Douglas Parker
200 Constitution Ave NW
Washington, DC 20210

January 15, 2025

To the Occupational Safety and Health Administration,

The Medical Society Consortium on Climate and Health and the 86 undersigned organizations thank the Occupational Safety and Health Administration (OSHA) for proposing a new heat injury and prevention standard to better protect workers from heat-related health risks. Health and safety experts first recommended a federal heat standard more than 50 years ago. In the meantime, summers have gotten hotter and heat waves have become more frequent and severe. The climate crisis highlights the need for swift action to protect workers from needless illness and death. As organizations representing medical, healthcare, and health professionals, we recognize the importance of implementing robust heat protections for workers. **We ask that you finalize and implement this standard quickly to save lives and protect the communities we serve.**

Heat-related illness is the leading cause of weather-related deaths in the United States. From 2011 to 2022, the Bureau of Labor Statistics (BLS) reported 479 worker deaths related to heat, representing an average of 40 deaths per year. These numbers are likely grossly underestimated due to a lack of systematic reporting. The BLS Annual Survey of Occupational Injuries and Illnesses also estimates 33,890 work-related heat injuries and illnesses involving days away from work between 2011 and 2020, an average of 3,389 injuries and illnesses each year during this period. Many doctors, nurses, physician associates, and public health professionals within our networks have treated heat-related conditions, such as heat stroke, kidney failure, respiratory distress, and heart failure. Additionally, heat exposure has been associated with more frequent preterm labor and stillbirths.

Heat can affect one's hydration status, which can impact the prescription drugs one is taking. Certain medications such as ACE inhibitors, psychotropic drugs, and anticholinergics can interfere with protective mechanisms the body uses to regulate temperature, including thirst, central temperature regulation, and sweating by altering neurotransmitter levels or blocking specific receptors. These disruptions can impair the body's ability to cool itself effectively, potentially leading to dangerous overheating, especially in those with underlying chronic conditions.

However, occupational heat-related illness (HRI) is not just an acute phenomenon. It can exacerbate or interact with underlying conditions, including respiratory conditions and diabetes, and there are acute-on-chronic impacts on the heart and kidneys.

Research indicates a link between occupational heat exposure and the development of kidney injury and disease in individuals who frequently perform physically demanding work in the heat. Studies have also indicated an increase in cardiovascular disease risk due to ambient heat exposure.

The standard would help better protect some of the workers who are at risk for HRI, including pregnant and older workers, as well as workers of color, and non-citizen immigrants, who are disproportionately exposed to dangerous working conditions and heat. According to the Center for American Progress, America's lowest-paid workers have five times as many heat-related injuries as its highest-paid workers.

Since 2010, Latinos have comprised one-third of all worker heat fatalities, according to an investigation conducted by NPR and the Columbia School of Journalism. Experts attribute that figure to overrepresentation in industries with a greater risk of extreme heat exposure, including construction and agriculture. Farm workers are 35 times more likely to die from heat-related injuries than workers in other industries. These inequities must be addressed. All workers deserve safe and healthy working conditions.

In addition, public health and healthcare systems desperately need timely action to help them deal with the increasing numbers of people presenting with heat-related illnesses. Heat leads to increased emergency department visits and hospitalizations for cardiovascular, cerebrovascular, and respiratory diseases, putting increased strain on healthcare systems. Nationally, healthcare costs related to heat illnesses total approximately $1 billion each summer.

We believe that OSHA's proposed standard provides workers with many good protections. However, we make the following recommendations to improve workers' health and safety in hot environments:

Under the proposed standard, employers are required to monitor for signs and symptoms of HRI only when exposure reaches the high heat trigger (heat index ≥ 90°). This requirement to observe for heat illness signs and symptoms, including supervisor observation and/or a buddy system, should occur at the initial heat trigger (heat index ≥ 80°) and with new and returning workers, unacclimatized to the heat. Workers more vulnerable to HRI, such as those with underlying medical conditions, older workers, unacclimatized workers, and those whose jobs require high exertion, can show symptoms due to heat exhaustion at the initial heat trigger. Many occupational heat-related illnesses occur below the high heat trigger. Heat exhaustion, if undetected, can rapidly advance to heat stroke, a medical emergency. A 2018 study reviewed 25 cases of heat-related illnesses and deaths, where the heat index ranged from 83° to 110°.

Several workers died of heat stroke at heat index levels below 90°. A study of workers' compensation claims in Washington found that many cases of HRI occurred below 89°F.

Another study of traumatic worker injury claims in Oregon found that injury rates were significantly associated with a max heat index of 75°F or higher. These deaths and injuries could have been prevented if the employer had observed signs and symptoms and then instituted appropriate interventions.

We also recommend OSHA require more frequent and longer rest breaks as heat conditions increase, in line with recommendations from the National Institute of Occupational Safety and Health. In addition, we propose that during the acclimatization period, a buddy system be implemented to ensure that new or returning workers who may be more vulnerable to heat stress are consistently monitored.

