



WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers / Secretary Kevin A. Carr

GUIDANCE DOCUMENT CERTIFICATION

I have reviewed this guidance document or proposed guidance document and I certify that it complies with sections §227.10 and §227.11 of the Wisconsin Statutes.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is not explicitly required or explicitly permitted by a statute or a rule that has been lawfully promulgated.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is more restrictive than a standard, requirement, or threshold contained in the Wisconsin Statutes.

Casey Gerber

Name of Individual Certifying this Document/Proposed Document

Director, Office of Juvenile Offender Review

Title

Casey Gerber

Signature

12/11/2019

Date Signed

Department of Corrections – Wisconsin
Office of the Secretary
Wis. Stat. § 227.112(6)
DOC-2910 (6/2019)

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|  <p style="text-align: center;">WISCONSIN DEPARTMENT OF CORRECTIONS Division of Juvenile Corrections</p> <p style="text-align: center;">Policy and Procedure</p> | EFFECTIVE DATE 12/12/2019 | PAGE NUMBER 1 of 9 |
| | MANUAL REFERENCE | <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision |
| | DJC POLICY # | Original Date: 12/12/2019 |
| | ORIGINATED BY Ron E. Hermes , Administrator | |
| X | | Date Signed: |
| DISSEMINATION <input type="checkbox"/> All Staff <input type="checkbox"/> Confidential – Security Related <input checked="" type="checkbox"/> Facilities <input type="checkbox"/> Field Offices <input checked="" type="checkbox"/> Health Services <input type="checkbox"/> Supervisory Staff Only | PRIORITY <input checked="" type="checkbox"/> Policy/Directive <input type="checkbox"/> Information Discuss at Staff Meeting Read/Route/Post | |
| | REPLACES POLICY DJC Policy 400.05.04, DJC Policy 400.05.05, CLS/LHS P&P 8.00 & CLS/LHS P&P 8.19 | |
| SUBJECT: Heat and Cold Advisory | | |

Purpose

The purpose of this policy is to provide a safe living and working environment for facility staff and youth during weather extremes.

Policy

Division of Juvenile Correction (DJC) facilities shall monitor local weather and adjust youth activities and monitoring when extreme hot or cold temperatures are possible in order to prevent ill health effects.

References

Standards for Health Services in Juvenile Detention and Confinement Facilities – National Commission on Correctional Health Care 2015, Y-A-02 Responsible Health Authority

Standards for Health Care Services in Juvenile Detention and Confinement Facilities - National Commission on Correctional Health Care, 2015, Y-A-08 Communication on Patient’s Health Needs

Pediatric Vital Signs. Retrieved at: www.emedicine health.com, 2018

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

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

National Weather Services- Retrieved at: www.weather.gov

Wisconsin Statute § 301.025 - Division of Juvenile Corrections

Wisconsin Statute § 301.3 - General Corrections Authority

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.

DJC- Division of Juvenile Corrections

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.

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.

J-Tracker – Juvenile Management Information System

Wind Chill- Condition determined by combining the air temperature and wind speed.

Procedure

I. Heat Advisory

- A. The primary source for determining the heat index shall be local weather information.
 1. The supervisor or designee is responsible for notifying staff and initiating facility precautionary measures outlined in the Section V Heat Index Advisory Chart, when needed.
- B. 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.
- C. Facilities shall distribute an advisory to youth and staff each spring reminding them of the increasing temperatures and appropriate methods of minimizing effects. The facility heat advisory procedure and expectations shall be outlined in the advisory.

II. Indoor Temperatures

- A. Staff shall be aware that varying facility design and areas may present different conditions.
 1. Some areas of the facility may be affected by the heat and humidity more so than others.
- B. Facility procedures shall address these variances, if necessary. Facility ventilation systems are generally designed to provide air exchange and as such are not a closed environment and provide adequate circulation within individual rooms. These systems are designed to ventilate “as is” and opening windows or trap doors defeats the system’s ability to adequately circulate air.
- C. Youth 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%.

