

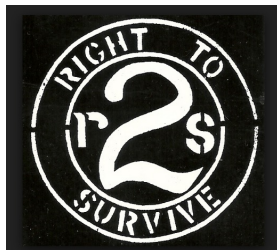
## About RESTING SAFE

People living unhoused are some of the hardest hit by environmental hazards, such as air, soil, and water pollution; flooding; winter storms and summer droughts; rodents and pests; police and vigilante violence. When people settle on polluted and hazardous sites - often the only land not slated for development or planned green space - people are exposed to dangerous living conditions. When residents express concern, police evict them.

A community controlled solution is necessary. Houseless people are incredibly knowledgeable about how to deal with such threats. RESTING SAFE brings together houseless activists, artists, and researchers to investigate and intervene in environmental hazards. One goal of RESTING SAFE is to pool collective knowledge, to help people learn from each other more easily. Our ultimate goal is to support houseless communities in gaining greater control over urban space and fighting for more just land use, housing, and health care, and abolishing police.

We are from Right 2 Survive, an organization based in Portland, Oregon that is led by houseless and formerly houseless people

[www.restingsafe.org](http://www.restingsafe.org)



# Guide to Surviving Winter Weather



Welcome to this **Guide to Surviving Winter Weather**. We are from Right 2 Survive, an organization based in Portland, Oregon that is led by houseless and formerly houseless people. Our goal in writing this guide is to help fellow unhoused community members warm up, avoid cold-related illness, and ultimately survive the winter.

In this zine, you will find:

- A list of emergency supplies you may want to prioritize tracking down as you prepare for winter
- Tips and tricks for winter camping,
- Information about preventing and treating common cold season illnesses and injuries.

*NOTE: We compiled much of the information in this guide from our own experiences. Anything related to illnesses and injuries, we adapted from materials from the National Outdoor Leadership School's Wilderness First Responder materials. We are not doctors nor medical professionals.*



**COMMUNITY COOPERATION**  
 encourage all your fellow campers to ruthlessly prevent mold; consider making one person at camp as the "mold doctor" to help keep things under control.

Make sure you have some form of ventilation in your tent or shelter; in a tiny tent, be sure there are vents to allow for air flow.

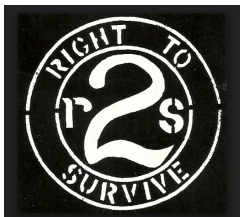
**Notes on Bedding:**

- Mattresses are sure to grow mold in a tent; if at all possible, use something with a non-permeable cover.
- Wash or replace your bedding once a week during the rainy season, if at all possible.
- Sometimes the dollar store has cheap pieces of foam or yogamats you can use as a mattress; since they are cheap, it's less painful if you have to throw it out if it gets moldy.
- Be sure to treat your tent, mattress, etc. every few weeks with the vinegar solution below; or don't be afraid to use a mold and mildew killer to help prevent mold; use as directed; a bottle costs \$3 and will last a year.

