Heatwave workplace guideline

Annex 9 & 10 of the Metro North Heatwave sub-plan









Heatwave workplace guideline – for employees

Courtesy of West Moreton Hospital and Health Service. Working during a Heatwave - Guide for healthcare employees v1.

Identification and assessment of heat related risks

A risk assessment can help you determine:

- how severe the risk is
- whether existing control measures are effective
- what action you should take to control the risk, and
- how urgently you need to take action.

To assess the risk you should consider:

- what is the impact of the hazard, and
- how likely is the hazard to cause harm.

How hot an employee feels will be different in every situation, depending on the individual employee, the work they are doing and the environment in which they are working.

The work

- Where is the work being done? Working near heat sources (for example, hot plant or hot kitchen appliances) or in the sun increases exposure to heat.
- Is the work physically demanding? How long will the employee be doing physically demanding work? Physical effort increases the risk of heat-related illness, even in moderate conditions.
- How long will the employee be exposed to heat? When and where can they take breaks? Extended exposure to heat makes it harder for the body to stay cool.
- Could anything prevent an employee from pacing their work? For example, reducing client visits may impact negatively on service provision.
- When is work being done? For example, working outside is most hazardous during the hottest parts of the day and year.
- Is the work complex or difficult? Concentration may be affected by heat.

The employee

- Is the employee physically fit and are they acclimatised to the current environment?
- Are employees required to wear clothing such as personal protective equipment (PPE), standard dress or a uniform? Clothing that impairs the evaporation of sweat increases the risk of heat-related illness.
- Consider whether an employee has disclosed anything which indicates they are susceptible to heatrelated illness. For example, is the employee:
 - Taking certain medications such as diuretics, antidepressants or anticholinergics?
 - Taking non-medical drugs such as ecstasy?
 - Suffering from a medical condition such as diabetes, obesity, a skin disorder, febrile illness or heart disease?
 - A previous sufferer of heat-related illness?
 - Pregnant?

- At risk of dehydration or electrolyte depletion for example they have diarrhoea, vomiting, or are on a fluid-restricted diet?
- Younger (aged 25 or less) or older (aged 55 or more)?
- Returning to work after an absence, such as a fly in fly out employee, or someone returning to work after an incident?

Note on acclimatisation

Acclimatisation means that the body is starting to adapt to heat. An acclimatised employee may begin to sweat more efficiently and can more easily maintain a normal body temperature.

Remember, a person's body can only adapt so much, and this is not a reliable control. If you plan to introduce an acclimatisation program to manage the risks associated with working in heat in your business, consult a professional like an occupational hygienist.

Employees who are not acclimatised or are returning to work after an absence of a week or more, are at a higher risk of experiencing a heat-related illness.

The working environment

- What is the air temperature? Work being done outside or in an enclosed space without air-conditioning will be hotter during the day and in summer (clients homes, traveling in vehicles).
- What is the radiant temperature? Radiant temperatures may be high when working in the sun such as on a concrete or metal roof, or near hot machinery or processes, such as in a kitchen or workshop.
- Is there air movement or wind? Confined spaces or poorly ventilated spaces have minimal air movement making them hotter can fans be used?
- What is the humidity index? Humidity makes it more difficult for a person to cool down.
- Is there access to cool drinking water? Dehydration can occur if an employee isn't taking in enough water.
- Is the workspace well ventilated or air-conditioned, or are there air-conditioned break rooms?
- Are employees working alone? An employee may not be able to seek help in an emergency.
- Is there quick access to support services such as first aiders and emergency services? Heat-related illness can be fatal if left untreated.
- Length of shifts and roster cycle. During heatwaves, hot days and nights can contribute to employee fatigue.

Managing heatwave risks

The Work

- Organise work to minimise physically demanding tasks, for example conduct work at ground level to minimise climbing up and down stairs or ladders.
- Schedule heavy or strenuous work for cooler times of the day or year.
- Modify targets and work rates to make the work easier and reduce physical exertion.
- Modify uniforms or required dress codes so employees can wear cooler, more breathable clothing.
- Ensure employees are not working alone, or if they must work alone, monitor them and make sure that they can easily call for help.
- Establish work-rest schedules.

• Consider change to client service requirements during heatwave. This may include reduction in site visits undertaken, with a subsequent increase in phone consultations / check-ups with vulnerable clients.

The employee

- Encourage employees to pace themselves.
- Monitor and supervise employees.
- Ensure employees and supervisors are trained to:
 - identify and report hazards associated with heat and heat-related illness
 - understand how to prevent heat-related illness
 - recognise symptoms and signs of heat-related illness in themselves and others
 - call for assistance if necessary
 - identify and use appropriate first aid procedures
 - look out for each other's wellbeing
 - modify work intensity and take more regular breaks when working in heat
 - drink sufficient water to stay hydrated
 - recognise the dangers of diuretic drinks
 - be aware of individual risk factors
 - understand acclimatisation
 - \circ $\;$ recognise the potential dangers associated with the use of alcohol and/or drugs when working in heat &
 - use appropriate PPE correctly.

The working environment

- Check air conditioners and fans are working properly, report any faults immediately and determine alternative cooling methods
- Where working in client house or in outside environment, make sure your workspace has good air flow. Install fans or generate air movement for example via windows and vents
- Ensure extraction fans / exhaust ventilation is working appropriately in kitchens, boiler rooms etc
- Provide air-conditioned, shaded or cool break areas as close as possible to the work site.
- Provide accessible cool drinking water or when necessary, electrolyte solutions.
- Provide information to clients / consumers on the risks of heatwaves and encourage personal planning for heatwaves.

Note on hydration

When working in he reduced urine output can indicate dehydration. You can manage the risk of dehydration by providing accessible cool drinking water and encouraging employees to stay hydrated. Water is the best way to keep hydrated.