2. The increased air movement by personal fan use increases heat stress.
3. 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.

III. Heat-Related Conditions

- A. Staff shall be aware of the symptoms associated with heat exhaustion and heat stroke outlined in Section VI Warning Signs and Responses to Overexposure to Heat. Staff shall use Section VI as a guide for appropriate measures to be initiated when youth exhibit symptoms of heat-related ailments. If staff determine that a youth exhibits symptoms severe enough, they shall call 911 or transport the youth to a medical facility as appropriate. Staff shall always call 911 in cases of heat stroke.
- B. Individuals at higher risk that require increased monitoring include, but are not limited to those:
 1. Very young or elderly.
 2. Working or being physically active.
 3. With chronic health conditions such as obesity, diabetes, heart disease, and hypertension.
 4. Taking medications that may impair the body's ability to regulate temperature or perspire, especially psychotropic medications and diuretics.
- C. In the event that a youth or staff member suffer ill effects as result of overexposure to heat and requires medical attention, staff shall complete a J-Tracker Incident Report.

IV. Prolonged Periods of Extreme Heat

- A. The National Weather Service issues excessive heat warnings if there is a heat index of at least 105°F lasting more than two hours.
- B. The supervisor or designee is responsible for notifying staff and initiating precautionary measures outlined in Section IV. Heat Index Advisory Chart in the case of excessive heat warnings.
- C. High values of the heat index are caused by temperatures being significantly above normal along with high humidity level. Such high levels of temperature and humidity can pose a threat to human life.
- D. 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.
 4. Breaks for staff from direct sunlight
 5. Other measures as needed

V. Heat Index Advisory Chart

| Heat Index | 90°–103°F | Additional interventions when heat index is 104°F and above |
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| General Population | Issue facility advisory to youth to watch for signs of overheating. | |
| | Cancel all strenuous sports activities. | Cancel non-essential work involving physical activity. |

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| | Advise youth not to use fans, if temperature is 100° or above or if temperature is greater than 90° with a relative humidity of 85%. | |
| | Encourage youth 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 youth to use wet towels/washcloths, etc., to moisten their skin to promote evaporation. | |
| | Encourage youth to wear hats and use sunscreen when outdoors. | |
| | Increase access to ice. | |
| | Take extra precautions during work activities. | |
| Food Service – Keep in mind temperature and humidity in kitchen may be higher than that used to calculate the heat index. | Allow youth to wear t-shirt. | |
| | Rotate workers. Allow time out of the work area, 15 minutes every two hours into a cooler area. | |
| | Youth and staff are instructed to monitor each other's condition. | |
| | Advise youth to increase fluid intake. | Advise youth to drink cold 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 youth to wear t-shirt and gym shorts. | Launder only essential items. |
| | Rotate workers. Allow time out of the work area 15 minutes every two hours into a cooler area. | |
| | Youth and staff are instructed to monitor each other's condition. | |
| | Make cold fluids available. | Make cold fluids available every hour. |
| Non- General Population Housing | Increase frequency of rounds, at minimum every 30 minutes. Make visual contact with each youth. | |
| | Ensure cold fluids and ice are provided every two hours. | |

VI. Warning Signs and Responses to Overexposure to Heat

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| | Heat Exhaustion | Heat Stroke |
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| 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 ($\geq 104^{\circ}\text{F}$). 11. Dizziness. 12. Confusion. 13. Sudden loss of consciousness. 14. Convulsions/seizures. |
| Responses | <ol style="list-style-type: none"> 1. A youth suffering from heat exhaustion should be moved to an air-conditioned environment, if possible. 2. If outside, move the youth to a shady spot. 3. Loosen the youth's clothing and encourage youth to drink cool, non-caffeinated beverages. 4. Encourage the youth to remain calm. 5. It may be necessary to seek medical attention if symptoms worsen or last longer than one hour or if the youth has other health conditions. | <ol style="list-style-type: none"> 1. Seek medical attention immediately. 2. Find a cool place, preferably air-conditioned, indoor setting. 3. Outside, find a spot in the shade. Have the youth lie down. 4. Loosen the youth's clothing and bathe the head and body with cold water. 5. Activate EMS. |

VII. Cold Weather Advisory

- A. Facility operations shall be governed by the weather conditions as determined by the wind chill factor. Specific modifications are designated by the Section X Wind Chill Advisory Chart.

