

First Aid Requirements for treating Heat Exhaustion vs. Heat Stroke

Key Distinction (Supervisors Must Understand)

- Heat stress (early stage) = body overheating but still compensating
- Heat exhaustion (moderate/serious) = dehydration + salt loss → medical escalation risk
- Heat stroke (critical) = failure of cooling system → 911 emergency

Heat exhaustion is part of the heat stress spectrum but requires stronger first aid response and medical escalation thresholds.

1. FIRST AID – HEAT STRESS (EARLY STAGE)

Typical symptoms

- Excess sweating
 - fatigue / weakness
 - dizziness
 - muscle cramps
 - thirst [[worksafebc.com](https://www.worksafebc.com)]
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Immediate First Aid Actions

Goal: prevent progression to exhaustion or stroke

Step-by-step

- ☐ Stop work immediately
- ☐ Move worker to shade or cool area
- ☐ Loosen or remove excess PPE/clothing
- ☐ Provide cool drinking water (small, frequent sips)
- ☐ Encourage rest (seated or lying down)

- ☐ **Apply basic cooling:**
 - cool damp cloths
 - airflow/fan
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Supervisor Requirements

- ☐ **Monitor worker for worsening symptoms**
 - ☐ **DO NOT leave worker alone**
 - ☐ **Require recovery before returning to work**
 - ☐ **Increase controls (more breaks, lower workload)**
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Escalation Triggers

Move to heat exhaustion protocol if:

- **Symptoms persist >15–20 minutes**
 - **Nausea or vomiting develops**
 - **Worker becomes unsteady or confused**
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2. FIRST AID – HEAT EXHAUSTION (SERIOUS CONDITION)

Typical symptoms

- **Heavy sweating, pale/clammy skin**
 - **dizziness, weakness**
 - **nausea or vomiting**
 - **headache**
 - **rapid pulse**
 - **possible fainting [[cdc.gov](https://www.cdc.gov)]**
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Goal: actively cool + stabilize + assess need for medical care

Step-by-step (Construction Standard)

- ☐ **Stop work / remove from heat immediately**
 - ☐ **Move to cool shaded or air-conditioned area**
 - ☐ **Lay worker down (legs slightly elevated if dizzy)**
 - ☐ **Remove excess clothing/PPE**
 - ☐ **Start active cooling:**
 - **cold compresses / ice packs (neck, armpits, groin)**
 - **cool water on skin**
 - **fan air over worker [\[cdc.gov\]](https://www.cdc.gov)**
 - ☐ **Hydrate:**
 - **frequent sips of cool water or electrolyte drink**
 - **NO caffeine or alcohol**
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Continuous Monitoring (Critical)

- ☐ **Stay with worker at all times**
 - ☐ **Monitor:**
 - **level of consciousness**
 - **pulse and breathing**
 - **ability to drink**
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Medical Escalation Rules

- ☐ **Call 911 immediately if:**
 - **vomiting prevents hydration**
 - **confusion or altered mental state**
 - **fainting or collapse**

- symptoms worsen
- ☐ Send for medical evaluation if:
 - symptoms last >30–60 minutes despite treatment [\[osha.gov\]](https://www.osha.gov)
- ☐ NO return to work that day

3. CRITICAL DIFFERENCE (Supervisor Quick Table)

Factor	Heat Stress (Early)	Heat Exhaustion
Severity	Mild–moderate	Serious
Worker condition	Alert, sweaty, fatigued	Weak, clammy, may be unstable
Treatment goal	Cool + prevent escalation	Aggressively cool + monitor
Hydration	Yes (normal)	Yes (controlled, monitored)
Medical aid	Usually not required	Often required if not improving
Work return	After recovery	No same-day return

4. WHEN IT'S NO LONGER HEAT EXHAUSTION (HEAT STROKE)

If you see:

- confusion / agitation
- collapse / unconsciousness
- hot, red or dry skin
- seizures

THIS IS HEAT STROKE

- Call 911 immediately
 - Begin rapid cooling (ice, water, full body cooling) [\[cdc.gov\]](https://www.cdc.gov)
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Construction-Specific Best Practices

- **Always use buddy system (workers monitor each other)**
 - **Ensure first aid attendants are trained specifically on heat illness**
 - **Keep cooling supplies ready onsite:**
 - **water + electrolytes**
 - **shade structures**
 - **ice + cooling packs**
 - **Treat any symptom as real — diagnosis is secondary to action**
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Bottom Line

- **Heat stress = early warning → cool, rest, hydrate**
- **Heat exhaustion = medical-level condition → active cooling + monitoring + possible transport**
- **Never delay escalation — heat illness can deteriorate rapidly**