

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 300.00.03	Page 1 of 9
	Original Effective Date: 07/01/02	New Effective Date: 06/01/17
	Supersedes: 300.00.03	Dated: 11/19/12
	Administrator's Approval: Jim Schwochert, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 300 Administrative		
Subject: Heat and Cold Weather Advisory		

POLICY

The Division of Adult Institutions shall monitor local weather and make adjustments in activities and inmate monitoring based upon weather conditions.

REFERENCES

Food Service Manual (FSM) #306 – The DOC Master Menu

Food Service Manual (FSM) #601 – Emergency/Pandemic Feeding Plan

DEFINITIONS, ACRONYMS, AND FORMS

Cold fluids – Water or other liquids that do not contain caffeine. In most cases, cold water from the faucet meets this definition. Water temperature should be below 60°F.

DAI – Division of Adult Institutions

DOC – Department of Corrections

F – Fahrenheit

Frostbite – Frostbite is the freezing of the skin and tissues underlying the skin. It is caused by exposure to frigid air or icy winds. The cold stops the blood circulation to the affected areas, with the result being cold, pale hard skin that has no feeling.

Heat Exhaustion – Heat exhaustion can result when too much time is spent in a very warm environment, resulting in excessive sweating without adequate fluid and electrolyte replacement. This can occur either indoors or outdoors, with or without exercise. Without treatment, heat exhaustion can lead to heat stroke, a life threatening condition.

Heat Index – Measures what hot weather “feels like.” It is determined by combining the air temperature and the relative humidity.

Heat Stroke – Heat stroke occurs when the body becomes unable to control its temperature: The body’s temperature rises rapidly, the sweating mechanism fails and the body is unable to cool down. Heatstroke occurs when your body temperature rises to 104°F (40°C) or higher. Heat stroke can result from overexposure to direct sunlight, with or without physical activity, or to very high indoor temperatures. It can cause death or permanent disability if emergency treatment is not given.

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HSU – Health Services Unit

Hypothermia – Dangerously low body temperature, below 95°F. It occurs when more heat is lost than the body can generate and is usually caused by extended exposure to the cold.

Wind chill – Condition determined by combining the air temperature and wind speed.

PROCEDURE

I. Heat Advisory

- A. Normally the body cools itself by sweating. If temperatures are extremely high, however, sweating is not enough to maintain the body's normal temperature.
 1. When this happens, blood chemistry can change and internal organs, including the brain and kidneys, can be damaged.
 2. Heat also can be stressful if the temperature changes suddenly, since it usually takes several days for the body to adjust to heat.
- B. The primary source for determining the heat index will be the local weather information, which can be obtained on the Internet. If that source is not available, area radio/television stations may be utilized.
- C. Heat index values are devised for shady, light wind conditions. Exposure to full sunshine can increase these values by up to 15°F. Strong winds, particularly with very hot, dry air, can be extremely hazardous.
- D. Staff shall be aware that different facility's physical plants may present different conditions.
 1. Some areas of the facility may be affected by the heat and humidity more so than others.
 2. Facility procedures shall address these variances, if necessary.
- E. Generally, facility ventilation systems are designed to provide air exchange and as such are not a closed environment and provide adequate circulation within individual cells/rooms. These systems are designed to ventilate "as is" and opening windows or trap doors defeats the system's ability to adequately circulate air.
- F. Facilities shall distribute an advisory to inmates each spring reminding them of the increasing temperatures and appropriate methods of minimizing the effects. The facility heat advisory procedure and expectations shall be outlined.
- G. Inmates shall be educated in the effects of personal fan use.
 1. The use of personal fans is discouraged when the temperature exceeds 100°F or if it is greater than 90°F with a relative humidity higher than 85%.

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2. The increased air movement increases heat stress.
- H. Fans may be used to circulate air within a large common area or to reduce condensation on cold surfaces, such as concrete floors. Care shall be taken to avoid directing air flow at individuals.
- I. The most common heat-related conditions are heat stroke, heat exhaustion, heat cramps, sunburn and heat rash. Heat stroke and heat exhaustion are the most serious conditions.
- J. Inmates at higher risk and require increased monitoring including but not limited to those:
1. Age 60 and older.
 2. Working or physically active in a heat environment.
 3. With chronic health conditions such as obesity, diabetes, heart disease, hypertension or disabilities.
 4. Taking medications that may impair the body's ability to regulate temperature or perspire, especially psychotropic medications and diuretics.
 5. Under the influence of drugs or alcohol.

