

**Alaska Department of Labor and Workforce Development
Labor Standards and Safety
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PHYSICAL AGENT DATA SHEET

COLD STRESS

HYPOTHERMIA

FROSTBITE

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HYPOTHERMIA

Hypothermia is a temperature-related disorder. Therefore it is necessary to understand human physiology as it pertains to temperature stress.

Man is considered a tropical animal. Normal functioning of the human animal requires a body temperature of 37 degrees Celsius (98.6 degrees Fahrenheit). The body can self-compensate for small upward or downward variations in temperature through the activation of built-in thermoregulatory system, controlled by temperature sensors in the skin. The response to an upward variation in body temperature is the initiation of perspiration, which moves moisture from the body tissues to the body surface. When the moisture reaches the surface it evaporates, carrying with it a quantity of heat. The response to downward variation in body temperature is shivering, which is the body's attempt to generate heat. Shivering is an involuntary contraction and expansion of muscle tissue occurring on a large scale. This muscle action creates heat through friction.

THE DISORDER

Hypothermia is defined as a core temperature of the body less than 35 degrees Celsius (95 degrees Fahrenheit). Hypothermia is also considered the clinical state of sub-normal temperature when the body is unable to generate sufficient heat to efficiently maintain functions.

Many variables contribute to the development of hypothermia. Age, health, nutrition, body size, exhaustion, exposure, duration of exposure, wind, temperature, and wetness of body or clothes, medication and intoxicants (alcohol) may decrease heat production or increase heat loss.

The healthy individual's compensatory responses to heat loss via conduction, convection, radiation, evaporation and respiration may be overwhelmed by exposure. Medication may also interfere with heat generation or regulation. Children will have different symptoms than adults depending on the severity of the cold.

Definitions:

Conduction: Direct transfer of heat by contact with a cooler object

Convection: Cool air moving across the surface of the body, heat is transferred to the cool air warming the air.

Radiation: Heat radiated outward from the warm body to the cooler environment.

Evaporation: The process of losing heat from the body by vaporization of water from the body surface.

Respiration: Inspired air raised to body temperature that is then exhaled.

Each of these causes of heat loss can play a large or small role in the development of hypothermia, depending on clothing, head cover, wind, weather, etc.

Once hypothermia develops, two body compartments, the shell (skin) and the core (the remainder of the body) share the heat deficit. The skin constitutes about 10% of a 150 pound mass.

Hypothermia can be recognized as impending, mild, moderate and severe. Below is a brief description of the various stages:

Impending: Person's core temperature has decreased to 96.8 degrees Fahrenheit (36 degrees C). Individual will increase exercise in an attempt to warm up. The skin may become pale, numb and waxy. Muscles can become tense and shivering may begin. Fatigue and weakness may begin to show.

Mild: Core temperature has dropped to 93.2 degrees Fahrenheit (34 degrees C). Intense, uncontrolled shivering has begun. The individual may still be alert and able to help self; however, movements become less coordinated and the coldness is causing some pain and discomfort.

Moderate: Core temperature has dropped to 87.7 degrees Fahrenheit (31 degrees C). Shivering slows or stops completely, mental confusion and apathy set in. Speech is slow and slurred. Breathing becomes slow and shallow followed by with drowsiness.

Severe: Core temperature is below 87.7 degrees Fahrenheit (31 degrees C). Skin may have a blue-gray color; iris of the eyes may be dilated, may appear drunk, denies problems and may refuse help. This leads to a gradual loss of consciousness. There may be little or no breathing, lack of response to verbal or painful stimuli and may appear dead.

(Temperatures used in above descriptions are approximate. Symptoms may start at different temperatures depending on the individual and circumstances.)

Treatment Preface

Always act on the fact that **"no one is dead until warm and dead."**

Think ABCD – Airway, Breathing, Circulation and Degrees.

In sudden exposure to cold water there is a greater chance for resuscitation with sudden submersion and with prolonged exposure to cold water. Quick onset of hypothermia, easy to reverse. Slow onset, the harder to reverse the process.

The sole consensus regarding prehospital treatment is that all patients at some point should be rewarmed. Core first then extremities. The best way to rewarm the core is by warm air and warm IV solutions.

Initial management principles emphasize prevention of further heat loss, rewarming as soon as is safely possible at a "successful" rate and rewarming the core before the shell, in an attempt to avoid inducing lethal side effects during rewarming. This treatment goal is important, since hypothermia itself may not be fatal above 77 degrees Fahrenheit (25 degrees C) core temperature.

The person must be handled very carefully and gently and not be allowed to exercise, as muscular action can pump cold blood to the heart.

Cold blood going to the heart can cause ventricular fibrillation

Hypothermia causes several reactions within the body as it tries to protect itself and retain its heat. The most important of these is vasoconstriction, which halts blood flow to the extremities in order to conserve heat in the core of the body.

Treatment of Hypothermia

Be able to recognize the symptoms of hypothermia in yourself and others. The victim may deny he/she is in trouble. Even mild symptoms demand attention:

Impending: Seek or build a shelter to get the person out of the cold, windy, wet environment.

Start a fire or get a cookstove going to provide warmth. Provide the person with a hot drink (no alcohol, coffee or tea). Insulate the person with extra clothes.

Mild: Remove or insulate the patient from the cold ground, protect from the wind, eliminate evaporative heat loss with a vapor barrier. Keep the head and neck covered, remove to a warm environment. Consider covering patient's mouth and nose with a light fabric to reduce heat loss through breathing. Provide the person with a warm, sweetened drink (no alcohol, coffee or tea) and some high-energy food. Limited exercise may help to generate some internal heat, but it depletes energy reserves.