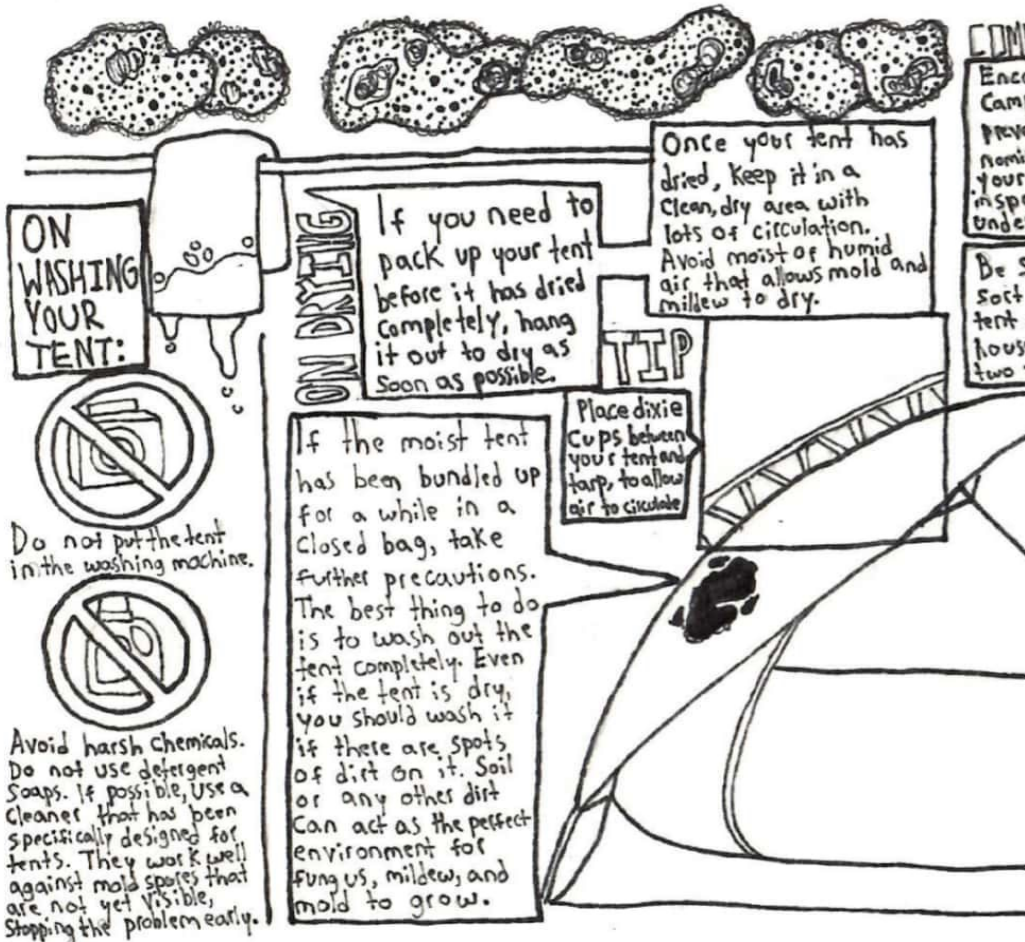
Do not let water or moisture linger on the tent's surface for too long. Make sure to wipe both the inside AND outside down as soon as rain has stopped.

Work to prevent mold at all costs, but if black mold infests your tiny house or other constructed shelter, strip away all infested materials and rebuild. If you don't treat it right away, it can get between the inner and outer wall and spread from there.

Keep all belongings a few inches away from tent walls, to allow air to circulate.



# HOW TO PREVENT MOLD



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This guide is part of the RESTING SAFE Environmental Justice Toolkit, a project of Right 2 Survive.  
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# The Basics of Surviving Winter

If you've just found yourself unhoused, or if you've recently had your gear stolen, this section is for you. The saying goes, "things can only get better." In truth though, things will only get better with effort on your part. First and foremost, be willing to ask for help. Second, focus on securing blankets and/or a sleeping bag, or an overnight space at a shelter.

These are the highest priorities when starting out with nothing:

- Wear **multiple layers of clothing**, with rain gear or a plastic garbage bag on top if at all possible.
- Try to find **blankets** and/or a **sleeping bag**.
- Consider calling your **local emergency hotline** to secure a spot at an emergency shelter. In some cities, dialing 211 can connect you with information. Ask around in your city to find out if there's a similar service.
- **Ask fellow unhoused people for suggestions and support, and advice on where to go for supplies or shelter.** Often other unhoused folks have the most up to date info and are more than willing to help with advice, if not help out by sharing what they have.



# WHY IS MOLD DANGEROUS?

Mold and mildew can wreak havoc on our bodies, and many people suffer from symptoms that they don't realize are due to mold. Symptoms can range from runny nose, headaches, rashes, fatigue, depression, and memory problems, to more serious health problems such as respiratory or neurological conditions. Mold exposure has also been found to be associated with cancers.



