

**MILLE LACS BAND OF OJIBWE
HEALTH AND HUMAN SERVICES POLICY & PROCEDURE**

Department: Substance Use Disorder-Four Winds Lodge **Policy Number:** HHS-SUD-FW 4751

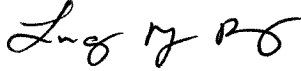
Policy Title: Management of Clients During Adverse Weather Conditions

Attachments: Heat Stroke Chart; Wind Chill Chart; Hypothermia Chart

Revision History: **Revised by/Date:** Lindsay Misquadace-Berg 7/2021

Approved by:

Lindsay Misquadace-Berg, Treatment Director



Date:

7/15/21

Approved by:

Nicole Anderson, Commissioner of HHS



Date:

11-30-21

POLICY STATEMENT: The Mille Lacs Band Four Winds Lodge staff will follow the following protocol during adverse weather and when considering outside activities.

PURPOSE: The purpose of this policy is to ensure the safety and welfare of the staff and clients during adverse weather.

PROCEDURE:

Management of Clients in Extremely Hot Weather

On days when the temperature is very high or humid conditions exist, staff shall:

- Remind clients to wear light, loose fitting clothing.
- Instruct clients to keep sun exposure to a minimum and to wear sun screen.
- Observe for signs and symptoms of heat exhaustion or heat stroke and intervene as indicated. See heat stroke chart

Age Related Considerations

Hot weather can be dangerous for older persons because heat places a strain on the body, especially the heart. Many elderly clients are on medications for high blood pressure, impaired circulation, depression, or insomnia that make them more vulnerable to heat. Instruct the clients in preventive measures. Monitor geriatric clients closely for signs and symptoms of heat exhaustion and heat stroke.

Medication Considerations

Clients who are taking neuroleptic medications are more sensitive to heat. Instruct the clients in preventive measures. Monitor clients for signs and symptoms of heat exhaustion and heat stroke.

Weight Considerations

Clients who are overweight may be more sensitive to heat because of their tendency to retain body heat. Instruct the clients in preventive measures. Monitor clients for signs and symptoms of heat exhaustion and heat stroke.

**MILLE LACS BAND OF OJIBWE
HEALTH AND HUMAN SERVICES POLICY & PROCEDURE**

Overexertion Considerations

Clients who are overexerting themselves through exercise may be more sensitive to heat because they can become dehydrated. Instruct the clients in preventive measures. Monitor clients for signs and symptoms of heat exhaustion and heat stroke.

Managing Clients In Extremely Cold Weather

On days when the temperature is very low and/or a low wind chill factor exists, staff shall:

- Instruct clients who are going outdoors with or without escorts to dress warmly. Hats that cover the ears and head, warm mittens, socks, boots, and windproof, water resistant coats should be worn. Slippers are not acceptable outdoor footwear.
- Observe clients who have been exposed to extremely low temperatures or wind chill for signs and symptoms of hypothermia.
- Refer to Wind Chill Chart in determining the decision to let clients outside.

Frostbite

Frostbite results from exposure to severe cold. The nose, cheeks, ears, toes, and fingers are most frequently frostbitten. Signs and symptoms are:

Superficial Frostbite

- Affected area feels numb to patient.
- Skin becomes red, then white.
- If exposure continues, skin becomes white and waxy.
- Skin is firm to touch, but underlying tissue is soft.
- Exposed surface becomes numb.
- As area thaws, it may become mottled blue and blisters will develop.

Treatment of Superficial Frostbite

- Apply a steady source of external warmth to area.
- Do not rub area.
- Cover area with dry, sterile dressing. When dressing foot or hand, pad between toes and fingers.
- Transport to the hospital

Deep Frostbite

- All sensation is gone and skin is white, yellow-white, or mottled blue-white.
- Skin underlying tissues is firm to touch.

Treatment for Deep Frostbite

- Transport client to hospital immediately.
- Leave affected area frozen until patient reaches hospital.

General rules for Treating Frostbite

- Apply loose, soft, sterile dressings to affected areas.
- Elevate the extremity.
- Give the client warm fluids if he or she does not have an altered level of consciousness.

**MILLE LACS BAND OF OJIBWE
HEALTH AND HUMAN SERVICES POLICY & PROCEDURE**

- Do not rub, chafe, or manipulate frostbitten parts.
- Do not use hot water bottles or heat lamps.
- Do not allow client to drink coffee, tea, or hot chocolate as these substances will cause vessels to constrict.
- Do not allow client to walk if feet are frostbitten.

Signs and Symptoms of Mild Hypothermia

- Slurred speech.
- Mild confusion.
- Weakness and fatigue.
- Sleepiness.
- Pale, cool, sometimes blotched skin.
- Difficulty walking or performing certain tasks such as zipping up clothing or tying a knot.
- Trembling on one side of the body or in one arm or leg.
- Stiffness.

If clients experience any of these symptoms, take their temperature. If it is below 95 degrees, hypothermia is present. Call 911 and transport to the hospital immediately.

As hypothermia becomes more severe, the heart may become irregular, muscles may become rigid, and the client may become unconscious. Obtain medical help immediately.

Treatment of Hypothermia

- Notify the RN/LIP/Lead nurse immediately. In moderate or severe cases of hypothermia, call for emergency medical help.
- Remove all wet clothing and wrap client in blankets. Maintain client's body head by applying warm compresses to axillae and neck. If client is severely hypothermic, do not attempt to warm, call 911.
- If client is alert and can easily swallow, give warm fluids.


Age Related Considerations

Geriatric clients are particularly vulnerable to hypothermia and frostbite as they lack the physiological defense mechanisms that help younger people maintain a safe body temperature while out in the cold. The elderly most commonly suffer from hypothermia because aging may cause the body's temperature regulating system not to work as well, making it harder for older people to feel cold and for the body to warm up once its temperature drops. Older people often have less body fat so it is harder for them to hold in the heat they do produce.

Inactivity in older people and certain medications, such as tranquilizers and sedatives, cause the body to produce less heat and causes the body not to distribute heat as well. Certain diseases can also cause the body's heat regulation system not to work as well such as diabetes, heart disease, immobility from arthritis, and infection.

The first sign of hypothermia in most people is shivering. However, in the elderly, this may not be true as their bodies respond to cold differently.

**MILLE LACS BAND OF OJIBWE
HEALTH AND HUMAN SERVICES POLICY & PROCEDURE**

Internal and/or External References	
Compliance - Posting Date	11/30/2021 
Replaces – Policy Number	
Next Review - Due Date	