

# OHBA Safety Pages: Heat Illness

Anyone can become susceptible to heat illness in very warm weather. This is especially true for people doing hard work or heavy labor outside. However, if the temperature is high enough, even indoor workers can become susceptible and may suffer heat stroke, heat exhaustion, or heat cramps.

**HEAT STROKE** (or sun stroke) is a life-threatening situation and must be treated immediately. The victim's temperature-control system, which produces sweat to cool the body, stops working. The body temperature can rise so high that brain damage and death may result if the body is not cooled quickly.

**Signs and symptoms** of heat stroke are hot, red, dry skin, very small pupils, and very high body temperature. The body temperature may be rising rapidly. There may also be a rapid pulse, very small pupils, loss of consciousness, and convulsions. If the victim was sweating from heavy work, his or her skin may be wet; otherwise, it will feel dry.

**First Aid.** Call 911. Get the person out of the heat and into a cooler place fast. Quickly cool the victim's body. Immerse the victim in a cool bath or wrap wet towels around their body and fan them. Elevate head and shoulders and treat for shock. Give nothing by mouth.

**HEAT EXHAUSTION** is less dangerous than heat stroke, but it can cause collapse. It typically occurs when working in a warm, humid place where body fluids are lost through heavy sweating. Fluid loss causes blood flow to decrease in the vital organs, resulting in a form of shock. With heat exhaustion sweat does not evaporate, as it should. As a result, the body is not cooled effectively.

**Signs and symptoms** of heat exhaustion are cool, pale, and moist (clammy) skin, heavy sweating, dilated pupils, headache, nausea, dizziness, weakness, low blood pressure, weak pulse, and vomiting. Body temperature will be nearly normal.

**First Aid.** Get the victim out of the heat and into a cooler place immediately. Place them on their back with feet up. If possible, remove or loosen the victim's clothing. Cool them by fanning and applying cold packs (putting a cloth between the cold pack and the victim's skin) or wet towels. Give care for shock and give them one-half glass of water to drink every 15 minutes if they are conscious and can tolerate it.

**HEAT CRAMPS** (muscle spasms) are muscle pains and spasms due to heavy exertion, heavy sweating, and usually involve the abdominal muscles or legs. Cramps occur in arms and legs after strenuous work.

**First Aid.** Get the victim to a cooler place. If they can tolerate fluids, give them one-half glass of water or sports drinks every 15 minutes for an hour. No alcohol or caffeine.

**HEAT RASH** (prickly heat) occurs when humidity prevents sweat from evaporating. Over-the-counter drugs are available for treatment.

**SUNBURN** obviously occurs when skin is over-exposed to the sun's harmful rays. The summer is most dangerous because ultraviolet and infrared rays are intense and because the temperature is warm and comfortable, making it easier to work without a shirt. Wear protective clothing and consider wearing sunscreen or sunblock.

## AVOID HEAT ILLNESSES

During the summer:

- wear protective, lightweight, light-colored clothing.
- drink cool water, (not iced water) at least a cup every 20 minutes.
- take breaks to cool off; a worker should never be denied a break if he or she is overheated.

**DO NOT GIVE ASPIRIN OR SALT TABLETS TO ANYONE SUFFERING FROM A HEAT-RELATED EMERGENCY.**



The information we provide is not intended to include all possible safety measures and controls. In addition, the safety information we provide does not relieve the Members of its own duties and obligations with regard to safety concerns, nor does Oregon Home Builders Association guarantee to the Members or others that the Member's property, job sites and/or operations are safe, healthful, or in compliance with applicable laws, regulations or standards. The Members remain responsible for their own operations, safety practices and procedures and should consult with legal counsel as they deem appropriate.

Employer: \_\_\_\_\_ Project: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Shift: \_\_\_\_\_

Number in crew: \_\_\_\_\_ Number attending: \_\_\_\_\_

Safety or Health issues discussed. Include recent accident investigations and hazards involving tools, equipment, the work environment, work practices and any Safety or Health recommendations:

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Follow up on recommendations from last safety meeting:

\_\_\_\_\_  
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Record of those attending:

Name: (please print)	Signature:	Company:
1.		
2.		
3.		
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12.		

Supervisor's remarks: \_\_\_\_\_

Supervisor: \_\_\_\_\_ (Print) \_\_\_\_\_ (Signature)