

Heat Illness Prevention Plan – Form 1: Department Heat Illness Prevention Plan

The following is an example of a department work plan preventing heat illnesses:

PCC Location (Campus / Center): _____

Division / Department: _____

Required Plan Elements: 80-90°F

- Shade
- Water
- Training

Required Plan Elements: 90°F+

- Communication
- Observation & Monitoring
- Employee Designation
- Rest Break Schedule

Shade – Describe how employees will be provided with sufficient space to rest in a shaded area or cool climate-controlled area and where affected employees may cool off and recover when signs of heat-related illness are recognized:

Location: _____ Natural _____ Artificial _____

Distance from Work Site: _____

Water – Describe how sufficient amounts of cool, potable water in work areas will be provided and how employees will be provided with frequent opportunities and encouragement to stay hydrated:

Initial Allotment: Quantity: _____ Container Type: _____

Replenishment: Quantity: _____ Frequency: _____

By Whom: _____

Heat Illness Prevention Plan – Form 1: Department Heat Illness Prevention Plan

How will temperature be maintained: _____

Employees will drink from: _____

Communication – Describe the means of communicating with each employee that is working in an elevated temperature environment:

Type: Voice _____ Radio _____ Cell Phone _____ Other _____

Frequency of Contact: _____

Observation and Monitoring – Describe what has been implemented to promptly identify an employees suspected of experiencing heat-related illness:

<u>Names of Employee Working Alone</u>	<u>Radio</u>	<u>Cell Phone</u>	<u>Other</u>
--	--------------	-------------------	--------------

Emp 1: _____	_____	_____	_____
--------------	-------	-------	-------

Emp 2: _____	_____	_____	_____
--------------	-------	-------	-------

Names of Employee Using Buddy System

Emp 1: _____ and Emp 2: _____

Emp 3: _____ and Emp 4: _____

Designated Employee – All PCC employees are authorized to contact Public Safety or 911 in the event of an emergency. Should you wish to designate individuals, use the space below to do so:

Location 1

Heat Illness Prevention Plan – Form 1: Department Heat Illness Prevention Plan

Emp 1: _____ Public Safety ____ 911 ____

Alternate: _____ Public Safety ____ 911 ____

Location 2

Emp 1: _____ Public Safety ____ 911 ____

Alternate: _____ Public Safety ____ 911 ____

Rest Break Schedule – Use this space to identify your department’s rest break schedule and provide the necessary details in accordance with your selection on a separate page:

Circle one:

- a. Manager-designated heat illness prevention rest break schedule
- b. Simplified heat illness prevention rest break schedule
- c. NIOSH work rest schedule

Reference Appendix G: Department Work/Rest Schedule

Emergency Medical Plan Procedures – Public Safety maintains the District Emergency Medical Plan which includes the elements shown below. Use the spaces below to add more detail or for unique circumstances:

-Actions When Signs of Heat Illness Are Observed: _____

-Actions When Indicators of Severe Heat Illness Observed: _____

Heat Illness Prevention Plan – Form 1: Department Heat Illness Prevention Plan

-How Will Employee Be Monitored/Evaluated: _____

How Will Emergency Medical Services be Contacted: _____

How Will Clear and Concise Directions be Provided to the Location: _____

Acclimatization Plan - Note your option for an acclimatization plan and attach a copy of your department's written acclimatization plan:

Check one:

_____ Employer-designated acclimatization plan

_____ NIOSH acclimatization plan

Training - Department managers must develop and deliver annually department level training for their affected employees prior to having them work in the heat. Department level training records should remain in the department.