Developing a Heat Illness Prevention Program in Construction

June 26, 2024

Moderator: Chris Trahan Cain, CIH, Executive Director, CPWR

Panelists:

Ryan R. Papariello, GSP, Safety & Health Specialist, Laborers' Health and Safety Fund of North America

Gavin West, MPH, Director of Health Research, CPWR

Kathleen Dobson, Safety Director, Alberici Constructors, Inc.

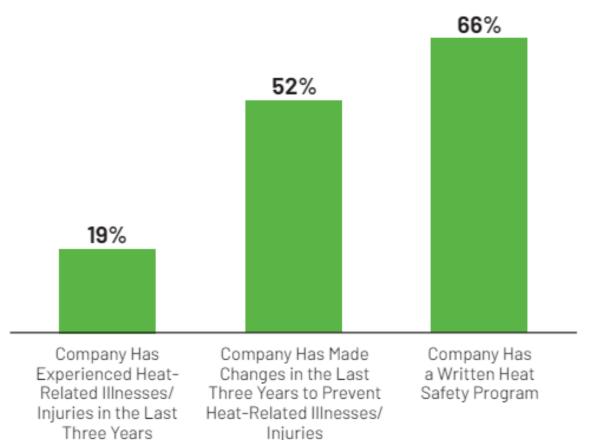
Jon Williams, PhD, Research Physiologist, National Personal Protective Technology Lab, NIOSH/CDC



Dodge Construction Network Report

Heat Exposure Impacts and Responses

Dodge Data & Analytics, 2023



Room for Improvement:

- Methods outside of Water, Rest, and Shade – such as scheduling work for cooler times of day, using PPE, or having an emergency response plan – were used by less than half of contractors surveyed.
- Only 10% said they conduct physical monitoring to identify workers in distress.

The Problem



Sustained high temperatures can significantly affect workers' health

It's costing everyone \$\$\$ (increased incidents, decreased production)

Signs and symptoms are often overlooked/undervalued

Millions of workers are exposed to heat at work

Although preventable, thousands of workers become sick

Worker exposure to excessive heat has only increased in the last decade

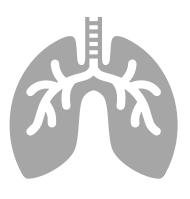


Fast Facts





Heat is the leading weatherrelated killer, more than hurricanes, floods, tornadoes and lightning **combined**



Extreme hot weather strains the heart and lungs, causing heart attacks, strokes and respiratory diseases



EPA estimates that heat-related deaths could increase by 3,500 to 27,000 deaths per year by mid-century



Types of Heat Illnesses



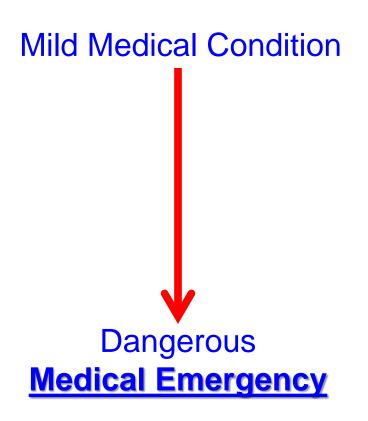
Heat Rash

Heat Cramps

Heat Syncope

Heat Exhaustion

Heat Stroke





Summary



1-800-321-0SHA TTY 1-877-889-5627 www.osha.gov

- IT'S HOT!
- Intense working conditions
 - Increase in heat-related illnesses
- Best practices to protect workers
 - Water, rest, shade
 - Acclimatization plan
 - Written plan
 - Buddy system
 - Training (workers & supervisors)
 - Hazard assessment & prevention
 - Emergency response plan





Existing Heat Stress Standards/Guidance



Active State standards:

- California, Oregon and Washington State
 - Most protective heat standards in the nation
 - Water/rest/shade, acclimatization and written plan requirements
- Minnesota (indoor only)
- Colorado (agr. workers)
- Maryland, Nevada (proposed)