Remember that thirst is satisfied before fluid loss is replaced.

Hyponatraemia is a rare condition where a person's blood sodium levels become dangerously low. Salt tablets are not recommended.

Individual

Related controls for the management of individual personal risk factors of employees and others should be assessed alongside the associated environmental and system of work controls. This may include relocation or other alternative arrangements where reasonably practicable.

Control strategies for service vehicles

Heat can build up to dangerous levels in closed vehicles. To reduce the risk of heat related illness MN will:

- Supply cars fitted with factory air conditioning.
- Ensure the car and air conditioning systems are well maintained.

Work units should consider the following:

- Supply a car fridge for staff travelling long distances or at least a small cooler box (Esky) for cool drinks.
- Staff should not remain in a parked vehicle where temperatures are excessive. Windows should be rolled down and air-conditioning turned on prior to commencing journey in extreme and dangerous heat levels.
- Parked vehicles should be parked under cover or in shade where possible.

Metro North WHS risk assessment

To complete this table, the <u>MNHHS Risk Analysis Matrix</u> should be referred to.

	Hazard / Issue (Description) (De		Risk Considerations	Uncontrolled Risk		lled			Residua Risk				e	
Activity (Description)		Risk (Description)		Likelihood	Consequence	Ranking	Current Controls - these include existing procedures and rules	Additional Controls - Only if required	Probability	Consequence	Ranking	Responsibility	Resolution Date	Comments

Annex 10 - First aid fact sheet (non-clinical areas)

You have a duty to provide first aid equipment and facilities, and access to trained first aid officers, for sick or injured employees. Heat-related illness is progressive. If the employee is not treated or remains in a hot environment, it can be fatal.

Note on pre-existing medical conditions and medications. Previous heat-related illness, certain medications and medical conditions can make an employee more susceptible to heat related illness and can affect how the employee can be treated. You should alert employees to this risk and monitor them closely as far as is reasonably practicable.

Dehydration – Seek medical advice if symptoms don't improve or are severe

Symptoms	First aid for dehydration			
 Mild to severe thirst (remember that thirst is satisfied before fluid loss is fully replaced). Dry lips and tongue. Slowed mental function and lowered performance. Reduced or dark urine output. 	 Drink water. Avoid caffeinated, carbonated and alcoholic drinks, and salt tablets. Loosen tight clothing and remove unnecessary clothing, including PPE. In cases of extreme heat or dehydration, replace electrolytes. 			

Heat rash – Seek medical advice if symptoms don't improve

Symptoms	First aid for heat rash			
 Itchy rash with small raised red spots on the face, neck, back, chest or thighs. 	 Move to a cooler, less humid environment. Keep the affected area dry and remove unnecessary clothing, including PPE. Apply a cold compress. 			

Heat cramps – Seek medical advice if symptoms don't improve

Symptoms	First aid for heat cramps
• Painful and often incapacitating cramps in muscles, particularly when undertaking demanding physical work.	 Stop activity and rest quietly in a cool place until recovered. Drink an electrolyte solution.

Fainting – Seek medical advice

Symptoms	First aid for fainting
 Fainting (heat syncope) can occur while standing or rising from a sitting position. 	 Lie the employee flat immediately with their legs slightly raised. Do not raise the head. Treat as for heat exhaustion.

Heat exhaustion – Call an ambulance immediately

Symptoms (not all will be present)	First aid for heat exhaustion
 Dehydration, thirst, and reduced or dark urine output. Sweating. Elevated body temperature. Weakness or fatigue. Headaches and dizziness. Nausea. Muscle cramps. Severe symptoms: No sweating. Cold, pale or clammy skin. Clumsiness or slower reaction times. Disorientation or impaired judgement. Rapid or short breathing. Rapid weak pulse or heart palpitations. Tingling or numbness in fingers or toes. Visual disturbance. Vomiting or an unwillingness to drink. 	 Move the employee to a cool place with circulating air. Lie the employee flat. Remove unnecessary clothing, including PPE. Loosen tight clothing. If the employee is fully conscious sit them up to facilitate drinking and provide cool – not cold – fluid to drink. Provide an electrolyte solution or water. Cool the employee with cold compresses or apply cold water to skin. Observe the employee and obtain medical advice if symptoms don't improve. Seek medical assistance if there is no improvement or the first aider is in doubt.

Heat stroke – Call an ambulance immediately

	all 000 and evacuate by ambulance immediately. Isure that the ambulance is updated if the employee
 and blue. High body temperature above 40 degrees Celsius. Cramps. Pounding, rapid pulse. Headache, dizziness and visual disturbances. Nausea and/or vomiting. Clumsiness or slower reaction times. Disorientation or impaired judgement. Irritability and mental confusion. Collapse, seizures and unconsciousness. Cardiac arrest. Can be characterised by unconsciousness, stopped breathing and no pulse Sh th 	periences seizures or becomes unconscious. cardiac arrest occurs, follow DRSABCD action plan ove the employee to a cool place with circulating air. emove unnecessary clothing, including PPE bosen tight clothing. bol the employee by splashing room temperature water in their skin or sponging their skin with a damp cloth. ake a wind tunnel by suspending sheets around, not on, e employee's body. Use a fan to direct gentle airflow ver the employee's body. oply cold packs or wrapped ice to the employee's neck, oin and armpits. the employee is fully conscious sit them up to facilitate inking and provide cool – not cold – fluid to drink. ovide an electrolyte solution with sugar. Do not tempt to give oral fluid if the employee is not fully onscious. hivering is an automatic muscular reaction which warms e body. It will make the body temperature rise even rther. If the employee starts shivering, stop cooling imediately and cover them until they stop. Once they ave stopped recommence first aid treatment.