Mold grows on material with a high cellulose and low nitrogen content, such as fiberboard, gypsum board, paper, dust, and lint, as well as on tents, tarps, and interior walls. Mold growth occurs when there is moisture from water damage, excessive humidity, water leaks, condensation, water infiltration, or flooding. Constant moisture is required for its growth.

It is not necessary to determine what type of mold you may have. All molds should be treated the same with respect to potential health risks and removal.

Open pamphlet for mold tips & tricks.



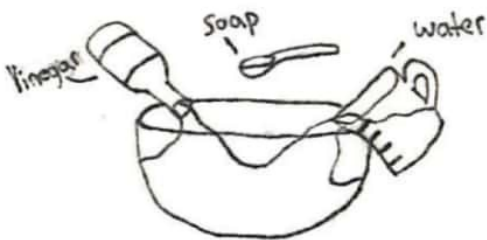
# KEEPING MOLD & MILDEW AWAY

## HOW TO TREAT MOLD

### MAKING THE TREATMENT

If your tent becomes infected with mold or mildew, dilute a few cups of vinegar in an equal amount of warm water and stir in half a teaspoon of dishwashing soap - no more. Using a sponge or clean cloth, gently wipe down the entire tent. You need to make sure that all of the material is treated.

\* tent should not be set up while cleaning



And yet, humans cannot live by sleeping bag alone. Be ready for rain. That means either finding someplace with an overhang that stays dry, such as the entrance to a storefront. If the rain is light a good tree like a cedar will stay dry for a while. Additionally, a tarp or other large piece of plastic is critical. Cardboard can also be used if no other options are available, but obtain a decent tarp ASAP.

Also start keeping an eye out for a pack to keep everything in. Try not to hold onto too many things. But between a sleeping bag, a tarp, hygiene products, and a few other personal items, you will likely need a larger pack.

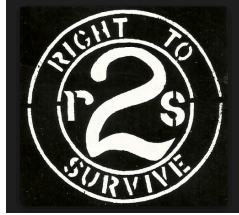
In addition, if you are staying outdoors rather than in a shelter, try to obtain one or a few small wood pallets that can help raise you and your stuff off the wet and/or cold ground. Stash them in a hiding place near where you intend to spend the night. Consider putting a note with the date on it saying the pallet is not abandoned, you are coming back for it to help you stay dry. Not all will cooperate and leave your pallet alone, but some will. If you have cardboard to put on top of the pallet, and a tarp to string up overhead, you will have a decent chance of staying dry.

Other options will present themselves; just keep your eyes open and use your common sense. Being outdoors in winter is no picnic, but it is survivable. You may find it rewarding to meet the challenges that come with not having a permanent house.



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# FIRE SAFETY

Above all: Keep your camp clutter-free, including clothes, papers, bags, etc. This is one of the most important fire prevention measures you can take!

Campfires:

- Clear all debris from the area
- Make your fire pit at least 30 feet from tents, clothes, flammable furniture, etc.
- Create a ring out of large rocks (NOT river rocks—they can explode), a steel drum, or something similar
- Have fire suppressant prepared, nearby: dirt or sand.
- Sparks cause fires; keep area clear of leaves and debris.
- Do NOT leave fires unattended. Put out fire fully before leaving.
- Designate one "fire-tender" each day/night, who cares for the fire and commits to staying awake
- Only put wood and paper in your campfire; no glass, river rocks, lighter, aerosols, etc.

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hydrated!  
a "N95" mask if possible,  
otherwise cover mouth and nose with  
at washcloth or bandana

ing:

at all possible, **go indoors**. If not, stay at lower elevations, avoid  
ntain tops and steep slopes. **Do not stay in your tent.**  
**uch in a tight ball, close to the ground; wear rubber soled shoes.**  
k cover in forested areas; stay away from tall trees in open areas  
id metal fences, power lines, handrails, and other metal objects.