Consensus standard

 ANSI/ASSP A10.50, Heat Stress Management

Federal OSHA actions:

- Rulemaking
- General Duty Clause
- NEP
- Hazard Alert
- NACOSH
- ACCSH

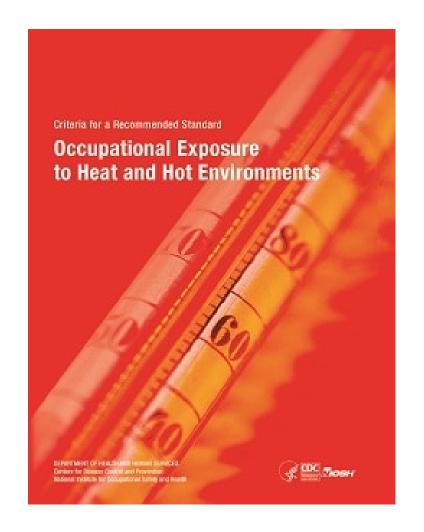


Let's cover a bit more background info before we begin the Q&A

- 1. Key terminology
- 2. Adverse effects of heat stress
- 3. CPWR resources

Two key definitions in the NIOSH Criteria Document:

- 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.
- Heat Strain: The physiological response to the heat load (external or internal) experienced by a person, in which the body attempts to increase heat loss to the environment in order to maintain a stable body temperature.



Heat stroke is a medical emergency

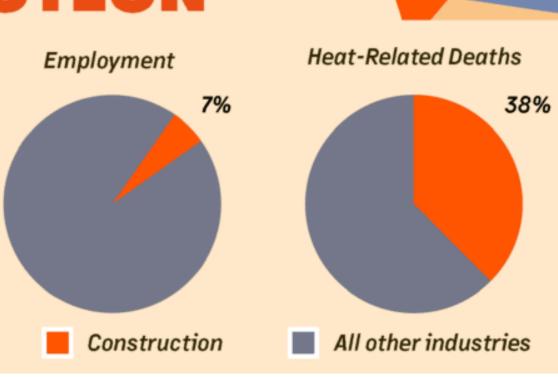


- 1. Results in death or permanent disability without rapid recognition and treatment
- 2. Sweating differs for classic vs. exertional heat stroke
- 3. Change in mental status (e.g., confusion, delirium) is best way to differentiate heat stroke from milder forms of heat-related illness



HEAT-RELATED DEATHS IN CONSTRUCTION

Construction workers accounted for only 7% of the U.S. workforce, but experienced 38% of all heat-related deaths at work in 2020. 1,2,3



¹ CPWR- The Center for Construction Research and Training. [2022]. Fatal and Nonfatal Injuries in the Construction Industry. https://www.cpwr.com/wp-content/uploads/DataBulletin-May2022.pdf
² U.S. Bureau of Labor Statistics. [2022]. Census of Fatal Occupational Injuries (2011 forward) One Screen Tool. https://www.bls.gov/iif/data.htm

³ U.S. Bureau of Labor Statistics. [2022]. Household Data Annual Averages 18b. Employed persons by detailed industry and age. https://www.bls.gov/cps/cpsaat18b.htm

NPR aired a story this week about two brothers who worked as roofers in Florida

Extreme heat contributed to his brother's death. He worries he could be next

JUNE 23, 2024 · 6:00 AM ET

HEARD ON ALL THINGS CONSIDERED







"People don't understand how hot it is. Because when they work, it's in the air conditioning... They don't understand when you feel it for 10 to 12 hours a day, how much your body has to work."