Moderate: Remove the person from the cold environment, keeping the head and neck covered. Apply mild heat (comfortable to your elbow) to the head, neck chest, armpits and groin of the patient. Use hot water bottles, wrapped Thermo-pads, or warm moist towels. Do not place the hot water bottles next to the skin, wrap in cloth first. Offer sips of warm, sweetened liquids (no alcohol, coffee or tea) if the patient is fully conscious, beginning to rewarm and is able to swallow. Patient should be seen by a physician ASAP.

Severe: Place person in a prewarmed sleeping bag with one or two other people. Skin to skin contact in the areas of the chest (ribs) and neck is effective. Exhale warm air near the patient's nose and mouth, or introduce steam into the area. Keep the patient awake. Apply mild heat, with the aim of stopping temperature drop, not rewarming. If patient has lost consciousness be very gentle, as the heart is extremely sensitive. Check for pulse at the carotid artery. If there is any breathing or pulse, no matter how faint, do not give CPR but keep a very close watch for changes in breathing and heart beat (vital signs). If no pulse can be found begin CPR immediately, stopping only when the heart begins to beat or the person applying CPR cannot carry on any longer without endangering themselves.

In all of the above, it is imperative that the victim be removed out of the wet and windy weather, remove all wet clothing, and put the victim into dry clothing and a warm sleeping bag.

Recent research has concluded that the safest and most effective method of treating hypothermia is through inhalation rewarming. Equipment is available; however, out in the field, alternative methods which have been described must be used where equipment is lacking.

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FROSTBITE

GENERAL INFORMATION

Frostbite is the freezing of some part of the body. Fingers, toes, and even whole arms and legs can be lost as a result of frostbite. Injuries can happen at home, in the cities and also in more isolated areas of the State.

In extreme cold it is important to prevent heat loss from as many areas of the body as possible. Exposed limbs and head are major areas of heat loss, but keeping enough blood flowing to the hands and feet is the key to preventing frostbite. The trunk and the head should be warm enough so that the brain is able to command the blood vessels in the hands and feet to open up and keep the extremities warm.

ESSENTIAL CLOTHING

This includes thermal underwear, insulated footwear or mukluks with liners; double mittens and a parka, preferably down-filled with a good ruff. A parka that can be opened at the neck to allow heat to escape will prevent overheating and sweating. Quilted or skin pants are necessary if no warm shelter is immediately available. Tight cloths, especially tight gloves or tight boots should not be worn. The tightness interferes with good circulation in the hands and feet. If there is a reduction in blood flow to these areas, then the possibility of frostbite increases as the extremity cools down.

FACTORS LEADING TO FROSTBITE

Tall thin persons are more likely to get frostbite than those of stocky build.

People in poor physical condition are more susceptible than those in good health.

Certain diseases slow down the blood flow in the hands and feet especially in elderly people.

Heavy smokers often have poor circulation in the vital organs and decreased circulation in the arms and legs.

Children and elderly people who cannot produce large amounts of body heat for long periods of time can experience a lowering of deep body temperature and frostbite.

Alcohol causes the blood vessels to dilate (become larger). This leads to a false sense of warmth. This also leads to faster loss of heat from the body because of dilation of blood vessels. More important, people act with poor judgment after drinking.

Don't touch cold metal with bare or wet hands. You will freeze to the metal and tear the skin if pulled away without proper thawing with warm water, heat or urine.

Be careful when handling gasoline, kerosene or liquids other than water. Contact with bare skin in cold temperatures can cause instant frostbite.

Frostbite is more likely to occur when you are injured, frightened or careless.

HOW TO RECOGNIZE FROSTBITE

Exposed parts of the body should be inspected routinely. This is done best with a partner. Just before freezing, the skin, especially the face with its many blood vessels, becomes bright red. Then small patches of white appear, as freezing actually occurs.

The loss of the sensations of touch, pressure and pain may occur without awareness of any numbness or other sensations. Therefore, it is important to test these sensations often. Wear clothing that is not restrictive but loose.

There may be no pain associated with frostbite if the freezing or temperature change is slow. Only if there is a rapid change in temperature does the body register pain.

The skin becomes less elastic. This is best noted in the finger pads. If touched or squeezed the pads will remain pitted. Any further cooling will result in frostbite.

Serious freezing is most common in the feet, followed by the hands and then the head (nose, ears). This is because of the poorer circulation in the feet and hands. Also with the poorer circulation there is in conjunction less sensation to these areas. Exposed head areas are less likely to freeze because of a better blood supply.

EARLY TREATMENT OF FROSTBITE

Early rewarming.

Thawing and refreezing should always be avoided.

Limbs should be rewarmed in stirred water just above normal body temperature (100 – 105 degrees Fahrenheit). Always use a thermometer to get accurate temperatures. Never try to thaw in cold water or snow. Since feeling is lost, fires, stoves, exhaust pipes, etc., should never be used. Serious damage to the skin could result.

Rewarming is an acutely painful experience and medication to alleviate pain should be given if available. After thawing, a deep aching pain may persist for several days, depending upon severity of the injury. Pain is a good sign; this tells us that the nerves are still alive and functioning.

A dull purple color, swelling and/or blistering of the extremity after thawing indicate a more serious injury and require medical attention.

SUMMARY

Poor circulation and poor production of body heat will lower resistance to frostbite.

Most cases of frostbite occur as a result of lack of knowledge, careless preparation, unavoidable accident, or the effects of alcohol on judgment. Forethought can prevent injury.

If freezing does occur, proper rewarming in warm water will give maximum benefit. The injured limb should be handled gently and a medical judgment made of the extent of injury and the need for further treatment.