

	<p>13.43 – Operation</p>	<ul style="list-style-type: none"> d. Clothing adequate for winter travel, including goggles, gloves, and boots. e. Personal communications device. f. First aid kit (refer to the Glossary). g. Flashlight with extra batteries and bulb. h. Shovel. i. Manufacturer's tool kit. j. Collapsible (sectional) probes and avalanche rescue transceivers. <p style="padding-left: 40px;">2. PPE recommended for snowmobiles includes skis or snowshoes and sunscreen.</p> <p>Snowmobiles 13.43 - Operation.</p> <ul style="list-style-type: none"> 1. Always inspect the machine thoroughly before use following procedures outlined in the manufacturer's operating manual. 2. Plan travel according to the weather and snow conditions. Be flexible with your departure dates. 3. Do not carry passengers. 4. Do not drive recklessly or engage in horseplay. 5. Do not leave the engine running when parked. Turn it off, remove the ignition key, and set the parking brake. If the machine does not have a parking brake, secure it against movement. 6. Avoid travel at night and do not travel alone. If travel at night cannot be avoided, travel over familiar ground. Do not blaze a new trail. Reduce speed so you don't overdrive the machine's headlights.
<p>Skiing and Snowshoeing</p>	<p>Qualifications</p>	<p>Worker needs to know equipment, and associated capability limitations: the difference between cross-country and backcountry, skins and how to use them, when ski edges are necessary for carving, proper poles, ski leashes, proper fitting boots/bindings, etc.</p>

	<p>Equipment Maintenance</p> <p>Equipment Dangers</p> <p>Worker Fitness Level</p>	<p>Always carefully check all ski equipment for dull edges, tears, loose screws/bindings, cracks, or other structural damage. Wax should be applied according to manufacturer's suggestion. Always inspect snowshoe bindings and overall structure before use. Poles are recommended for Snowshoeing.</p> <p>Edges of skis and snowshoe spikes can cause lacerations and/or abrasions. Poles can cause punctures or wrist damage. Never touch tongue or other wet flesh to cold/frozen metal components. Loose bindings/boots and poor ski pole sizing can escalate risk of bodily harm.</p> <p>Cross-country and backcountry skiing activities are very arduous, and worker should be in adequate health standing to perform duties. Never attempt to cover more mileage beyond any worker's capabilities. Heart rate and muscle fatigue are extreme during these activities.</p>
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<p>Winter Travel</p>	<p>22.25 - Additional Training and Travel Rout Assessment</p>	<p>22.52a - Qualifications. In addition to having the training and certifications listed in section 22.07, employees shall receive training in or be familiar with the following topics when applicable:</p> <ol style="list-style-type: none"> 1. Prevention, detection, and treatment of hypothermia as part of first aid training (sec. 54.22b). 2. Emergency survival. 3. Use of snowshoes and skis. 4. Avalanche hazard recognition. 5. Oversnow vehicle operation. <p>Snow Surveys 22.52c - Safety Practices. Basic safety and health practices are:</p> <ol style="list-style-type: none"> 1. Never work alone unless the specific circumstances are expressly planned for in the JHA (sec. 11.2 and 21.14). 2. Select travel routes that avoid areas of known or suspected snowslide or avalanche hazard. Reroute snow courses if unusual hazards such as deep snow under a powerline are found, or if a safe approach is not available. 3. Carefully plan and pre-arrange any oversnow trip that is long or tiring. Include emergency shelter and supplies. 4. Follow the precautions for travel on ice (sec. 11.32) whenever the expected route is on ice.
<p>Winter Travel</p>	<p>54.22 - Cold Conditions Fatigue Caffeine Health Condition</p> <p>UV/Sunburn Snowblindness</p>	<p>54.22 - Working in Cold Conditions. The best defense against frostbite and hypothermia is to avoid exposure. Recognize hypothermia-producing weather and prepare for it. Prevention is the best tool. Always check weather conditions and be familiar with the area before trips. Be prepared and pack a survival kit to be carried by each person.</p> <p>Exposure to hazards associated with the cold can occur when employees are inside (such as cold storage areas and tree coolers), as well as outside. Factors that put employees more at risk include being older or overweight, having allergies or poor circulation, smoking, drinking, and taking medications, such as sedatives.</p>

