Summary

Workers, both indoors and outdoors, in services, transportation, agriculture, construction, and other industries may be exposed to environmental cold stress that can lead to thermal discomfort and in some cases even severe injuries, illnesses, or death. The National Institute for Occupational Safety and Health (NIOSH) recommends that employers implement a cold-related illness and injury prevention program that includes preventive measures such as using engineering controls, establishing work/rest schedules, training workers about the hazards of working in cold environments, and providing appropriate cold-weather gear.

Cold-related Illnesses and Injuries

Cold-related illnesses and injuries include chilblains, trench foot, frostbite, and hypothermia.

Chilblains. Chilblains are the painful inflammation of small blood vessels in the skin that occur in response to repeated exposure to cold but nonfreezing temperatures. Small blood vessels in the skin may become permanently damaged by cold temperatures, resulting in redness and itching during additional exposures. Symptoms of chilblains include redness, itching, possible blistering, inflammation, and possible ulceration in severe cases.
**Trench Foot.** Trench foot is an injury of the feet after prolonged exposure to wet and cold-related conditions. Trench foot occurs because wet feet lose heat faster than dry feet. To prevent heat loss, the body constricts blood vessels in the feet, and then the skin tissue begins to die. Symptoms of trench foot include reddening of the skin, numbness, leg cramps, swelling, tingling pain, blisters or ulcers, bleeding under the skin, and gangrene (e.g., foot turns purple, blue, or gray).

**Frostbite.** Frostbite is an injury caused by freezing of the skin and deeper tissues, resulting in the loss of feeling and color in the affected areas. Frostbite can permanently damage body tissues, and severe cases can lead to amputation. Examples of risk factors for frostbite include contact with metal or water, dehydration, diabetes, smoking, alcohol abuse, sedating or judgment impairing medications, and prior history of frostbite. Symptoms of frostbite include numbness; tingling or stinging; aching; and bluish or pale, waxy skin. During treatment of frostbite and trench foot, avoid rubbing or putting pressure on affected areas, since that can damage tissue.

**Hypothermia.** When exposed to cold temperatures, the body loses heat faster than it can be produced. Prolonged exposure to cold causes internal body temperature to drop, resulting in a condition called hypothermia. Hypothermia affects brain function, making the victim unable to think clearly or move well (i.e., they may be unable to protect themselves from hazards, or experience slips, trips, and falls). This makes hypothermia particularly dangerous because a person may not recognize the symptoms and will be unable to make life-preserving decisions. Symptoms of hypothermia can depend on how long a person has been exposed to cold temperatures and individual variability.

**Hypothermia Symptoms and First Aid**

Early symptoms include shivering, fatigue, loss of coordination, confusion, and/or disorientation.

Late symptoms include no shivering, blue skin, dilated pupils, slowed pulse and breathing, and/or loss of consciousness.

If hypothermia is suspected, medical assistance should be requested immediately (e.g., call 911). Begin first aid by:

1. moving the worker to a warm room or vehicle,

2. removing wet clothing,

3. covering their body with loose, dry blankets, clothing, or towels (may use skin-to-skin contact or warm bottles or hot packs in armpits, sides of chest, and groin to increase body’s temperature), and

4. providing warm, non-alcoholic beverages if the worker is conscious.

If the worker has no pulse, cardiopulmonary resuscitation (CPR) should be provided and continued during the warming attempts, until the person responds or medical aid becomes available. Chest compressions should not be performed for patients who manifest an organized rhythm on a cardiac monitor (e.g., automated external defibrillator [AED]), even if they have no palpable pulses and no other signs of life. The worker should be handled very gently and kept horizontal, because when cold, the heart is prone to ventricular fibrillation with any disturbance. Severely hypothermic patients have been known to survive neurologically intact after long periods (over an hour) in a state of “suspended animation” [State of Alaska DHSS 2014].

**Case Reports**

**Indoor Environment: Airline Catering Facility**

In an airline catering facility cold room (approximately 40°F), meals were assembled at workstations in shifts lasting 3–8 hours [Ceballos et al. 2015; NIOSH 2014]. Because preparations sometimes required fine manual dexterity (e.g., thinly slicing fish, decorating with small garnishes), the workers preferred wearing thin gloves instead of thicker, better insulated gloves. The frozen food they handled caused their hands to become cold and numb. Drafts inside the cold room made some areas feel colder than others, and air velocities exceeded the recommended guidelines of 200 feet per minute (FPM) [ACGIH 2019]. In addition, the workers felt that their breaks were not long enough to warm up, or to change out of wet or sweat-dampened clothing. An evaluation of the cold room concluded that thermal comfort concerns perceived by workers might have resulted from workstation air drafts, insufficient use of personal protective equipment (e.g., better insulated gloves) due to dexterity concerns, work practices, and lack of knowledge about good health and safety practices. In an evaluation of a second airline catering facility where the temperature was approximately 40°F, workers reported that they
felt discomfort working in cold temperatures, particularly in the freezer or coolers [NIOSH 2015]. The reported findings suggest that language was a barrier to effective training and communication regarding workplace safety and health because employees came from 18 countries.