**Fire danger is especially high in winter, when it's cold and people are trying to stay warm. With precautions, you and your companions can stay safe.**

Preventive measures:

- Be VERY cautious about using any combustible (candle, sterno can, etc.) in a small space, especially tents; gases can linger.
- Lack of ventilation can cause carbon monoxide poisoning and death.
- Do NOT fall asleep inside a vehicle with the engine running.
- Do not leave fires and candles unattended.
- Candles tip easily; tents are highly flammable.
- Use caution! Highly flammable items include: Tents, tarps, tent waterproofing, over-charged batteries, matches left in the sun or in a hot vehicle.
- Designate a place for cigarette butts, filled with water or sand.
- Be especially cautious in dry conditions—even vehicle exhaust sparking can create brush fires.



Behavioral precautions:

- **Develop a fire escape plan; clear a path; make sure everyone in your site knows the plan.**
- Designate one person on trash duty each day; develop a system and hold each other accountable.
- Make sure that everyone in your group knows how to extinguish a fire.
- Move slowly near fires.
- Be cautious with long hair and loose clothing.
- Avoid starting fires while intoxicated.

Propane cooking:

- **Store propane tanks away from fire and heat, in the shade. Tanks can explode, even when empty!!! Do not store extra tanks.**
- Periodically check for faulty hoses, bad, connections, leaks.
- Remember: water will NOT put out a grease fire; have a bucket of sand or dirt close by. If possible, get a fire extinguisher.

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**General Winter Weather suggestions to stay warm and avoid cold-related illness or injury:**

- Wear multiple layers of clothes -- ideally non-cotton clothing; .
- Avoid constricting shoes, socks, wrist bands.
- Wear a warm hat, scarves, ear bands, muffs.
- Change into dry clothes whenever possible.
- Experiment with using plastic bags or bread bags inside shoes to keep feet dry (though may cause feet to sweat)
- Use hand / feet warmers.
- Use a tarp to block wind, rain, snow.
- Use thermal blankets and insulated foam padding under you.
- Duct tape a large space blanket to walls of tent
- If you have access to electricity, consider using a Mr. Heater; this type of heater will shut off if falls over, helping to avoid fires. But do NOT use inside tent or vehicle!
- Never use an open flame inside of tent, car, camping structures.
- If in a snowy area, use snow to build a wind break wall in front of tent. Can also uses bushes, fallen tree, or tarp, and/or create a wall of rocks, plywood, etc. to block wind.

## Emergency Supply Kit

If possible, have the following items on hand during cold weather months.

Priority items:

- Extra clothing that can be layered; avoid cotton if at all possible, as it can make you even colder if it gets wet
- Extra socks, preferably wool which can be worn even when wet if absolutely necessary
- Blankets
- Sleeping bag
- Hand / feet warmers
- String, nylon cord, or rope
- Duct tape
- Empty plastic bread bags to put over feet, inside boots, for keeping feet dry (experiment with this – as long as your feet don't get too sweaty)
- Extra water
- Mylar space blanket

Additional items:

- Non-perishable food
- Knife
- Can opener
- Candles, matches, lighters
- Flashlight, extra batteries
- First aid kit – especially triple antibiotic ointment, bandaids
- Baby wipes
- Water proofer for shoes / boots and tent walls
- Phone & portable charger

**In a vehicle**, carry: jumper cables, flashlight, blanket, water, electrical tape, full tank of gas, chains in areas prone to snow, small shovel, rock salt / gravel / kitty litter (for de-icing), flares, mylar space blanket, electrical tape. Avoid driving in under-inflated tires. Use anti-freeze.