	<p>54.22a – Frostbite</p>	<p>All persons who work outdoors in cold climates are encouraged to have cold weather survival training (sec. 11.3). Where work or activities are planned during extremely cold weather the JHA shall address the specific conditions anticipated, including essential PPE. Key items for winter survival are:</p> <ol style="list-style-type: none"> 1. Get adequate rest. 2. Always anticipate bad weather. Carry additional warm clothing with you. Dress for the conditions in layers of loose, dry clothes; polypropylene or wool underneath, with windproof and waterproof material on top. Ensure that your hands, feet, face, neck, and head are covered and well protected. 3. Keep active to maintain the body's metabolism and keep your body temperature high. 4. Prevent dehydration by drinking warm water. Avoid drinking cold water, snow, or ice. Avoid caffeinated beverages. 5. Set up camp early and prepare for dropping night temperatures. Find shelter and firewood before dark. 6. Eat balanced meals and high energy snacks. 7. Travel in pairs as a minimum. Never travel alone in isolated areas (sec. 11.1). A line officer or other competent person must approve and document the assignment of employees to work alone in undeveloped areas (sec. 21.14). <p>54.22a - Frostbite. Frostbite is generally brought on by direct contact with a cold object or exposure of a body part to cold air. Body parts most often affected are the nose, ears, cheeks, fingers, and toes. Test for circulation and sensation regularly by wiggling fingers and toes. Watch for signs of frostbite in yourself and co-workers. Major factors causing frostbite are wind and water chill.</p> <ol style="list-style-type: none"> 1. Frostbite may develop slowly and go undetected until the affected part or parts become white. As the cooling process continues, numbness replaces any sensation of cold or discomfort. 2. If the early stages of frostbite go untreated, the affected part or parts take on a waxy appearance and feel frozen to a gentle touch; however,
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	<p>54.22b – Hypothermia</p>	<p>when the skin is pressed firmly, it feels soft and pliable beneath the frozen area. At this stage of frostbite, the affected person must be moved to a dry covered area, and the affected part or parts gently handled. If transportation to a hospital is delayed, apply steady warmth by submerging the body part or parts in warm water. Always follow up with medical care.</p> <p>3. The next step is referred to as deep frostbite. Muscles, bones, deep blood vessels, and organ membranes can become frozen. The affected part becomes blotchy blue or gray, and the tissue feels frozen on the surface and when pressed firmly. For this stage of frostbite follow these steps:</p> <ol style="list-style-type: none"> a. Transport the victim immediately to a hospital for medical care. b. Gently cover the affected part or parts with dry blankets or clothing. c. Do not rub or chaff the frostbitten part or parts. d. If the tissue is frozen, keep it frozen until care can be initiated. e. Do not initiate thawing procedures if there is any danger of refreezing. Keeping the tissue frozen is less dangerous than submitting it to refreezing. <p>54.22b - Hypothermia. Another cold hazard is hypothermia, a condition of subnormal body temperature. Lowering the internal core temperature of the body leads to mental and physical collapse. Hypothermia is a medical emergency. The three components of weather that affect cooling of the body core are temperature, wind, and moisture. Other factors that can cause or aggravate hypothermia include injuries, immobilization, immersion in water, lack of proper clothing or shelter, low blood sugar, and fatigue.</p> <p>Hypothermia usually occurs on a cold, wet windy day with temperatures at or above freezing. Most hypothermia cases develop between 30 oF (-1 oC) and 50 oF (10 oC). Refer to exhibit 01 for a wind chill index.</p> <p>Hypothermia symptoms begin with feeling cold, experiencing pain in the extremities, and shivering as the body tries to raise its temperature. Other symptoms include numbness, muscle stiffness (especially in the neck, arms, and legs), poor coordination, drowsiness, slow or irregular breathing and heart rate, cool skin, and puffiness in the face. Thinking processes slow and victims become apathetic and disagreeable.</p> <p>As the body core cools further, mental function is impaired to a far greater extent, leading to confusion, disorientation, and lethargy. Slurred speech and</p>
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	<p>54.3 - Altitude</p>	<p>loss of vision occur just prior to terminal coma. Hypothermia is a medical emergency.</p> <ol style="list-style-type: none"> 1. Call for medical help. Transport the victim to a hospital for care as soon as possible. 2. Give artificial respiration when necessary. 3. Move the victim into a warm area. If shelter is not available, build a fire. Prevent further heat loss. 4. Get the victim out of frozen, wet, or tight clothes. 5. Bundle the victim in warm clothes, blankets, or sleeping bag. 6. If the victim is mildly impaired, give the victim warm liquids (no caffeine or alcohol). 7. If the victim is semiconscious, try and keep the person awake. Remove the victim's clothing and put the victim in a sleeping bag with another person, allowing the body heat to warm the victim. Do not give liquids until fully conscious. 8. Transport the victim to the nearest hospital. Keep the person lying down and as still as possible. 9. Do not assume the hypothermia victim is dead even though the person may appear to be. There may be no detectable heartbeat, breathing, or other signs of life. CPR can be given en route to a hospital. <p>Altitude Related Problems 54.3 - Altitude-Related Problems. High altitude (8,000 feet or 2,438 meters and higher above sea level) affects a person's ability to take in, transport, and utilize oxygen, thus affecting work capacity. During acclimation, employees working in high altitudes should work slower and take frequent breaks to avoid excessive fatigue. Eat a high-carbohydrate diet for added energy and take special care to maintain hydration since altitude hastens fluid loss.</p> <p>Individuals vary in their ability to acclimatize; some adjust quickly, without discomfort, while acute mountain sickness (AMS) develops in others.</p> <p>AMS is most commonly misdiagnosed as a viral flu-like illness, hangover, exhaustion, or dehydration. The incidence and severity of AMS depend on the</p>
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