Research shows that heat exposure can exacerbate or trigger a wide range of health conditions:

- ischemic heart disease
- cardiac dysrhythmias
- ischemic stroke
- asthma
- chronic obstructive pulmonary disease
- respiratory tract infections

- hyperglycemia
- kidney failure
- neuropsychiatric disorders (e.g., psychosis, suicides, homicides, anxiety, and depression),
- adverse birth outcomes









Sorensen C, Hess J.
Treatment and Prevention
of Heat-Related Illness.
N Engl J Med. 2022 Oct
13;387(15):1404-1413.



Studies are also investigating heat exposure as a potential contributor to chronic kidney disease of unknown etiology (CKDu)

Gibb K, Beckman S, Vergara XP, Heinzerling A, Harrison R. Extreme Heat and Occupational Health Risks. Annu Rev Public Health. 2024 May;45(1):315-335.

Hotter temperatures are associated with a increased likelihood of workplace injuries

California workers' comp study

- Hotter temps cause 20,000 injuries per year (e.g., falls)
- A day above 100 °F leads to a 10-15 % increase in same-day injury risk



Productivity losses due to heat stress cost the US economy an estimated \$98 billion annually



Luke A Parsons et al 2022 Environ. Res. Lett. 17 014050 DOI 10.1088/1748-9326/ac3dae

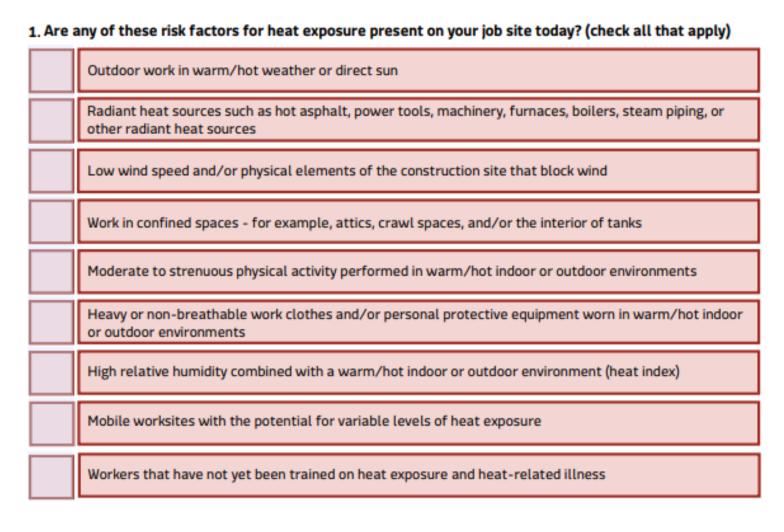
CPWR has a collection of resources for heat illness prevention including two checklists



One is programmatic

Identification of a competent person to ensure a HIP program is in place and operational.
Procedures for pre-task heat stress hazard analyses for tasks that could cause heat-related illness
A site-specific, written HIP plan, shared with all employees, that incorporates methods to reduce exposure, including unlimited access to water, scheduled rest breaks, access to shade and cooling solutions, scheduling adjustments (e.g., earlier start), buddy systems, and other best practices
An acclimatization plan included in the written HIP program to closely supervise and adjust work schedules and work practices for workers newly exposed to heat, temporary or contract workers, pregnant workers, those new to the region or returning from extended leave, and during periods of significantly higher heat conditions. The plan should include specific monitoring of workers who are acclimatizing. Special attention should be given to regional heat waves, physical demands of the work, and changing PPE that may increase heat effects.
Established trigger conditions for implementation of HIP plan (e.g., local or national heat index alerts)
Employee training on risk factors, protection against heat-related illness, the importance of hydration, recognizing and reporting signs and symptoms, administering first aid, and contacting emergency personnel
A method to monitor temperature and relative humidity whenever workers are exposed to heat, both outdoors and indoors, as well as a method to monitor and factor in levels of work exertion
A response and rescue plan in the event of heat-related illness

The other is a daily checklist that considers the hierarchy of controls and emergency response after assessing risks