## Prevention of Hypothermia:

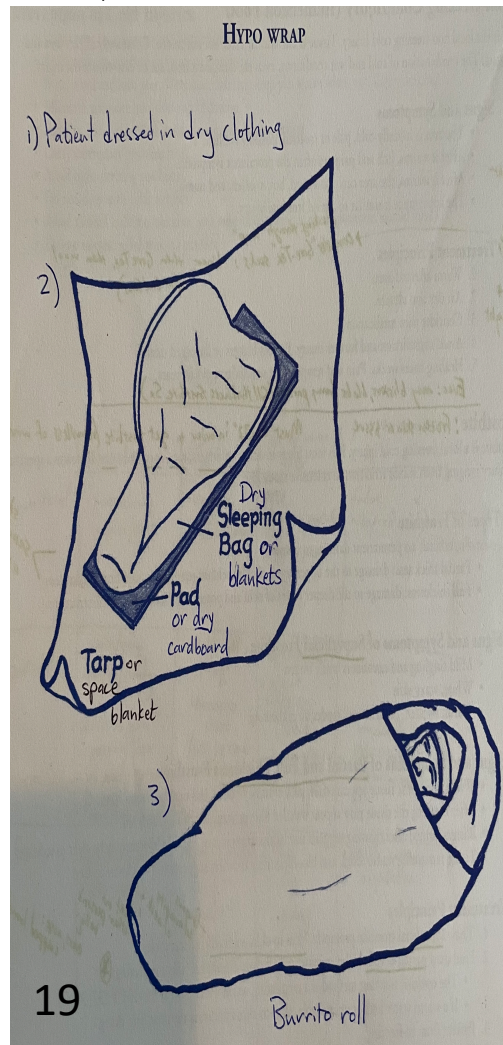
1. Know your environment and the upcoming weather; prepare with adequate clothing, gear, food, and water if at all possible.
2. Stay well hydrated. Avoid thirst.
3. Stay well fed. Avoid hunger if at all possible.
4. Stay dry. Avoid cotton. Wear layers of clothing, taking off layers *prior to* sweating, adding layers back *prior to* losing heat.
5. Pace yourself to avoid overexertion with resulting sweat, fatigue, and loss of stored energy.
6. Make sure you and your companions understand hypothermia and help watch for early signs and symptoms.





## Treatment Principles for Severe Hypothermia

1. Call 911 / seek medical care immediately, if at all possible.
2. If medical care is not available, do not rush -- handle the person gently. Avoid rough movement or exercise. Rough handling may cause a weak, cold, fragile heartbeat to stop.
3. A person who is cold, stiff, and blue needs oxygen. Mouth to mouth breathing is necessary and may help keep the person alive. Breathe for the patient for 5-15 minutes before attempting to move the patient -- though if at all possible, call 911 and avoid movement.
5. Prevent further heat loss; packing in hypothermia wrap. It is unusual for a severely hypothermic patient to return to a normal core temperature without medical intervention. That said, they have the possibility of surviving a relatively long time, perhaps a few days, within an adequate hypothermia wrap.
6. Add well insulated heat packs especially at hands (held over chest), as well as feet, armpits, groin, and neck.
7. You may need to periodically assist breathing for 5-15 minutes, especially prior to moving the patient. Avoid the chest compressions involved in CPR.



An incomplete list of places you may be able to find respite during cold snaps:

- Hospitals
- Bus, train stations
- Buses, subways
- All-night diners
- Adult entertainment venues
- Malls
- Libraries
- Fires station
- Churches
- Airport
- Community centers

# Preventing Cold Injuries

## Environment:

- Know your environment and the weather, and be prepared as much as possible.
- Avoid contact with cold metal and cold gasoline, both of which can cause frostbite on contact.