**Outdoor Environment: Long Haul Driving Along Highway**

In the winter of 2009, a 56-year-old male truck driver went to the emergency room seeking care [Alaska Trauma Registry]. He had come to Alaska after a long haul drive through Canada. Along his route, he had stopped to change a fuel filter. He accidentally splashed diesel fuel on his gloves, which froze to his hands as he worked outside along the highway. After arriving at his destination, he had to spend a night at the hospital receiving treatment for his frostbitten hands.

**Outdoor Environment: Sheep Ranch**

At 3:00 p.m., a 58-year-old woman (who was wearing tennis shoes, blue jeans, sweater, jacket, and gloves) and her husband left their sheep ranch headquarters to round up their animals and bring them in for protection from a major snowstorm that was developing [NIOSH 1990]. The woman separated from her husband to chase down a second flock of sheep. Shortly afterward, a high wind arose and created whiteout conditions in the area. The husband was unable to locate the woman and returned to the ranch to obtain additional help. At 10:00 p.m., the sheriff’s department, local volunteer fire department, emergency medical service, and search and rescue units became involved in the search. The search continued until 3:00 a.m., when it was decided to wait for daylight. At 7:45 a.m., the body of the woman was found. Autopsy results showed she had died from hypothermia.

**Recommendations**

Whether in an indoor or outdoor environment where cold stress conditions are possible, employers and workers should be aware of symptoms of cold-related illness and injury, not only in themselves but also in their coworkers, and be prepared to immediately notify their supervisor, provide first aid, and seek prompt medical assistance (e.g., call 911).

Prevention is the best way to avoid cold-related illness and injury. Employers and workers should follow the NIOSH recommendations below to reduce the risk of cold-related illness and injury.

**All Cold Environments**

Employers should:

- Provide training in a language and vocabulary that the workers understand.
- Reduce workers’ time spent in the cold environment.
- Reduce the physical demands of workers (e.g., use relief workers or rotate extra workers in and out of work for long, demanding jobs).
- Ensure access to warm areas and a place to change out of wet clothes.
- Encourage employees to take breaks to warm up when needed.
- Monitor workers in cold conditions and initiate a buddy system.
- Include a medical and environmental thermometer and chemical hot packs in first aid kits.
- Participate in joint management/employee safety committees.
- Provide appropriate cold weather gear such as hats, gloves, and boots for work in cold environments.
- Provide wind protective clothing based on air velocities.
- Provide prompt medical attention to workers who show signs of cold-related illness or injury.

Workers should:

- Take regular breaks to warm up.
- Monitor their physical condition and that of coworkers.
- Stay hydrated by drinking lots of water; warm beverages may help increase body temperature.
- Stay well nourished by snacking on high carbohydrate foods.
- Avoid touching cold metal or wet surfaces with bare skin.
Report signs and symptoms of cold-related illness and injury to supervisors and medical staff immediately.

Participate in joint management/employee safety committees.

Carry extra cold weather gear, such as a change of clothes, in case work clothing gets wet.

Wear several layers of loose clothing for better insulation; take layers off if you begin to sweat and put them back on when you cool down. Inner layers should be wool or synthetic fabrics to wick away moisture; outer layers should be wind and water-resistant.

Avoid wearing wet clothes.

Protect the ears, face, hands, and feet by wearing hats, gloves, socks, and boots.

### Indoor Environments

Employers should:

- Install equipment to reduce drafts and condensation.
- Provide warm water or dry air heaters outside cold rooms for workers to warm their hands.
- Minimize air velocity and not exceed 200 FPM.
- Perform preventative maintenance on a regular schedule and make repairs if heating systems are not working properly.
- Rotate employees to different tasks after every break.
- Minimize work requiring manual dexterity in cold rooms.
- Provide glove alternatives for workers inside cold rooms (e.g., glove liners or fingerless gloves to wear under plastic gloves).

### Outdoor Environments

Employers should:

- Create a plan for assessing and acting on workplace hazards posed by sudden weather changes, such as dropping temperatures or increasing wind speeds.
- Schedule normal maintenance and repairs in cold areas for warmer months when possible.
- Schedule cold jobs for the warmer part of the day.
- Ensure that workers traveling through or working in remote areas have appropriate cold-weather survival equipment (e.g., emergency communications equipment such as a personal locator beacon or satellite phone).

### Acknowledgments

The principal contributors to this publication were Brenda Jacklitsch, PhD, MS, of the NIOSH Division of Science Integration (DSI) and Diana Ceballos, PhD, MS, CIH, of the Harvard T.H. Chan School of Public Health (formerly with NIOSH).

### Suggested Citation


### References

ACGIH [2019]. TLVs® and BEIs® based on documentation of the threshold limit values for chemical substances and physical agents & biological exposure indices. Cincinnati, OH: American Conference of Governmental Industrial Hygienists.


NIOSH [1990]. Wife of a sheep rancher was fatally injured while attempting to round up a flock of sheep. Cincinnati, OH: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. Fatality Assessment and Control Evaluation (FACE) Investigation Report No. 90CO024.


For More Information

Information about Cold Stress can be found on the following website:

https://www.cdc.gov/niosh/topics/coldstress/

1-800-CDC-INFO (1-800-232-4636)
TTY: 1-888-232-6348
CDC/NIOSH INFO: cdc.gov/info | cdc.gov/niosh

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DOI: https://doi.org/10.26616/NIOSHPUB2019113
DHHS (NIOSH) Publication No. 2019-113

September 2019