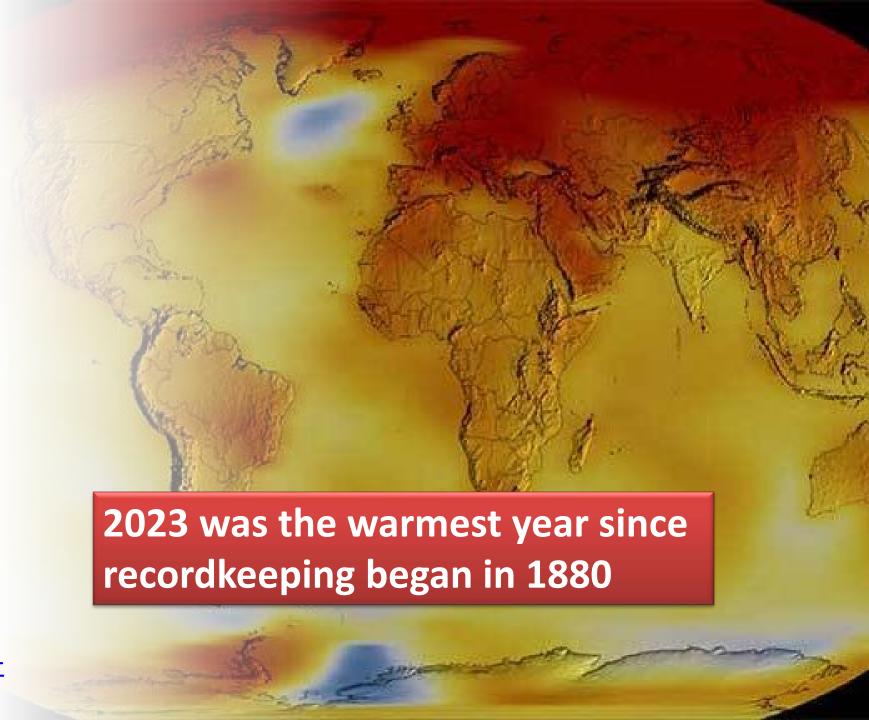
- Engineering controls
- Administrative controls
- PPE
- Are you prepared for a heat-related medical emergency?

ADDITIONAL SLIDES (Discussion & Follow-up Resources)

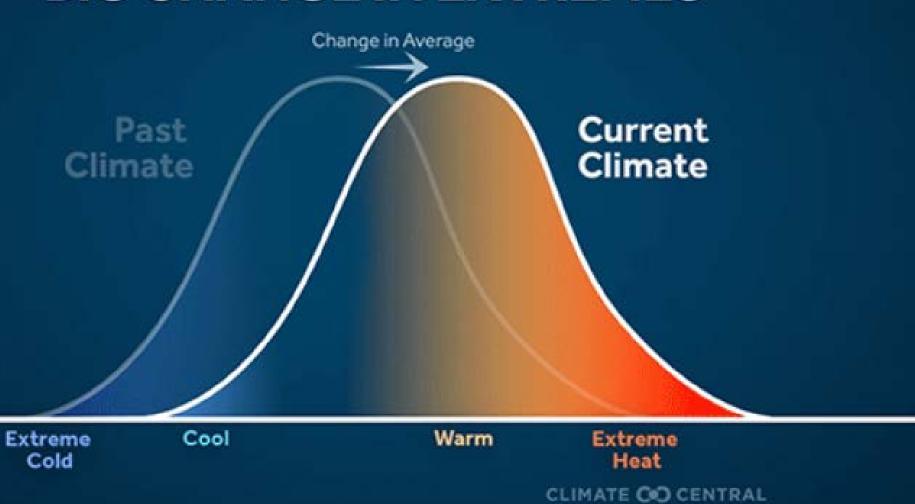
The past 10 years were the warmest on record