A medical screening component should also be added to the proposed standard. The purpose of medical screening is to identify workers at increased risk of HRI, and for which accommodations may be considered. A simple screening questionnaire (similar to the respiratory questionnaire required under the Respiratory Protection Standard) would not be burdensome to employers and would aid in protecting the most vulnerable workers. Further, confidentiality should be maintained (similar to the OSHA Silica Standard and Beryllium Standard) through a written authorization from the employee before the healthcare provider relays information on fitness for duty and accommodations to the employer.

Finally, we urge OSHA to require all covered employers to develop written Heat Illness and Injury Prevention Plans (HIIPPs), regardless of their size. HIIPPs should be provided in multiple languages to ensure that each employee, supervisor, and heat safety coordinator understand the plans. OSHA should also provide compliance assistance to employers with fewer than 10 employees in the form of templates or model plans. We also ask that OSHA develop guidance for employers to include preparations for co-exposures to stressors like heat and smoke, particularly in situations where workers might be using protective equipment that might exacerbate heat stress. As healthcare professionals know, written tools such as checklists are essential for providing the highest quality of care and for avoiding potentially deadly mistakes. Written plans will also make it easier for OSHA to enforce the heat standard.

As health professionals and scientific experts, we want to see nationwide safeguards in place to better protect workers from extreme heat. We must ensure that workplace prevention measures are enacted and enforced across the board with engagement from workers and labor unions. We have no time to waste. Each day that passes without a strong federal standard misses the opportunity to save lives. We urge OSHA to implement evidence-based heat safety standards for heat-exposed workers.

We thank your office for the work you've done on this issue and ask that you finalize and implement this standard as swiftly as possible.

Sincerely,

- African Heritage Physician Associate Caucus
- Allergy & Asthma Network
- Alliance of Maine Health Professionals for Climate Action
- Alliance of Nurses for Healthy Environments
- American Association of Occupational Health Nurses
- American College of Chest Physicians
- American College of Physicians
- American College of Radiology
- American Lung Association
- American Medical Association
- American Medical Women's Association
- American Nurses Association
- American Public Health Association
  - *Arizona Public Health Association*
  - *Florida Public Health Association*
  - *Georgia Public Health Association*
  - *North Carolina Public Health Association*
  - *Oregon Public Health Association*
  - *South Carolina Public Health Association*
- American Society of Nephrology
- American Thoracic Society
- Arizona Health Professionals for Climate Action
- Arizona Nurses Association
- Association of Academic Physiatrists
- Association of Community Health Nurse Educators
- Association of Occupational and Environmental Clinics
- Association of Public Health Nurses
- Asthma & Allergy Foundation of America - Michigan Chapter
- BLKHLTH
- CleanAIRE NC
- Climate Health Now
- Climate Psychiatry Alliance
- Clinicians for Climate Action NJ
- College of Urgent Care Medicine
- Council of Public Health Nursing Organizations
- Delaware Nurses Association
- ecoAmerica/Climate for Health
- Florida Clinicians for Climate Action
- Health Care Without Harm
- Health Professionals for a Healthy Climate
- Healthy Air & Water Colorado
- Healthy Climate New Mexico
- Healthy Climate Wisconson
- Human Impact Partners
- Illinois Clinicians for Climate Action
- Louisiana Medical Consortium on Climate & Health
- Mass General Brigham
- Massachusetts Medical Society
- Medical Society Consortium on Climate and Health
- Medical Society of Delaware
- Medical Students for a Sustainable Future
- Michigan Clinicians for Climate Action
- Migrant Clinicians Network
- Montana Health Professionals for a Healthy Climate
- Mississippi Health Professionals for Climate and Health Equity
- National Association of Hispanic Nurses
- National Association of Pediatric Nurse Practitioners
- National Association of Social Workers
- National League for Nursing
- National Medical Association
- Nevada Clinicians for Climate Action
- New Hampshire Healthy Climate
- North American Climate, Conservation and Environment
- Physicians for Social Responsibility
  - *PSR Colorado*
  - *Physicians for Social Responsibility Florida*
  - *Greater Boston Physicians for Social Responsibility*
  - *Physicians for Social Responsibility Iowa Chapter*
  - *Physicians for Social Responsibility Los Angeles*
  - *Physicians for Social Responsibility Maine*
  - *Oregon Physicians for Social Responsibility*
  - *Physicians for Social Responsibility Pennsylvania*
  - *San Francisco Bay Physicians for Social Responsibility*
  - *Physicians for Social Responsibility Texas*
  - *Washington Physicians for Social Responsibility*
- Public Health Institute
- Radiologists for a Sustainable Future
- Respiratory Health Association
- Rural Nurse Organization
- SEIU Local 1991
- Society of Latinx Nurses
- Solutions for Environmental and Worker Health Justice
- Southern West Virginia Health System
- Tri-Area Community Health
- Wright Center for Community Health
- Yale Center on Climate Change and Health



Louisiana Medical Consortium on Climate and Health


North American Climate, Conservation, and Enviornment