The supervisor or designee is responsible for notifying staff and initiating precautionary measures in listed in the Section X Wind Chill Advisory chart, when needed.

- B. The primary source for determining wind chill factor shall be the local weather information.
- C. Facilities shall distribute an advisory to youth 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.
- D. Winter clothing recommendations are outlined in the Section X Wind Chill Advisory Chart. Winter clothing shall be provided early in the season to ensure youth have appropriate clothing. Youth not wearing appropriate winter clothing may be restricted from activities.
- E. In the event that a youth or staff member suffer ill effects as result of the cold and require medical attention, staff shall complete a J-Tracker Incident Report.

VIII. Indoor Temperatures

- A. Staff shall be aware that varying facility design and areas 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.
- B. Supervisor/designee shall monitor room temperatures as appropriate during the winter months when the outside temperature falls below 40 degrees F.
1. Temperatures of less than 60 degrees F in the living unit should be reported to supervisor/designee.
 2. Additional blankets and clothing shall be issued to youth when appropriate

VIII. Cold Weather-Related Conditions

- A. The most common cold weather-related conditions are frostbite and hypothermia as outlined in section XI. Staff shall be aware of and immediately respond to symptoms of overexposure to cold temperatures as outlined in Section XI Warning Signs and Responses for Overexposure to Cold Weather
1. Hypothermia is the most serious condition. Individuals who are most likely to experience hypothermia include those who are:
 2. Very young or elderly.
 3. Chronically ill, especially with heart or circulation problems.
 - a. Malnourished.
 - b. Fatigued.

X. Wind Chill Advisory Chart

| Temperature in Fahrenheit | Action |
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| 26° and above | Standard facility operations with encouragement to youth to dress appropriately for current weather conditions. |
| From 25° to 1° | Ensure youth increase outdoor clothing to include a hat that covers the ears, gloves, winter jacket, sweatshirt and/or insulated underwear. Clothing should be worn in layers. |
| From 0° to -15° | Cancel outdoor recreation sessions, including youth housed in non-general population housing. 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. |

XI. Warning Signs and Responses for Overexposure to Cold Weather

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| | Frostbite | Hypothermia |
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| 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 blisters, gangrene (blackened dead tissue), and damage to deep structures such as tendons, muscles, nerves and bone. | <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. |
| Responses | <ol style="list-style-type: none"> 1. Shelter the youth from the cold and move the youth to a warmer place. Have the youth remove any constricting jewelry and wet clothing and replace them with dry 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 youth 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 youth 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 youth 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 youth is unconscious, begin CPR, if necessary. 3. Take the youth inside to an area at room temperature and cover him or her with warm blankets. If going indoors is not possible, get the youth out of the wind and use a blanket to provide insulation from the cold ground. Cover the youth'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. Apply warm compresses to the neck, chest, and groin. If the youth is alert and can easily swallow, give warm, sweetened fluids to aid in the warming process. 6. Stay with the youth until medical help arrives. 7. If not treated promptly, lethargy, cardiac arrest, shock and coma can set in. Hypothermia can be fatal. |

| Division of Juvenile Corrections Facility/Region Implementation Procedure | |
|--|-------------------------------------|
| Facility/Region: | |
| DJC Policy Number: | |
| Subject: Heat and Cold Weather Advisory | |
| New Effective Date: 12/12/2019 | Original Effective Date: 12/12/2019 |
| Will Implement: <input type="checkbox"/> As Written <input type="checkbox"/> With following procedures for facility implementation | |
| Superintendent's/Regional Chief'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. Youth

III. Other