _____
Estimated Start Date: _____ Estimated End Date: _____
Location(s) of Cool Potable Water: _____
Cool Potable Water Provided Via (circle all that apply): Drinking Fountain Water Cooler
Individual Bottles Other: Describe: _____
Location and Nature of Cool-Down Area(s): _____

Minimum Frequency of Scheduled Breaks: _____

Emergency Procedures

Emergency Contact Method: _____

Heat Stroke

Signs & Symptoms: Confusion; slurred speech; loss of consciousness; hot, dry skin or profuse sweating; seizures; very high body temperature

First Aid: **Call 911 Immediately**; move to nearby cool-down area; loosen clothing and remove extra layers; cool with ice and water

Heat Exhaustion

Signs & Symptoms: dizziness headache; rapid heart rate; pale, cool, clammy, or flushed skin; nausea and/or vomiting; fatigue; thirst; muscle cramps

First Aid: Take employee to clinic or emergency room or call 911; move to nearby cool-down area; **DO NOT** leave employee unattended; remove unnecessary clothing such as socks and shoes; encourage frequent sips of cold water; place cold compresses on the worker; encourage worker to wash head, face, and neck with cold water

Heat Cramps

Signs & Symptoms: Muscle cramps, pain, or spasms in the abdomen, arms, or legs

First Aid: Hydrate and have a snack every 15 minutes; avoid salt tablets and over consumption of sports drinks; Take employee to clinic or emergency room or call 911 if employee has heart problems, is on a low sodium diet, or if cramps do not subside within 1 hour.

Heat Rash

Signs & Symptoms: red clusters of small blisters usually on the neck, chest, groin, elbows, and body creases

First Aid: Move to cooler, less humid area; keep rash area dry; do not use ointments or creams

Management/Supervision Contact(s) for Emergency & Non-Emergency Situations:

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Task-Specific Classification

Circle the classification that best describes the work.

Classification One Rest - Tasks that could be categorized as rest include sitting while not performing work related tasks, hydrating, or talking on the phone.

Classification Two Light Work – Tasks that require minimal physical activity, examples include writing or drawing, driving a vehicle, occasional or leisurely walking, stooping, crouching or kneeling, standing watch.

Classification Three Moderate Work – These are tasks that likely require consistent energy inputs and are repetitive in nature. Examples may include site preparations, sweeping, stacking light to medium weight materials, weed eating or push-mowing, painting, normal walking.

Classification Four Heavy Work – Examples may include carrying, shoveling, manual sawing, pushing/pulling heavy loads, rope access, fast paced walking or jogging.

Classification Five Very Heavy Work – These are tasks that are very labor intensive, examples include, running, breaking concrete with a sledge/jackhammer, manual material movement, long distance hiking carrying equipment.

Note: Wearing heavy clothing or required protective clothing or equipment may inhibit the body's ability to dissipate heat which may result in the body experiencing the work at a higher classification. These considerations should be evaluated and accounted for in the task-specific classifications.

Non-Mandatory Temperature/Heat Index Classifications

Circle the classification that best describes the temperature/heat index during the duration of this task.

Low Caution - Temperature or heat index of less than **91F/33C** shall be classified as Low Caution. These locations or tasks require basic heat safety plans.

Moderate Caution – Temperature or heat index of **91F/33C** to **103F/39C** shall be classified as Moderate Caution. These locations require a basic heat safety plan which will include additional precautions and messaging for employees from supervision.

High Heat Warning – Temperatures or heat index of **103F/39C** to **115F/46C** shall be classified as High Heat Warning. These locations and tasks require a heat safety plan and an evaluation be performed by the Designated Responsible Person.

Very High/Extreme – Temperatures or heat index greater than **115F/46C** shall be classified as Very High/Extreme and require significant planning to accommodate additional cooling and rest/recovery needs.

Controls

Circle controls to be used when temperature/heat index exceeds 80 degrees F.

Engineering Controls

- Shaded cool-down area
- Air conditioning
- Local ventilation (e.g., cooling fans)
- Reflective shields to block radiant heat
- Insulation on hot surfaces (e.g., boilers and pipes)
- Other: List_____

Administrative Controls

- Scheduling tasks during the cooler part of the workday (list start and stop times:_____)
- Schedule routine maintenance/repair work during cooler part of year when feasible
- Relief workers (list work handoff times:_____)

- Work/rest schedules (list if frequency is greater than minimum break frequency: _____)
- Work in pairs (buddy system) and monitor each other for signs and symptoms of heat stress or illness
- Communication buddy, even when not working in the same location, setting check-in times with a co-worker can be used as an extra point of contact
- Other: List _____

If using buddy system, list buddies, communication method, and contact frequency.

Personal Protective Equipment

- Reflective clothing
- Insulated suits
- Face shields
- Cooling neck wraps*
- Cooling vests or jackets*
- Other: List _____

Acclimatization

New Employees (20 percent on day 1 then increase 10-20 percent each day)

Name: _____

Start Date: _____ Percent Working Day 1: 20 Day2: _____

Day 3: _____ Day4: _____ Day 5: _____ Day 6: _____ Day 7: _____

Day 8: _____ Day 9: _____ Day 10: _____

Name: _____

Start Date: _____ Percent Working Day 1: 20 Day2: _____

Day 3: _____ Day4: _____ Day 5: _____ Day 6: _____ Day 7: _____

Day 8: _____ Day 9: _____ Day 10: _____

Name: _____

Start Date: _____ Percent Working Day 1: 20 Day2: _____

Day 3: _____ Day4: _____ Day 5: _____ Day 6: _____ Day 7: _____

Day 8: _____ Day 9: _____ Day 10: _____

Returning Employees (no more than 50 percent day 1, 60 percent day 2, 80 percent day 3, and 100 percent day 4)

Name: _____

Start Date: _____ Percent Working Day 1: _____ Day2: _____

Day 3: _____ Day4: _____ Day 5: _____

Name: _____

Start Date: _____ Percent Working Day 1: _____ Day2: _____

Day 3: _____ Day4: _____ Day 5: _____

Name: _____

Start Date: _____ Percent Working Day 1: _____ Day2: _____

Day 3: _____ Day4: _____ Day 5: _____

