



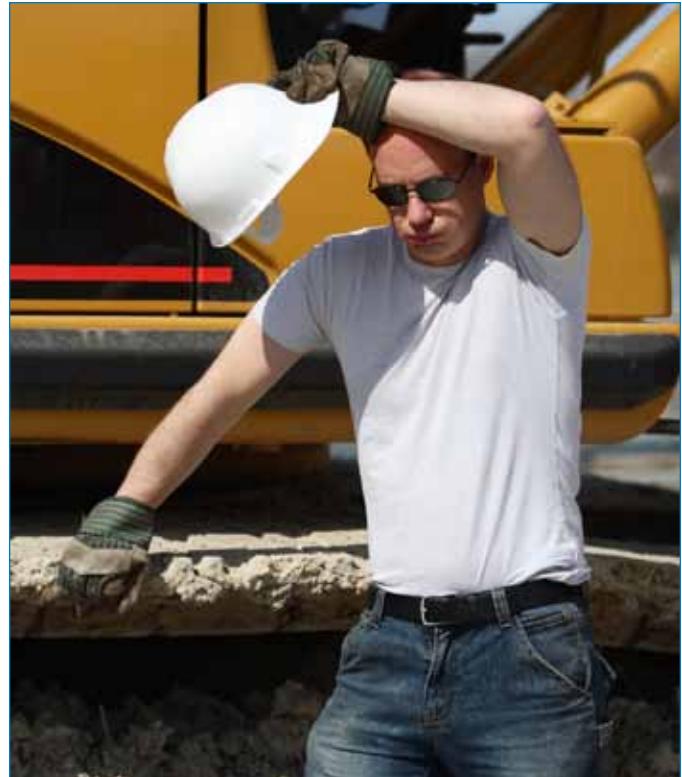
Heat stroke

Heat stroke is a life-threatening condition in which the body's core temperature rises above 41°C. At core body temperatures over 41°C, sweating stops and the body is unable to get rid of heat, causing body temperature to continue to rise. The person's mental functions may become disturbed. Without immediate first aid, heat stroke can result in loss of consciousness, permanent brain damage, and death.

Signs and symptoms

- Hot, dry, flushed skin
- Seizures
- Absence of sweating
- Increased breathing rate
- Agitation, confusion
- Irregular pulse
- Decreased level of consciousness
- Shock
- Headache
- Cardiac arrest
- Nausea and vomiting

The presence of hot, dry, flushed skin without any evidence of sweating can help you tell the difference between heat stroke and other heat-related illnesses. Heat stroke can occur quickly and without warning, or it may be preceded by heat exhaustion. People should not work alone or unsupervised in conditions that may cause heat stress illnesses.



Treatment

- Move the worker to the coolest place available.
- Maintain airway, breathing, and circulation as required, and monitor patient until help arrives.
- Remove all outer clothing, and apply cold water to the worker by either dousing or applying wet, cool sheets. Spraying or sponging the entire body with cold water is also effective. Fanning will also help.
- Notify the first aid attendant, call 911, and/or arrange for immediate transportation to medical aid. Continue to cool the worker during transport.

Prevention

- Acclimatize your body (gradually expose yourself to heat and work).
- Drink plenty of water (one glass every 20 minutes).
- Wear clean, light-coloured, loose-fitting clothing made of breathable fabric.
- Take rest breaks in a cool or well-ventilated area. Take more breaks during the hottest part of the day or when doing hard physical work. Allow your body to cool down before beginning again.
- Schedule work to minimize heat exposure. Do the hardest physical work during the coolest part of the day.

Project: _____ Address: _____

Employer: _____ Supervisor: _____

Date: _____ Time: _____ Shift: _____

Number in crew: _____ Number attending: _____

Other safety issues or suggestions made by crew members:

Record of those attending:

Name: (please print)	Signature:	Company:
1.		
2.		
3.		
4.		
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15.		

Manager's remarks: _____

Manager: _____ Supervisor: _____

(signature)

(signature)

