1.0 Purpose

1.1 This heat-illness prevention policy was developed to provide supervisors and workers with the training and tools to help protect them from heat-related exposures and illnesses.

2.0 Scope

2.1 Each work site, facility, and job task can be unique and may contain several heat related hazards that must be addressed prior to the beginning work and during work activities. Managers, supervisors, and workers are responsible for assessing these hazards and taking necessary corrective actions to reduce heat-related illnesses.

3.0 Definitions

3.1 **Acclimatization:** The physiological changes that occur in response to a succession of days of exposure to environmental heat stress and reduce the strain caused by the heat stress of the environment; and enable a person to work with greater effectiveness and with less chance of heat injury.

3.2 **Heat Exhaustion:** A heat-related illness characterized by elevation of core body temperature above 100.4°F and abnormal performance of one or more organ systems, without injury to the central nervous system. Heat exhaustion may signal impending heat stroke.

3.3 **Heat Stress:** The net heat load to which a worker is exposed from the combined contributions of metabolic heat, environmental factors, and clothing worn which results in an increase in heat storage in the body.

3.4 **Heat Stroke**: An acute medical emergency caused by exposure to heat from an excessive rise in body temperature above 106°F and failure of the temperature-regulating mechanism. Injury occurs to the central nervous system characterized by a sudden and sustained loss of consciousness preceded by vertigo, nausea, headache, cerebral dysfunction, bizarre behavior, and excessive body temperature.

3.5 **Temperature, Ambient (ta):** The temperature of the air surrounding a body. Also called air temperature or dry bulb temperature.

4.0 Responsibilities

4.1 All employees or contract workers are required to comply with this policy.

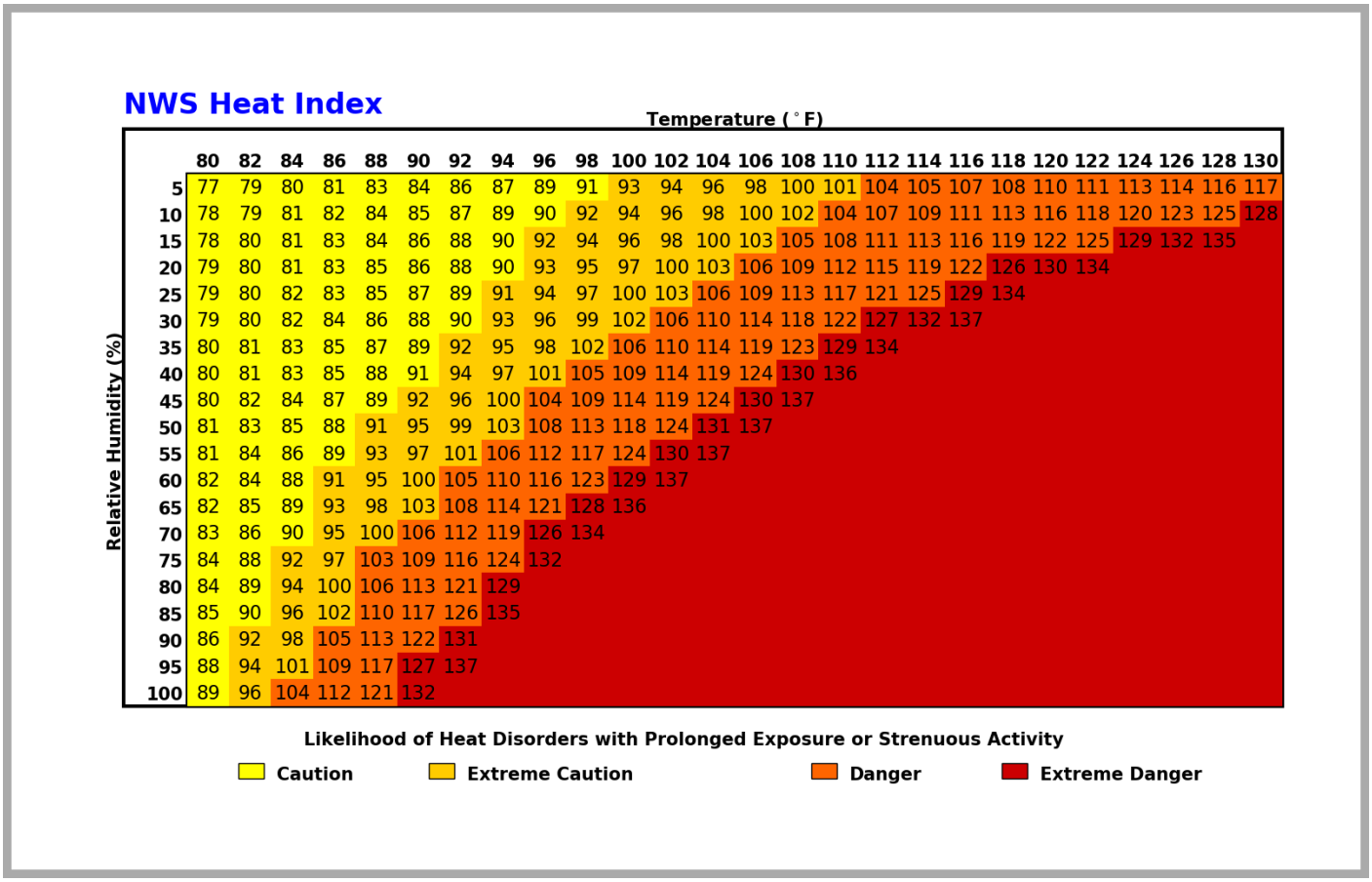
5.0 Main Elements of Heat-Illness Prevention Plan