## Gear:

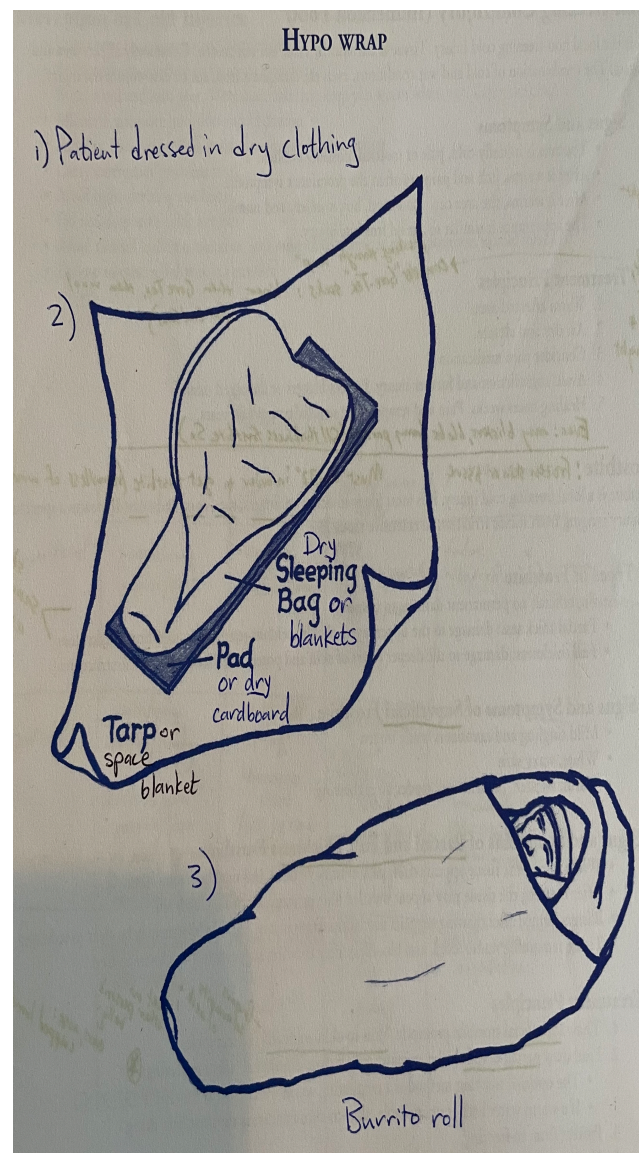
- Have wind and rain gear. Avoid cotton if at all possible, as it can make you colder when wet. Layer clothing.
- Wear mittens instead of gloves.
- Avoid tight clothing and boots.
- Carry hand warmers

## Your body:

- Eat enough food; drink plenty of water.
- Stay dry. Pace yourself to avoid sweating when walking or working.
- Do not sleep with cold, wet feet if at all possible.
- Know that alcohol, caffeine, nicotine, and other drugs can make a cold injury more likely; use with caution.
- Do not tolerate numbness in your feet. Massage frequently if needed to keep circulation. Stop to treat frostbite early if needed, while it still causes tingling and pain and before it goes numb.

## Community:

- Be attentive to yourself and your companions – check in with each other frequently.
- Keep an eye out for your companions, especially looking for any white patches on the face. If you notice anything alarming, consult the following pages regarding frostbite and other cold injuries.



**NOTE:** Cold patients may *seem* to rewarm faster when snuggled inside sleeping bags / blankets with another warm body. But in tests by the Wilderness Medicine Institute, snuggling did not actually increase the rate of warming. It may be that companions to the patient can be most helpful warming water, cooking, organizing shelter and clothing to help keep the person out of the wind, and in general protecting and caring for the patient.

## Treatment Principles for Mild to Moderate Hypothermia

Mildly hypothermic patients can warm themselves if allowed to shiver in a dry, insulated environment with enough calories.

### 1. Change the patient's environment:

- Find shelter. Gently move patient off snow, off cold ground, out of wet place.
- Get out of the wind.

### 2. Insulate the patient:

- Replace wet clothing with dry. Dampness in clothing can be subtle. Check carefully.
- Pay attention to details: snug up the drawstring on the person's coat, snug up the hood, change socks, remove wet underclothes, etc.
- Add wind and waterproof layers: blankets, clothes, backpacks, duffel bags -- you may have to get creative with what you have. Use only dry materials if at all possible.
- Insulate the head, neck, hands, and feet.
- **Consider a Hypothermia Wrap:** place patient in a sleeping bag or on one or more warm blankets, on a ground pad or dry cardboard, with extra insulation such as clothes surrounding them; wrap the entire thing (person, clothing, blankets, pad, etc.) in a tarp or space blanket like a burrito – see Hypo Wrap image.
- A campfire, when safe to make one, may bring psychological comfort, but it does not significantly increase the rate at which a bundled patient warms.

