Ask the Expert: Heat Stress Fact or Fiction

Question

What are the most common myths about heat stress?

Answer

There are many misconceptions about heat stress, heat illnesses, and what a person should do when they are required to work hard in a hot environment.

The following examples are a few of the myths and common misunderstandings about heat stress and heat illnesses from the CDC (Centers for Disease Control and Prevention).

MYTH 1: The difference between heat exhaustion and heat stroke is there is no sweating with heat stroke.

Exertional heat stroke victims may continue to produce sweat. If a worker is experiencing symptoms of heat stroke (confusion, loss of consciousness, seizures, high body temperature), whether they are sweating or not, it is a life-threatening emergency! Call 911 and try to cool the worker down.

MYTH 2: Taking a break in the air conditioning will ruin your acclimatization.

Acclimatization can usually be maintained for a few days of non-heat exposure, so taking a break in the air conditioning will not reduce a worker’s level of acclimatization. And it is a very effective way for workers to cool down in a fairly short period of time.

MYTH 3: Acclimatization will protect you during a heat wave.

Acclimatization occurs when a person is exposed to extreme environmental conditions over a 7-10-day period. However, during heat waves air temperatures rise above normal quickly, and workers

will not be able to immediately acclimatize to the new, hotter temperatures. During heat waves, workers will need more breaks and rescheduling some of the harder and hotter job tasks may be warranted.

MYTH 4: Salt tablets are a great way to restore electrolytes lost during sweating.

Salt tablets should never be used unless a worker is instructed to do so by their doctor. Most people can restore electrolytes through normal meals and snacks. Workers should drink plenty of water with their meals and snacks, not only to stay hydrated but also to aid digestion. Moreover, ingestion of too much salt may cause nausea and vomiting which can worsen the level dehydration already present.

MYTH 5: Medications/health conditions will not affect a worker's ability to work safely in the heat.

A worker's health and medication usage may affect how their body handles high temperatures and heavy physical exertion.

Some health problems that may put a worker at a greater heat illness risk include: obesity, diabetes, cardiovascular disease, and even common colds and the flu—especially if the illness is accompanied by a fever and vomiting.

Certain medications may affect the body's ability to cool down or may cause the body to heat up more quickly.

Examples of medications that increase risk are diuretics, anti hypertensives, and anticholinergics.

Workers with health conditions or who are taking medications should discuss with their physicians about how they may be at additional risk if working in a hot environment.

Source: https://blogs.cdc.gov/niosh-science-blog/2011/08/12/heat-2/