Source: NASA/GISS

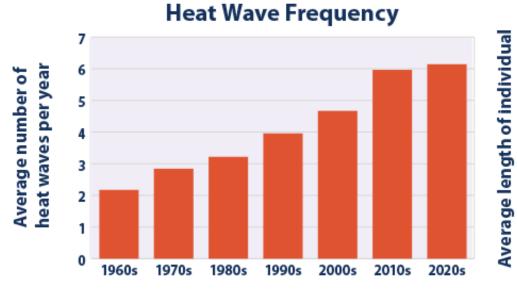
https://climate.nasa.gov/vital-signs/global-temperature/

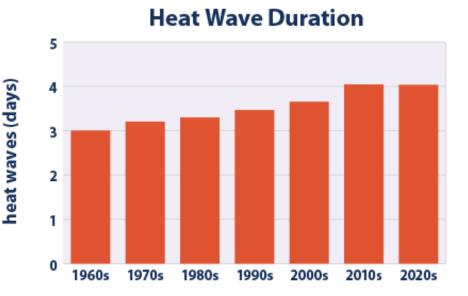


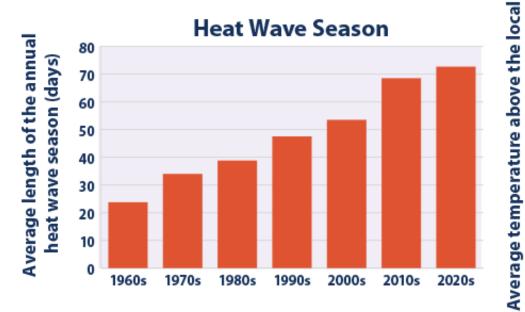
SMALL CHANGE IN AVERAGE BIG CHANGE IN EXTREMES

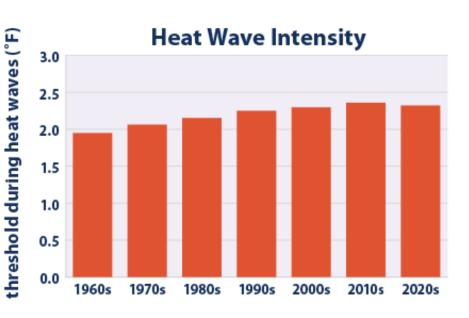


Heat waves in the **US** are getting worse





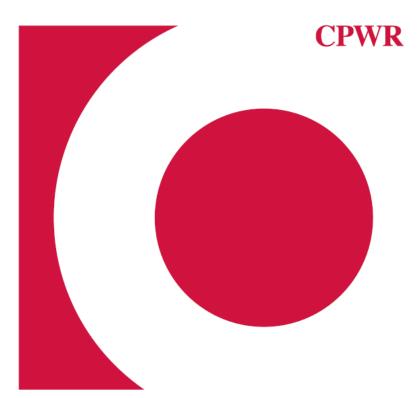




Decade

Data Source: NOAA 2021

CPWR researchers studied heat-related construction deaths from 1992 to 2016



CPWR KEY FINDINGS FROM RESEARCH

Heat-related deaths among construction workers

Heat-related deaths among construction workers in the United States

Xiuwen Sue Dong, Gavin H. West, Alfreda Holloway-Beth, Xuanwen Wang, and Rosemary K. Sokas. American Journal of Industrial Medicine, 2019.



Source: Fatal injury data were generated by the CPWR Data Center with restricted access to BLS CFOI micro data. The views expressed here do not necessarily reflect the views of the BLS. Employment data were from the Current Population Survey. Calculations by the authors.

