Facility Action Plan for Extreme Cold Weather
Extremely cold temperatures often accompany a winter storm, bringing with it power failures, and problems with transportation. Plan ahead to ensure that your facility is ready to protect your staff and patients. Your facility action plan should address:

- Chain of command for emergencies.
- Roles of staff in case of power outages, and/or short staffing due to closed roads; plan ahead to ensure that all residents will be cared for if winter storms impede normal transportation routes.
- “Triggers” for the initiation of cold-related emergency measures, such as:
  - Disruption of heating systems due to power outage.
  - Inside temperatures drop to uncomfortable/unsafe level.
- Stockpile critical supplies, including food, water, medications and other items such as:
  - Battery-operated lighting, phones, and radios in the event of an extended power loss.
  - Meals (non-perishable foods and/or preparation and serving) for power outage.
  - Warm blankets and clothing to dress residents and staff in protective layers.
  - Backup power in case of power outage including an approved alternate heat source.
- Ensure internal communications for facility managers to reach staff during emergencies and confirm availability to help residents during winter weather. Communicate these policies to entire staff.
- Provide opportunities to be vaccinated during work hours and sick leave for those who experience adverse reactions to vaccination.

Facility Readiness
- Develop an assessment protocol for all residents to be implemented when emergency trigger for cold temperature is reached, such as:
  - Vital signs with focus on core temperature for those at risk.
  - Frequent comfort checks of all residents.
- Discuss signs and symptoms of hypothermia and frostbite with staff.
- Discuss what to do during an extreme cold event with residents, such as layering protective clothes.
- Keep gas/diesel powered generators outside and away from building air intakes.
- Keep heat sources at least 3 feet away from furniture and drapes.
- Never leave residents near space heaters unattended.
- Have the following safety equipment:
  - Chemical fire extinguisher. Easy-to-read indoor thermometer.
  - Smoke & Carbon Monoxide alarm in working order (check once a month and change batteries once a year per fire safety specifications or per device specifications).

Facility Implementation Plan
- Activate policies and plans to deal with extreme temperatures. Check rooms often to ensure that heating system is operating effectively.
- Conserve as much heat as possible in your building by avoiding unnecessary opening of doors or windows. Close off unoccupied rooms and keep windows covered. Balance heat conservation with providing enough ventilation to prevent spread of COVID-19.
- Warm beverages such as broth help maintain body temperature and hydration. Avoid caffeine or alcohol.
- Check regularly on patients, monitor their comfort and temperatures to be sure they stay warm. Older adults often make less body heat because of a slower metabolism and less physical activity.
- Report change of condition immediately to Medical Director and plan appropriate treatment of residents who exhibit cold weather-related symptoms.
- Coordinate with local Fire Department and EMS to respond to emerging threats and maintain continuity of operations plans in the event that receiving hospitals or medical facilities are also in crisis or facing power loss.
**Extreme Cold Weather: Government Web Resources**

<table>
<thead>
<tr>
<th>Resource</th>
<th>Web Address</th>
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<tbody>
<tr>
<td>CDC: Cold stress, Cold-related illnesses, Cold water immersion</td>
<td><a href="https://www.cdc.gov/niosh/topics/coldstress/default.html">https://www.cdc.gov/niosh/topics/coldstress/default.html</a></td>
</tr>
<tr>
<td>CDC: Winter storms + How to Prevent Cold Temperature-related Health Problems (e.g., hypothermia, frost bite)</td>
<td><a href="https://www.cdc.gov/disasters/winter/index.html">https://www.cdc.gov/disasters/winter/index.html</a></td>
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<tr>
<td>Alaska Department of Labor and Workforce Development: Cold Stress, Hypothermia and Frostbite</td>
<td><a href="http://labor.state.ak.us/lss/forms/coldstress.pdf">http://labor.state.ak.us/lss/forms/coldstress.pdf</a></td>
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NOTE: This resource was published in 2021 and is not being maintained. While information contained within was current when published, it may be outdated, and some links may not work.
Heat Stress
Implementing the COVID-19 recommendations may alter an employee’s working environment (e.g., increased heat burden from wearing personal protective equipment (PPE) and physical activity or time in a hot environment) affecting the risk level for heat-related illness.

- **Guidance for EMS Clinicians on Heat Related Stress and Adapting to Extra PPE in High Temperature Environments**
- **What Workers Need to Know about Heat Stress Prevention during the COVID-19 Pandemic** – Worker fact sheet to reduce the risk for heat-related illness during the COVID-19 pandemic.
- **OSHA Heat** – Overview of working in hot environments, including prevention.

Cold Stress
Health care professionals may be exposed to winter weather, including cold temperatures while working in COVID-19 necessary drive-through sites and temporary (e.g., tented) stations.

- **Preventing Cold-related Illness, Injury, and Death among Workers** – Employer information on workplace exposures to environmental cold stress that can lead to thermal discomfort, severe injuries, illnesses, or death.
- **NIOSH Fast Facts: Protecting Yourself from Cold Stress** – Worker fact sheet on cold-related illnesses and injuries and prevention.
- **OSHA Winter Weather** – Overview of working in winter weather, including preparedness.

Special considerations for personal protective equipment (PPE) use in cold environments
Personal protective equipment (PPE) for body protection (gowns or equivalent) can be worn over thermal protective clothing when necessary, for example outdoor drive-through testing locations. PPE sizing may have to be modified to accommodate this application. Clothing worn under PPE should be inspected for contamination after removing PPE. It can be laundered after each use according to routine procedures and reused. Laundry operations and personnel may need to be augmented to facilitate additional washing loads and cycles.

Carbon Monoxide
Carbon monoxide exposures can present risks for station staff in the testing site.

- **Carbon monoxide (CO)**, an odorless, colorless gas, which can cause sudden illness and death. It is produced at any time a fossil fuel is burned.
- Coordinate with local EMS and Fire Department authorities if you suspect CO exposure to leverage their specialized oximeters for CO poisoning.
- Do not allow running cars inside tents at testing sites and provide alternative if there are CO sources inside tents (fans, CO meters).
- Keep CO sources (propane or kerosene heaters, generators, vehicles, etc.) out of and at least 20 feet away from enclosed or semi-enclosed spaces including tents.
- Coordinate with the facility health and safety department or local fire department to monitor CO in enclosed spaces. Visit CDC website for important prevention tips.
- **OSHA Carbon Monoxide Poisoning** – Overview of carbon monoxide poisoning including signs and symptoms of CO exposure.