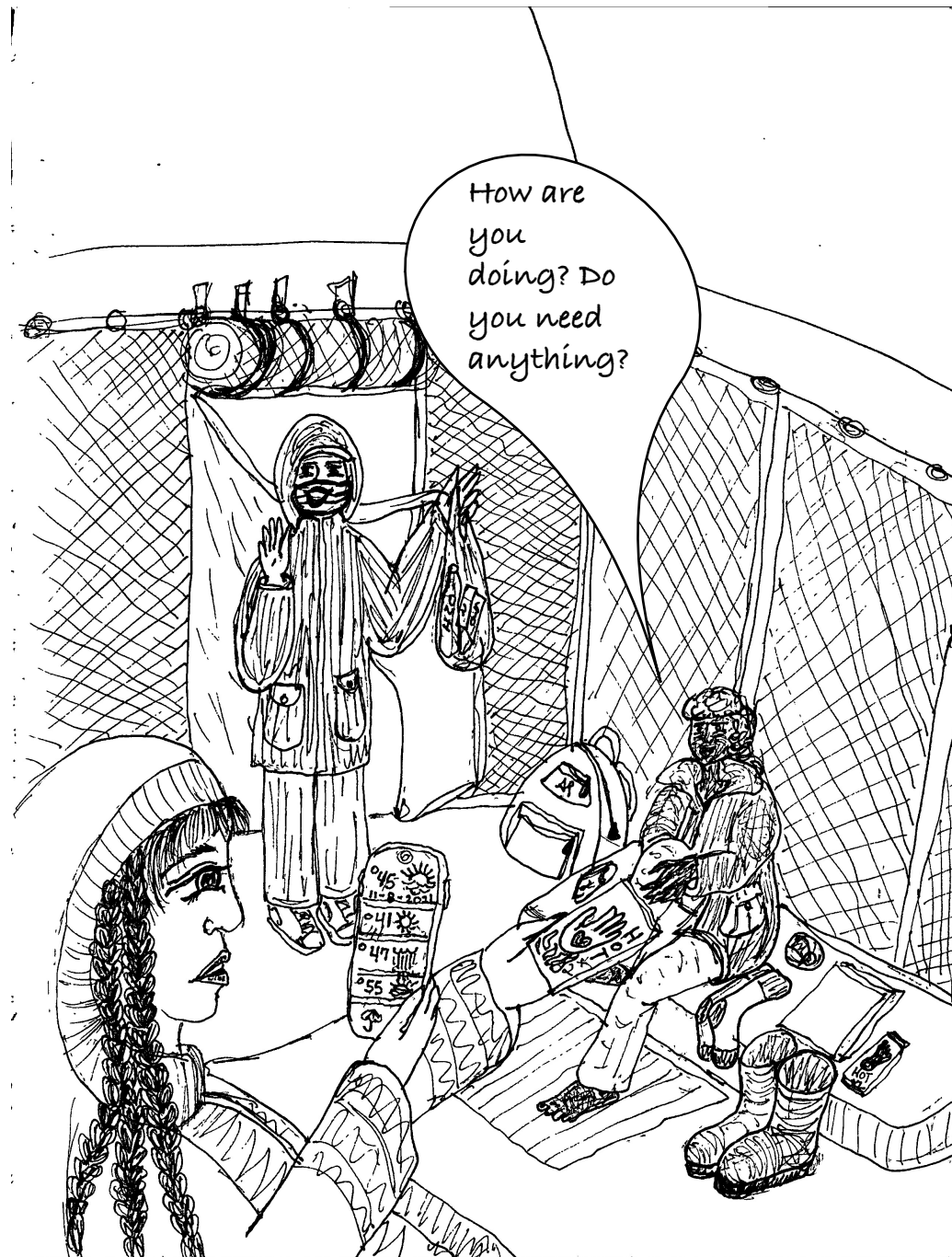
3. Add heat packs or hot water bottles to the hypothermia wrap, especially near the chest, which the patient can hold with their hands. Heat packs at their feet can also help prevent frostbite. Important: Insulate heat packs or hot water bottles with dry fabric (clothes, towel, etc.) to prevent burns.

