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## APPENDIX E

### Hypothermia

#### WHAT IS IT?

A condition in which exposure to cold air and/or water lowers body core temperature. Death can result from too low a brain and heart temperature.

#### WHY BE CONCERNED?

Hypothermia, even mild cases, decreases crew efficiency and increases risk of costly accidents. ***Proper planning against hypothermia can give a winning competitive edge.***

#### PREVENTION

- Wear warm clothing and a lifejacket/harness. Have proper foul-weather kit for all crew. Dry suits are excellent. Insulate all areas of the body, especially the high heat-loss areas: head, neck, armpits, sides of chest and groin. Keep warm and dry, but avoid sweating; wear layered clothes.
- Rotate watch frequently.
- Get plenty of rest, prevent fatigue.
- Eat and drink normally, *no alcohol*.
- Prevent dehydration; watch urine colour (drink more if colour becomes more intense).
- Avoid seasickness.
- Take into account special medical problems of crew members.
- Regularly train crew in Man Overboard recovery.
- Have two or more crew trained in CPR (Cardio-pulmonary Resuscitation).

#### SURVIVAL IN COLD WATER (under 75°F, 25°C)

- **If boat is in trouble**, put on dry or survival suits if carried. Radio for help; give position, number of crew, injuries, boat description. Make visual distress signals. Stay below if possible. Remain aboard until sinking is inevitable.
- **If going overboard**, launch life raft and EPIRB (Emergency Position Indicating Radio Beacon). Take grab bag, visual distress signals and waterproof hand-held VHF. Get into raft, stay out of water as water conducts heat out of the body 20 times faster than air. Remain near boat if practicable.
- **If in the water**, crew should stay together near the boat. This makes everyone easier to find, helps morale. Enter life raft, keep dry suit or survival suit on if worn.
- **If not wearing dry suit or survival suit**, make sure you wear a lifejacket, keep clothes and shoes on for some insulation and flotation. Keep hat on to protect head. Get all or as much of body out of water as soon as possible – into raft or swamped boat or onto flotsam. Avoid swimming or treading water, which increases heat loss. Minimise

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exposed body surface. A splashguard accessory on the lifejacket greatly improves resistance to swallowing seawater and also accommodates involuntary “gaspings” when plunged into cold water.

### **WARNING**

- First aid for severe and critical hypothermia is to add heat to stabilise temperature only. Rapid re-warming, such as a hot shower or bath, may be fatal; it will, at least, cause complications. Allow body to re-warm itself slowly.
- Body core temperature lags behind skin temperature during re-warming. Keep victim protected for extended period after apparent full recovery or medical help arrives. *Many hours are required for full return to normal temperature even though victim says he has recovered.*
- Always assume hypothermia is present in all man overboard situations in which victim has been exposed for more than 10–15 minutes
- Victims may also be suffering from near drowning, thus needing oxygen. Observe for vomiting.
- In a helicopter rescue, protect victim – including the head – from rotor blast wind chill

### **HYPOTHERMIA FIRST AID**

#### **ALL CASES**

- Keep victim horizontal
- Move victim to dry, shelter and warmth
- Allow to urinate from horizontal position
- Handle gently
- Remove wet clothes – cut off if necessary
- Apply mild heat (comfortable to your skin) to head, neck, chest and groin – use hot water bottles, warm moist towels
- Cover with blankets or sleeping bag; insulate from cold – including head and neck
- Report to Doctor by radio

## **HYPOTHERMIA FIRST AID**

### **MILD CASES**

- Primary task is to prevent further heat loss and allow body to re-warm itself
- Give warm, sweet drinks – *no alcohol – no caffeine*
- Apply mild heat source to stabilise temperature and/or
- Re-heat to point of perspiring
- Keep victim warm and horizontal for several hours

### **MODERATE CASES**

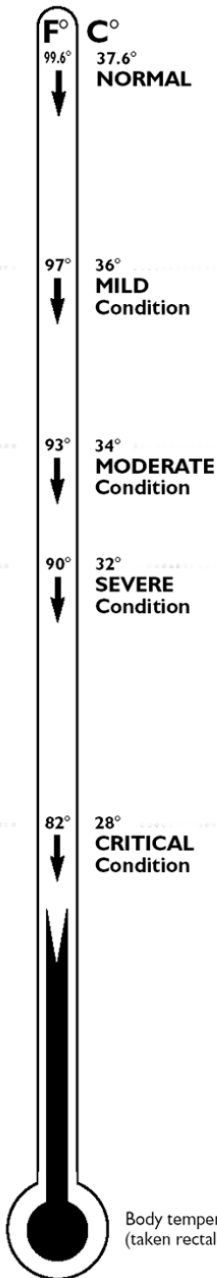
- Same as above
- Offer sips of warm liquid only if victim is fully conscious and able to swallow without difficulty – *no alcohol – no caffeine*
- Have victim checked by doctor

### **SEVERE CASES**

- Obtain medical advice as soon as possible using your radio
- Assist victim, but avoid jarring him – rough handling may cause cardiac arrest or ventricular fibrillation of heart
- No food or drink
- Observe for vomiting and be prepared to clear airway
- *Ignore pleas of “Leave me alone, I’m OK” victim is in serious trouble – keep continuous watch over victim*
- Lay victim down in bunk, wedge in place, elevate feet, keep immobile; no exercise
- Apply external mild heat to head, neck, chest and groin – keep temperature from dropping, but avoid too rapid a temperature rise

### **CRITICAL CASES**

- *Always assume the patient is revivable – hypothermic victims may look dead don’t give up – pulse very difficult to feel, breathing may have stopped*
- Handle with extreme care
- Tilt the head back to open the airway – look, listen and feel for breathing and pulse for *one to two full minutes*
- If there is any breathing or pulse, no matter how faint or slow, do not give CPR, but keep a close watch on vital sign changes
- Stabilise temperature with available heat sources, such as naked chest to back warming by other crew member (leave legs alone)
- If no breathing or pulse for one or two minutes, *begin CPR immediately. Do not give up until victim is thoroughly warm – alive or dead.*
- *Medical help imperative – hospitalisation needed*



**RANGES OF HYPOTHERMIA SYMPTOMS**

**MILD CONDITIONS (97-93°F, 36-34°C)**

- Shivering, cold hands and feet
- Still alert and able to help self
- Numbness in limbs, loss of dexterity, clumsiness
- Pain from cold

**MODERATE CONDITIONS (93-90°F, 34-32°C)**

- Same as above
- Confusion, loss of time estimation and reasoning power

**SEVERE CONDITIONS (90-82°F, 32-28°C)**

- Shivering decreases or stops
- Further loss of reasoning and recall, confusion, abnormal behaviour.
- Victim appears drunk; very clumsy, slurs speech, denies problem and may resist help
- Unable to help themselves
- Victim semiconscious to unconscious
- Muscular rigidity increasing

**CRITICAL CONDITIONS (82°F, 28°C and below)**

- Unconscious, may look dead
- Little or no apparent breathing
- Pulse slow and weak, or no pulse found
- Skin cold, may be bluish-grey colour
- Very rigid

Note: Most physical symptoms vary with each individual and may be unreliable indicators of core body temperature. Only a low temperature rectal thermometer gives reliable core temperature (the mouth cools too rapidly). In general, as body temperature falls, symptoms will increase.

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