



Engineering & Utility Contractors Association
**SAFETY & INSURANCE
BULLETIN**

Taking Action... Getting Results!



April 20, 2009

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NEW Heat Illness Guidelines

Are You Complying With CalOSHA Heat Illness Prevention Regulations?

In March of this year, CalOSHA added enforcement guidelines for their existing Heat Illness Prevention regulation (Title 8 § 3395) to include temperature triggers for when the prevention methods are to be in place, however heat illness prevention is always encouraged. Title 8, §3395 requires the following for “all outdoor places of employment at those times when environmental risk factors for heat illness”:*

- **Provision of Water** – Employers to provide one quart of drinking water per hour per employee, unless the jobsite is plumbed or otherwise has a continuous supply of water. Employers should encourage the frequent drinking of water.
- **Shade** –
 - (1) Preventive Recovery Period – The employer must provide access to shade for workers suffering from the symptoms of heat illness or needing shade to prevent the onset of illness for a period of no less than five minutes. Canopies, umbrellas or other temporary structures may be used, so long as direct sunlight is blocked. Cooling measures other than shade can be used (such as misting machines) if the employer can demonstrate that these measures are as effective as shade in allowing employees to cool down. There is no temperature trigger for a worker’s right to request a preventative recovery period.
 - (2) Expected Temperature 85°F – If the National Weather Service forecast for the work area as of 5 p.m. the previous day is 85°F or above, shade must be ready and available at the start of the shift. If artificial shade will be used, it must be erected by the start of the shift. The 85°F trigger only applies to the manner in which shade is provided. Employers are still obligated to make shade available for employees who believe they require a preventive recovery period, regardless of the actual or expected high temperature. There is no temperature that triggers enforcement of the §3395 standard in general.
 - (3) Actual Temperature 90°F – Regardless of the forecasted high the previous day, employers are to be aware of the temperature and must have shade erected if the actual temperature exceeds 90°F.
 - (4) Amount of Shade – Employers will generally be expected to provide enough shade for 25% of the employees on a shift at any one time. Enough shade must be provided that each may be able to sit comfortably, fully shaded, and without touching each other.
- **Training** –
 - (1) Training in the following topics shall be provided to all supervisory and non-supervisory employees:
 - (A) The environmental and personal risk factors for heat illness;
 - (B) The employer's procedures for identifying, evaluating, and controlling exposures to the environmental and personal risk factors for heat illness;
 - (C) The importance of frequent consumption of small quantities of water, up to 4 cups per hour under extreme conditions of work and heat;
 - (D) The importance of acclimatization;

- (E) The different types of heat illness and the common signs and symptoms of heat illness;
- (F) The importance of immediately reporting to the employer, directly or through the employee's supervisor, symptoms or signs of heat illness in themselves, or in co-workers;
- (G) The employer's procedures for responding to symptoms of possible heat illness, including how emergency medical services will be provided should they become necessary;
- (H) Procedures for contacting emergency medical services, and if necessary, for transporting employees to a point where they can be reached by an emergency medical service provider;
- (I) How to provide clear and precise directions to the work site.

(2) Supervisor training. Prior to assignment to supervision of employees working in the heat, training on the following topics shall be provided:

- (A) The information required to be provided by §3395(e)(1).
- (B) The procedures the supervisor is to follow to implement the applicable provisions in this section.
- (C) The procedures the supervisor is to follow when an employee exhibits symptoms consistent with possible heat illness, including emergency response procedures.

For the full text of the new standard, including a complete definition of terms, please visit:

<http://www.dir.ca.gov/dosh/HeatIllnessInfo.html>

EUCA has developed a Tailgate Topic form (attached) to assist you with compliance. EUCA recommends immediately holding a Tailgate Meeting or Safety Meeting with all of your employees who are subject at any time to high heat conditions, to advise them of the components of this Cal OSHA standard. Once the meeting has been held, have all attendees sign the attached "Safety Meeting Attendance, Rest Period and Injury Report" form to document that they have received the appropriate training on Heat Related Illnesses. Keep these signed forms for your records.

For more information or questions regarding this emergency standard, please contact Mike Herron at the EUCA office, or review the Division of Occupational Health and Safety Q&A at:

<http://www.dir.ca.gov/DOSH/heatIllnessQA.html>

EUCA also recommends updating your Injury and Illness Prevention Program to include information on Heat Illness Prevention, along with your company's Safety Handbook.

****Definitions:***

"Acclimatization" means temporary adaptation of the body to work in the heat that occurs gradually when a person is exposed to it. Acclimatization peaks in most people within four to fourteen days of regular work for at least two hours per day in the heat.

"Heat Illness" means a group of serious medical conditions resulting from the body's inability to cope with a particular heat load, and includes heat cramps, heat exhaustion, heat syncope and heat stroke.