II. Heat Index Advisory Chart

Heat Index	90°–103°F	Additional interventions when heat index is 104°F and above
General Population	Issue facility advisory to inmates to watch for signs of overheating.	
	Cancel all strenuous sports activities.	
	Advise inmates not to use fans, if temperature is 100° or above or if temperature is greater than 90° with a relative humidity of 85%.	
	Encourage inmates to drink additional cold fluids (at least six 8-oz. glasses daily).	Increase cold fluid intake to at least twelve 8-oz. glasses per day. Encourage more.
	Encourage inmates to use wet towels/washcloths, etc., to moisten their skin to promote evaporation.	
	Encourage inmates to wear hats and use sunscreen when outdoors.	
	Increase access to ice in facilities where use is restricted.	
	Take extra precautions during work activities.	Cancel non-essential work involving physical activity.

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Heat Index	90°–103°F	Additional interventions when heat index is 104°F and above
Food Service – Keep in mind temperature and humidity in kitchen may be higher than that used to calculate the heat index.	Allow inmates to wear t-shirt.	Allow inmates to wear t-shirt.
	Rotate workers. Allow time out of the work area, 15 minutes every two hours, into a cooler area.	
	Work with a buddy system. No one works alone. Inmates are instructed to monitor each other’s condition.	
	Advise inmates to increase fluid intake.	Advise inmate to drink cool fluids at least once per hour.
Laundry – Keep in mind temperature and humidity in this area may be higher than that used to calculate the heat index.	Allow inmates to wear t-shirt and personal gym shorts.	
	Rotate workers. Allow time out of the work area 15 minutes every two hours into a cooler area.	
	Work with a buddy system. No one works alone. Inmates are instructed to monitor each other’s condition.	Make cool fluids available every hour.
	Make cold fluids available.	Launder only essential items.
Restrictive Housing	Make rounds every hour. Make visual contact with each individual.	
	Ensure cool fluids are available every two hours.	
	Provide ice two times per shift.	

III. Warning Signs and Responses to Overexposure to Heat

	Heat Exhaustion	Heat Stroke
Warnings	<ol style="list-style-type: none"> 1. Weakness. 2. Cool and clammy skin. 3. Heavy sweating. 4. Muscle cramps. 5. Nausea. 6. Abdominal cramps. 7. Headache. 8. Weak, rapid pulse. 9. Slow pulse. 10. Low blood pressure. 11. Dizziness or fainting. 	<ol style="list-style-type: none"> 1. Weakness or fatigue. 2. Hot, red dry skin. 3. Lack of sweating. 4. Muscle cramps/ weakness. 5. Nausea. 6. Thirst. 7. Throbbing headache. 8. Rapid breathing. 9. Rapid pulse. 10. Very high body temperature (≥ 104°F). 11. Dizziness. 12. Confusion. 13. Sudden loss of consciousness. 14. Convulsions/seizures.

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	Heat Exhaustion	Heat Stroke
Responses	<ol style="list-style-type: none"> 1. An inmate suffering from heat exhaustion shall be moved to an air-conditioned environment, if possible. 2. If outside, move the inmate to a shady spot. 3. Loosen the inmate's clothing and encourage inmate to drink cool, non-caffeinated beverages. 4. Keep the inmate quiet. 5. It may be necessary to seek medical attention if symptoms worsen or last longer than one hour or if the inmate has heart problems or high blood pressure. If left untreated, heat exhaustion may progress to heat stroke. 	<ol style="list-style-type: none"> 1. Find a cool place, preferably air-conditioned, indoor setting. 2. Outside, find a spot in the shade. Have the inmate lie down. 3. Loosen his/her clothing and bathe the head and body with cold water. 4. Seek medical attention immediately. 5. Activate EMS.

IV. Prolonged Periods of Extreme Heat

- A. The National Weather Service will issue an excessive heat warning if there is a heat index of at least 105°F for more than three hours per day for two consecutive days, or if the heat index is greater than 115°F for any period of time.
- B. High values of the heat index are caused by temperatures being significantly above normal and high humidities, and such high levels can pose a threat to human life.
- C. Additional measures may need to be introduced including things such as:
 1. Fluid and electrolyte drinks.
 2. Cooling stations.
 3. Alternative menus and/or alternative food service options as described in FSM 306 and FSM 601.
 4. Breaks for staff from direct sunlight and other measures should be considered as well.

V. Cold Weather Advisory

- A. Facility operations will be governed by the weather conditions as determined by the wind chill factor. Specific modifications are designated by the wind chill advisory chart.
- B. The primary source for determining the wind chill factor will be the local weather information, which may be obtained on the Internet. If that source is not available, area radio/television stations may be utilized.
- C. Facilities shall distribute an advisory to inmates each fall reminding them of the decreasing temperatures and appropriate methods of minimizing the effects. The facility cold weather advisory procedure and expectations shall be outlined.