5.1.1 The company is dedicated to protecting employees from on-the-job illnesses and injuries. All employees have the responsibility to work safely on the job. The purpose of this plan is to supplement our existing safety and health program and to ensure employees recognize heat stress hazards and act appropriately to address those hazards. The general approach addresses five (5) key areas of heat-illness prevention, as outlined below:

Control	Description
Train Supervisors, Management, and Employees	Train supervisors and workers on heat-illness prevention strategies, as well as to recognize and report the signs and symptoms of heat-related illnesses
Monitor weather and workplace conditions	Monitor weather workplace conditions and take preventative measures to protect workers when the temperatures exceed 80 °F.
Conduct a heat hazard	Determine an effective temperature and humidity level to implement and

assessment when temperatures exceed 80 °F	use established recommended alert limits (non-acclimatized workers) and exposure limits (acclimatized workers) to determine the level of risk to heat stress.
Implement heat illness and prevention strategies	Implement appropriate heat-illness prevention strategies based on established risk levels for heat stress.
Plan for heat and medical related emergencies	Ensure adequate supervision, first aid and medical services are readily available in the event a worker suffers from a heat illness.

5.1.2 Using the following heat index chart facilities will be asked to implement heat illness plans anytime the combination of heat and humidity enters the extreme caution level:



Relative Humidity (%)	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110	112	114	116	118	120	122	124	126	128	130
5	77	79	80	81	83	84	86	87	89	91	93	94	96	98	100	101	104	105	107	108	110	111	113	114	116	117
10	78	79	81	82	84	85	87	89	90	92	94	96	98	100	102	104	107	109	111	113	116	118	120	123	125	128
15	78	80	81	83	84	86	88	90	92	94	96	98	100	103	105	108	111	113	116	119	122	125	129	132	135	
20	79	80	81	83	85	86	88	90	93	95	97	100	103	106	109	112	115	119	122	126	130	134				
25	79	80	82	83	85	87	89	91	94	97	100	103	106	109	113	117	121	125	129	134						
30	79	80	82	84	86	88	90	93	96	99	102	106	110	114	118	122	127	132	137							
35	80	81	83	85	87	89	92	95	98	102	106	110	114	119	123	129	134									
40	80	81	83	85	88	91	94	97	101	105	109	114	119	124	130	136										
45	80	82	84	87	89	92	96	100	104	109	114	119	124	130	137											
50	81	83	85	88	91	95	99	103	108	113	118	124	131	137												
55	81	84	86	89	93	97	101	106	112	117	124	130	137													
60	82	84	88	91	95	100	105	110	116	123	129	137														
65	82	85	89	93	98	103	108	114	121	128	136															
70	83	86	90	95	100	106	112	119	126	134																
75	84	88	92	97	103	109	116	124	132																	
80	84	89	94	100	106	113	121	129																		
85	85	90	96	102	110	117	126	135																		
90	86	92	98	105	113	122	131																			
95	88	94	101	109	117	127	137																			
100	89	96	104	112	121	132																				

5.1.3 Every day a facility manager or designee will be required to look at the internal temperature and humidity, the projected external temperature, and humidity and determine which category the facility is in according to the heat index and other factors:

5.1.3.1 **Implementing The Heat Illness Strategy** – In this scenario the entire facility or department will be implementing the requirements for their area to prevent heat illness.

