Toolbox Safety Series



Heat Survival

"HEAT SURVIVAL"

Hot day, hot job, high humidity and BINGO....another heat victim. No one is immune, and construction workers are prime candidates for heat related illnesses.

During hot weather stay alert for telltale symptoms and remember these first aid tips:

HEAT EXHAUSTION - Symptoms are heavy sweating, nausea, headache, weakness, vomiting, tiredness, fast pulse. First Aid - Move to a cooler area, cool by wetting towels and wiping down the forehead. Remove any wet or sweat soaked clothing. Fan the victim. Do not give any fluids to a victim unless fully conscious. Follow up with a medical checkup.

HEAT CRAMPS - Symptoms are severe muscle spasms in the back, stomach, arms and legs, usually caused by drinking large quantities of water without replacing salt during periods of heavy perspiration. First Aid - Move to a cooler area. Make sure that no water is given unless fully conscious. When you do give water make sure that the victim takes only slow small sips. Get medical attention as soon as possible.

HEAT STROKE - Symptoms are high temperature and dry skin, rapid breathing and pulse. Victims may appear disorganized and confused, with headache, nausea, vomiting, diarrhea, seizures and the possibility of coma. First Aid - This is serious, so move fast to a cooler area and call an ambulance. Remove the outer clothing of the victim and apply cool water to the entire body. Fan the victim until professional medical help arrives.

To avoid heat illness, dress in cool clothing, wear your hard hat, don't over-exert your body during high temperature periods and get plenty of fluids. Remember that Heat related illnesses MUST have medical attention. If you are experiencing any of these heat related illnesses, going to the doctor will not effect your safety bonus, so go and get the medical attention you need. Heat illnesses should never be taken lightly.

Safety signs alert you to dangers and warnings - read them, understand them, obey them. They were posted for your benefit.

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Location:	
Date:	Time:
Date:Number of employees:	Time: Number attending:
Record of those att	ending:
Name: (please print)	
Other safety issu	es or suggestions made by
employees:	
Manager's Remarks:	
manager o Remarko.	
Manager:(Signature)	Supervisor:
(Signature)	(Signature)