The study identified subgroups with a higher risk of heatrelated death compared to all construction workers

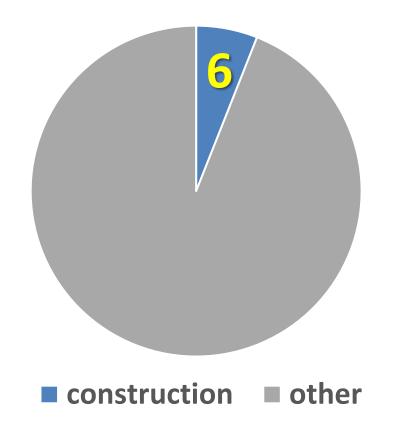
- Masons
- Roofers
- Helpers
- Immigrant workers
- Workers of color



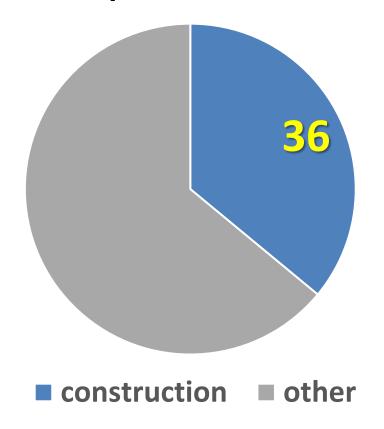
Photo courtesy: International Union of Bricklayers and Allied Craftworkers

285 construction workers suffered heatrelated deaths from 1992 to 2016

Percent of US workforce



Percent of all heat-related occupational deaths



Resources for Heat Illness & Injury Prevention

- www.osha.gov/heat
- OSHA Publications By Search | Occupational Safety and Health Administration
- <u>United States Department of Labor Sign-up for our Heat Source Newsletter (govdelivery.com)</u>
- <u>National Emphasis Program Outdoor and Indoor Heat-Related Hazards (osha.gov)</u>
- Report of the Small Business Advocacy Review Panel on OSHA's Potential Standard for Heat Injury and Illness Prevention in Outdoor and Indoor Work Settings
- <u>Criteria for a Recommended Standard: Occupational Exposure to Heat and Hot Environments</u>

From OSHA Compliance Directive (2022)

During heat-related inspections, CSHOs should;

- Review OSHA 300 Logs for any entries indicating heat-related illness(es),
- Review injury and illness reports and obtain any records of emergency room visits and/or ambulance transport, even if hospitalizations did not occur,
- Interview workers for reports of headache, dizziness, fainting, dehydration, or other symptoms that may indicate heat-related illnesses,
- Review employer's plan to address heat exposure, including acclimatization procedures (especially for new and returning workers), work-rest schedules, access to shade and water (with electrolytes when needed), and any training records associated with implementing a heat illness prevention program,
- Document, where possible, the heat index on the OSHA-NIOSH Heat App, using the screen save feature on a mobile phone or tablet,
- Identify conditions and activities relevant to heat-related hazards. These can include, but are not limited to:
 - Potential sources of heat-related illnesses (e.g., working in direct sunlight, a hot vehicle, or areas with hot air, near a gas engine, furnace, boiler or steam lines),
 - WBGT calculations and/or other temperature measurements,
 - Heat advisories, warnings or alerts,
 - The use of heavy or bulky clothing or equipment,
 - The types of activities performed by the employees and whether those activities can be categorized as moderate, heavy or very heavy work,
 - The length of time in which a worker is continuously or repeatedly performing moderate to strenuous activities,
 - Heat-related illnesses among new workers,
 - The presence of any recent vacation time or breaks in employment prior to complaints of heat-related symptoms, and
 - The availability of rest breaks, water and shade on site.

...continued

Consider the following:

- 1. Is there a written program?
- 2. How did the employer monitor ambient temperature(s) and levels of work exertion at the worksite?
- 3. Was there unlimited cool water that was easily accessible to the employees?
- 4. Did the employer require additional breaks for hydration?
- 5. Were there scheduled rest breaks?
- 6. Was there access to a shaded area?
- 7. Did the employer provide time for acclimatization of new and returning workers?
- 8. Was a "buddy" system in place on hot days?
- 9. Were administrative controls used (earlier start times, and employee/job rotation) to limit heat exposures?
- 10. Did the employer provide training on heat illness signs, how to report signs and symptoms, first aid, how to contact emergency personnel, prevention, and the importance of hydration?