**WORKING IN COLD WEATHER**

It can happen to anybody working in extreme cold weather that was not prepared for it. It can even happen to you before you even noticed anything was wrong. Hypothermia can set in slowly with the first stage being shivering. Often the first stage might be mistaken for your need to get up and move around. Signs of the second stage progressing would be the worker becomes disoriented and begins losing coordination. If not dealt with appropriately this can rapidly become a life threatening situation.

Here are a few tips on how to help avoid hypothermia. Being prepared is the biggest portion of beating the cold. This includes wearing multiple layers. The base layer should be moisture wicking which will keep you dry at your core. Even temperatures as warm as 40 degrees can induce hypothermia if the worker becomes wet. Wearing warm and waterproof clothing are good practices in keeping workers dry. The extremities are at most risk when working in extreme cold, keeping the hands and feet warm is vital.

If a worker seems to have a case of hypothermia 911 should be called immediately. The worker should also be moved indoors into a warm room and remove wet clothing. Then cover that person in layers of warm blankets, and warm sugary drinks are encouraged. If help can not be immediately obtained, place hot packs in the armpits, groin, & sides of the chest to help warm the body.

To stay safe while working in the winter cold, wear your layers, look for symptoms of hypothermia or frostbite, and when possible use heaters or work from indoors. Can anyone contribute a time that working in cold weather was involved in your work? Can anyone recall a near miss or accident that could’ve been prevented.

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**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:**

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