"Environmental risk factors for heat illness" means working conditions that affect the possibility that heat illness could occur, including air temperature, relative humidity, radiant heat from the sun and other sources, conductive heat sources such as the ground, air movement, workload severity and duration, protective clothing and personal protective equipment worn by employees.

"Personal risk factors for heat illness" means factors such as an individual's age, degree of acclimatization, health, water consumption, alcohol consumption, caffeine consumption, and use of prescription medications that affect the body's water retention or other physiological responses to heat.



HEAT RELATED ILLNESS

Heat-Related illnesses, such as heat stroke or heat exhaustion, can result when the body cannot cool itself fast enough. These heat-related illnesses can be very serious, even resulting in death, if not treated properly. The following environmental and personal risk factors can attribute to heat-illness:

Environmental Risk Factors:

- Air temperature
- Humidity
- Radiant heat (heat from the sun, paving machine or other sources)
- Conductive heat (heat from the ground)
- Air movement
- Workload severity/duration
- Protective clothing and equipment worn by employees

Personal Risk Factors:

- Age
- Frequency of working in hot weather
- Water consumption
- Alcohol/Caffeine consumption
- Prescription medications that reduce fluid retention and other physiological responses to heat.

Preventing Heat-Related Illnesses:

- Drink plenty of water. Employees should drink about four cups of water per hour on extremely hot days. *Note: liquids that contain alcohol, caffeine or large amount of sugar can decrease fluid retention. Drinking very cold water can cause stomach cramps. Avoid salt tablets unless directed by a physician.*
- Wear loose-fitting, light colored, lightweight clothing.
- Take rest breaks in shaded areas as necessary when experiencing the signs of heat-stress.
- Eating small meals more frequently.

Signs of Heat Exhaustion:

- Weakness
- Fatigue
- Blurred vision
- Dizziness
- Headache
- Fainting
- Mood swings
- Nausea or vomiting

Treatment:

- Move individual into a cool, shaded place
- Have the individual lie down
- Encourage consumption of frequent, small sips of water
- If symptoms persist, call 911 or take the individual to the nearest hospital

Signs of Heat Stroke:

- Dry, hot skin. No sweating
- Confusion
- Loss of consciousness
- Seizures
- Severe headache
- Red bumps on the skin and a prickling sensation, called “prickly heat”

Treatment:

- **CALL 911!** IMMEDIATE MEDICAL ATTENTION IS NECESSARY!
- While waiting for medical assistance:
 - Move the individual to a cool, shaded place
 - Loosen clothing
 - Pour water over the entire body

If an employee is experiencing or demonstrating the signs of a heat-related illness, they or an employee witnessing the behavior should report it immediately to a supervisor. If immediate medical attention is necessary, any employee shall call 911 and be able to give an accurate, clear and precise description of the location of the ill employee. Moving the employee to an area more accessible to emergency response vehicles may be necessary.



ENFERMEDAD RELACIONADA DEL CALOR

Enfermedad relacionada del calor, como un ataque o agotamiento de calor, puede resultar cuando el cuerpo no se puede refrescarse rapido. Estas enfermedades relacionadas del calor pueden ser muy graves, posiblemente resultando en la muerte, si no estan tratados correctamente. Los siguientes ambientes y factores de riesgo personal pueden estar cualidades a enfermedad relacionada del calor.

Factores de Riesgo Ambiental:

- Temperatura
- Humedad
- Calor radiante (calor del sol, máquina de pavimentación o otras fuentes)
- Calor conductor (calor de el suelo)
- Movimiento de aire
- Carga de trabajo (duración/ severidad)
- Ropa de proteccion y equipo puesto por los empleados

Factores de Riesgo Personales:

- Edad
- Frecuencia de trabajando en tiempo caliente
- Consumo de agua
- Cafeína/ alcohol consumo
- medicaciones de prescripción que reducen retencion de fluidos y otros respuestas fisiológicas al calor

Prevencion de enfermedad relacionada del calor:

- Toma abundancia agua. Empleados deben tomar quatro copas de agua por hora en dias extremadamente calientes. Nota: líquidos que contienen cafeína/ alcohol o mucha asucar pueden deducir retención flúida. Tomando agua muy fria puede causar calambres de estómago. evite tabletas de sal o menos que esté dirigido por un doctor.
- Desgaste ropa suelta, luz in color y ligero.
- Tomo roturas de resto en la sombra cuando es necesario y cuando experiencia muestras de tension del calor.
- Come mas pequeñas comidas con más frecuencia

Muestras del agotamiento de calor:

- debilidad
- fatiga
- visión borrosa
- mareado
- dolor de cabeza
- desfallecimiento
- mood swings
- vomitando o nausea

Tratamiento:

- Mueva la persona a un lugar fresco con sombra
- Tenga la persona acostada
- Anime la persona a consumir pequenos tragos de agua frecuentemente
- Si muestras continúen, llama al 911 o lleva la persona al hospital mas cerca

Muestras de ataque de calor:

- Piel seca y caliente. No sudando.
- Confusion
- pérdida de conciencia
- asimientos
- dolor de cabeza severo
- topetones rojos en la piel y tambien un sentido espinoso, que se llama “calor espinosa”

Tratamiento:

- LLAME AL 911 IMIDIATAMENTE. Atención médicas is necesario imidiatamente.
- Mientras esperando para los medicos:
- Mueve la persona a un luger mas fresco y con sombra
- Afloja la ropa de la persona
- Verte agua sobre el cuerpo entero

Si un empleado está experimentando o demostrando muestras de enfermedad relacionada del calor, el mismo o otro empleado atestigando debe reportarlo a un supervisor imidiatamente. Si atencion medica es necesario imidiatamente, cual quer empleado va a llamar al 911 y puede dar exacto y claro descripcion de la localización de la persona enferma. Moviendo la person enferma a un local mas accessible a los medicos puede ser necesario.

[Place Company Letterhead/Logo Here – Print on Legal Size Paper]

SAFETY MEETING ATTENDANCE, REST BREAK AND INJURY REPORT

This form is mandatory documentation of your attendance at our construction safety meeting, of confirmation that you have taken all daily rest breaks, meal breaks, and that you have not suffered a work-related injury. Our company also requires that employees immediately report all work-related injuries or missed breaks to their supervisors; this form is verification that there has been no such occurrence.

Your signature on this form indicates that:

- You have attended and understand the content of the construction safety meeting.
- You have taken all daily rest breaks since our last tailgate meeting.
- You have taken all daily meal breaks since our last tailgate meeting.
- You have not suffered a work-related injury that has not yet been reported.

*If you do not understand any of the content discussed during the safety meeting, have not taken a rest break(s), or have an injury that has not been reported, before signing this form, please report it to your supervisor within 5 working days.

Failure to report a work-related injury may delay or even prevent you from receiving your legally entitled workers' compensation benefits.

If you need medical treatment, even after regular working hours, you are required to see a company designated medical provider, unless you have previously filed a written notice that you have chosen your own provider.

PROP 65 WARNING! This area contains one or more chemicals known to the State of California to cause cancer, birth defects or reproductive harm. California Health and Safety Code 25249.6

DOCUMENTO DE ASISTENCIA PARA JUNTAS DE SEGURIDAD, DESCANSOS Y REPORTE DE HERIDAS

Este documento indica que usted ha asistido a la Junta de Seguridad del Trabajo, que ha tomado todos sus descansos y períodos de la comida requeridos, y que no ha sufrido una herida causada por el trabajo. Según la Póliza de la compañía, es necesario que todos los empleados comuniquen cualquier herida sufrida en el trabajo a sus supervisores inmediatamente. Este informe verifica que usted no ha sufrido una herida causada por su trabajo.

Al firmar este informe, usted está indicando lo siguiente:

- Que usted ha asistido a la Junta de Seguridad en el trabajo y que ha entendido lo que fué discutido;
- Que usted ha tomado todos sus descansos requeridos desde la última Junta de Trabajo;
- Que usted ha tomado todos sus períodos de la comida requeridos desde la última Junta de Trabajo;
- Que usted no ha sufrido una herida en el trabajo, que no ha sido reportada a su supervisor.

Si usted no entiende lo que fué discutido durante la junta, no ha tomado todos sus descansos, o si usted sufre de una herida a causa de su trabajo, por favor, antes de firmar este informe, comuníquese con su supervisor dentro de 5 días de trabajo.

La falta de informar a su supervisor de una herida causada en su trabajo puede demorar o eliminar su derecho a recibir sus Beneficios de Compensación al Trabajador que están establecidas en la Ley.

Si usted necesita tratamiento médico, aún cuando no sea durante el horario de trabajo, es necesario que usted acuda con un(a) doctor(a) designado(a) por la compañía a menos que usted haya presentado notificación por escrito indicando que usted ha elegido su propio doctor.

PROP 65 ¡AVISO! Esta área contiene una o más sustancias químicas conocidas por el Estado de California de causar el cancer, los defectos del nacimiento o el daño reproductivo. La Salud de California y la Seguridad Codifican 25249.6

Date / Fecha: _____ Jobsite / Lugar de Trabajo: _____ Supervisor: _____
Safety Topic / Tema Tratado: _____

PRINT NAME / ESCRIBA SU NOMBRE CON LETRAS
DE MOLDE:

SIGNATURE / FIRME:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

- 1. _____
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