5.1.3.2 **Partial Implementation** – Some high-risk job tasks will be implementing a heat illness prevention strategy according to the requirements of their area or task.

5.1.3.3 **Not At Risk** – Temperature and/or humidity are at a level of caution or lower and a heat prevention strategy is unnecessary.

5.1.3.4 **Monitoring** – It is unclear whether the facility will enter an extreme caution state and therefore the

facility will continue to monitor both external and internal conditions.

5.1.4 The Heat Illness Prevention daily review will not need to be documented but must be scheduled as a daily task from June 1st until October 15th annually.

5.1.5 Heat Illness Prevention Strategies will be not only specific to the facility but also the job tasks and working environment of the employees.

5.1.6 The following are examples of job tasks that will need special precautions due to the nature and/or location of the work:

5.1.6.1 Container Unloading

5.1.6.2 Picking on an elevated level (including operating Order Pickers)

5.1.6.3 Outside Maintenance Activities

5.1.6.4 Any work conducted in chocolate tank rooms.

5.1.6.5 Any groundskeeping activities

5.1.7 The following are example heat prevention strategies that facilities will implement based on the job task, location of work, and environmental factors:

5.1.7.1 Increased breaks for workers.

5.1.7.2 Increased job rotation for workers.

5.1.7.3 Hydration improvement strategies through improved offerings, improved proximity of hydration, and hydration specific breaks.

5.1.7.4 Adding fans or other equipment to direct airflow on highly occupied areas. Also, the facility should be conscious of changes in the facility that may require the purchase of additional permanent fans.

5.1.7.5 The facility should also have temperature-controlled areas where possible or shade to allow employees to get out of potential extreme temperatures during breaks.

5.1.8 Acclimation to the job task and work environment will be another key element to our heat illness prevention plan. All operational facilities will have an “athletes in industry program” in order to acclimate employees into the job. Employees with less than 2 weeks on the job experience will be considered unacclimated, and longer acclimation periods are possible in a case-by-case basis.

6.0 Training Elements

6.1 All Employees will be trained in basic identification of heat related illness, symptoms, and factors.

6.2 Supervision will be trained on heat-illness prevention strategies, as well as how to recognize and report the signs and symptoms of heat-related illnesses including but not limited to:

6.2.1 **Heat stroke**
6.2.2 **Heat exhaustion:** Heat exhaustion is most likely to affect:
6.2.2.1 The elderly

6.2.2.2 People with high blood pressure
6.2.2.3 Those working in a hot environment

6.2.3 **Heat syncope:** A fainting (syncope) episode or dizziness that usually occurs when standing for too long or suddenly standing up after sitting or lying. Factors that may contribute to heat syncope include dehydration and lack of acclimatization.

6.2.4 **Heat cramps:** Usually affect workers who sweat a lot during strenuous activity. This sweating depletes the body's salt and moisture levels. Low salt levels in muscles cause painful cramps. Heat cramps may also be a symptom of heat exhaustion.

6.2.5 **Heat rash:** A skin irritation caused by excessive sweating during hot, humid weather.

6.3 Management and Safety Representatives will be trained on the same elements as supervision but will also have the additional responsibility of identifying when to implement the Heat Illness Prevention Plan. These individuals will also have the responsibility of monitoring both internal and external conditions that may heighten the need for prevention methods and be trained on general assessment and emergency response to medical emergencies.

7.0 Implementing Your Heat Illness Prevention Strategy

7.1 When the facility has identified a day or a stretch of days where the facility or individual job tasks will require a heat prevention strategy. These strategies will be covered in our Company's Heat Illness Prevention Training.

7.2 Each facility must designate members of management and/or the safety team to be responsible for implementing heat illness prevention strategies when required by this policy.

7.3 After initial training to supervision and management, refresher training will be required every three years with annual safety talks, videos, and other training refreshers sent by the Safety Department.

7.4 Where possible, each facility will have employees trained in First Aid/CPR/Emergency Response to react correctly to heat related medical emergencies.