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- D. Staff shall be aware that different facility's physical plants may present different conditions.
1. Some areas of the facility may be affected by the cold and wind chill more so than others.
 2. Facility procedures shall address these variances, if necessary.
- E. The most common cold weather-related conditions are frostbite and hypothermia. Hypothermia is the most serious condition.
- F. People who are most likely to experience hypothermia include those who are:
1. Very old or very young.
 2. Chronically ill, especially with heart or circulation problems.
 3. Malnourished.
 4. Overly tired.
 5. Under the influence of alcohol or other drugs.

VI. Wind Chill Advisory Chart

Wind Chill Temperature in Fahrenheit	Action
26° and above	Standard facility operations.
From 25° to 1°	Encourage inmates to increase outdoor clothing to include a hat that covers the ears, winter jacket, sweatshirt and/or insulated underwear. Clothing should be worn in layers.
From 0° to -15°	Cancel outdoor recreation sessions, including inmates housed in Restrictive Housing buildings. Provide a minimum of 10 minutes per hour warming period for outside work crews.
From -16° and below	Outdoor work crew assignments are to be restricted to snow shoveling and emergencies only. Outdoor exposure shall be limited to ten minutes with ten minute warming periods.

VII. Warning Signs and Responses for Overexposure to Cold Weather

	Frostbite	Hypothermia
Warnings	<ol style="list-style-type: none"> 1. The first symptoms are a "pins and needles" sensation followed by numbness. There may be an early throbbing or aching, but later on, the affected part becomes insensate (feels like a "block of wood"). 2. Frostbitten skin is hard, pale, cold and has no feeling. When skin has thawed out, it becomes red and painful (early frostbite). With more severe frostbite, the skin may appear white and numb (tissue has started to freeze). 3. Very severe frostbite may cause 	<ol style="list-style-type: none"> 1. Drowsiness. 2. Weakness and loss of coordination. 3. Pale and cold skin. 4. Confusion. 5. Uncontrollable shivering (although, at extremely low body temperatures, shivering may stop). 6. Slowed breathing or heart rate.

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	Frostbite	Hypothermia
	blisters, gangrene (blackened dead tissue), and damage to deep structures such as tendons, muscles, nerves and bone.	
Responses	<ol style="list-style-type: none"> 1. Shelter the inmate from the cold and move the inmate to a warmer place. Remove any constricting jewelry and wet clothing. Look for signs of hypothermia (lowered body temperature) and treat accordingly. 2. If immediate medical help is available, it is usually best to wrap the affected areas in sterile dressings (remember to separate affected fingers and toes) and transport the inmate to the HSU for further care. 3. If immediate care is not available, rewarming first aid may be given. Immerse the affected areas in warm (never hot) water, or repeatedly apply warm cloths to affected ears, nose or cheeks for 20 to 30 minutes. The recommended water temperature is 104° to 108°F. Keep circulating the water to aid the warming process. Severe burning pain, swelling and color changes may occur during warming. Warming is complete when the skin is soft and sensation returns. 4. Apply dry, sterile dressing to the frostbitten areas. Put dressings between frostbitten fingers or toes to keep them separated. 5. Move thawed areas as little as possible. 6. Refreezing of thawed extremities can cause more severe damage. Prevent refreezing by wrapping the thawed areas and keeping the inmate warm. If refreezing cannot be guaranteed, it may be better to delay the initial rewarming process until a warm, safe location is reached. 7. If the frostbite is extensive, give warm drinks to the inmate to replace lost fluids. 	<ol style="list-style-type: none"> 1. If any symptoms of hypothermia are present, especially confusion or changes in mental status, immediately call the HSU. 2. If the inmate is unconscious, begin CPR, if necessary. 3. Take the inmate inside to an area at room temperature and cover him or her with warm blankets. If going indoors is not possible, get the inmate out of the wind and use a blanket to provide insulation from the cold ground. Cover the inmate's head and neck to help retain body heat. 4. Once inside, remove any wet or constricting clothes and replace them with dry clothing. 5. Use warming techniques. Apply warm compresses to the neck, chest wall and groin. If the inmate is alert and can easily swallow, give warm, sweetened fluids (non-alcoholic) to aid in the warming process. 6. Stay with the inmate until medical help arrives. 7. If not treated promptly, lethargy, cardiac arrest, shock and coma can set in. Hypothermia can be fatal.

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Administrator's Approval: _____ **Date Signed:** _____
Jim Schwochert, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 300.00.03	Page 9 of 9
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Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
 - C.

II.

III.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other