4. Water is crucial: encourage the person to gently drink water. You can also give warm, sweet, non-caffeinated, non-alcoholic beverages. **Caffeine and alcohol should be avoided.**

5. Add calories: simple sugars are most important. If they feel up to it, encourage the patient to eat a meal, with a mix of fat, protein, and carbs if at all possible.

6. Gentle exercise is appropriate for mildly hypothermic patients, to raise body temperature.

7. It may take 24 hours of rest, hydration, and food to recover.



## Non-Freezing Cold Injury (aka Immersion Foot or Trench Foot)

This type of tissue injury is caused when body parts are chronically cold, but not frozen. It is caused by prolonged contact with cold (and usually with moisture). Commonly affects toes and fingers. The combination of cold and wet conditions, even dampness from socks, can worsen the injury.

### Signs & Symptoms

- The area is initially cold, pale, or mottled, possibly swollen.
- After it warms, the tissue may swell and appear red and hot; itching, tingling, and severe pain are often the main symptoms. Blisters may later form. The appearance is similar to a mild frostbite injury. In severe cases, gangrene can result (essentially, the death of the tissue, marked by severe darkening / discoloration). This typically takes at least twelve hours of exposure to occur.
- The recovery phase may last weeks or months. Patient may complain of increased sweating in the foot, increased sensitivity to cold, and varying degrees of pain, itching, and tingling. Pain medications may help. The damaged area may be more susceptible to cold injury in the future.

### Treatment Principles

1. Warm affected area as you would for frostbite, with warm water or against warm skin.
2. Air dry and elevate.
3. Do not rub the tissue or place near strong heat source such as fire or stove, which may increase damage.
4. Consider pain medication, especially ibuprofen.
5. Avoid constriction and further injury. Protect blisters or damaged tissue. If blisters develop, seek medical care.
6. Healing may take weeks. Pain and temperature sensitivity may last years.

## Hypothermia

Hypothermia is a cooling of the body's core to a temperature where normal brain and/or muscle function is impaired. Hypothermia impairs judgement, and dulls natural protective instincts. It happens when a body loses heat to the environment faster than it can produce heat. It is encouraged by inadequate hydration, insufficient nutritional intake, and fatigue. Untreated, hypothermia is progressive, a continuum that begins with a cold and unhappy person and ends with a cold and dead person.

**\*\*NOTE:** Hypothermia can occur rapidly in cold / wet conditions -- from 30 minutes when immersed in cold water, to several hours in cold, wet conditions. It can also occur with a very slow onset over several days to months. When it happens slowly, especially for people living outdoors, the loss of core temperature is so slow that some people reach the stage of severe hypothermia without obvious shivering.

### Signs & Symptoms of Hypothermia

- **Mild:** impaired ability to perform complex tasks, fine motor shivering (your muscles are contracting, trying to warm you up), apathy, confused and sluggish thinking, slurred speech / mumbling, stumbling, purple lips.
- **Moderate:** uncontrollable violent shivering, worsening of slurred speech, mumbling, worsening gross motor skills (eg walking), increased heart & breathing rates
- **Severe:** shivering stops, muscles become rigid, decreasing mental status progressing to unresponsiveness, decreasing pulse and respiratory rates that may not be detectable, cold to the touch. A severely hypothermic person may appear dead and yet be alive.

## Treatment Principles for Frostbite

(and see chart on previous page for more detail)

1. Thaw superficial frostbite promptly. Skin-to-skin warming is acceptable -- put hands in armpits, or against the person's (or someone else's) neck; put feet on another person's belly; cup hands around ears, nose.
2. For partial or full thickness injury, call 911 / get medical attention immediately if possible. Attempt to thaw only if there is minimal risk of refreezing and medical care is not available:
  - The optimal thawing method is a circulating warm water bath at 99-102 degrees F.
  - If a warm water bath is unavailable, skin-to-skin contact is the next best thing.
3. Protect from re-freezing.
4. Never massage or use radiant heat (e.g., campfire, propane heater, etc.).
5. Consider ibuprofen for pain.
6. Avoid constriction and further injury. Protect blisters or damaged tissue.

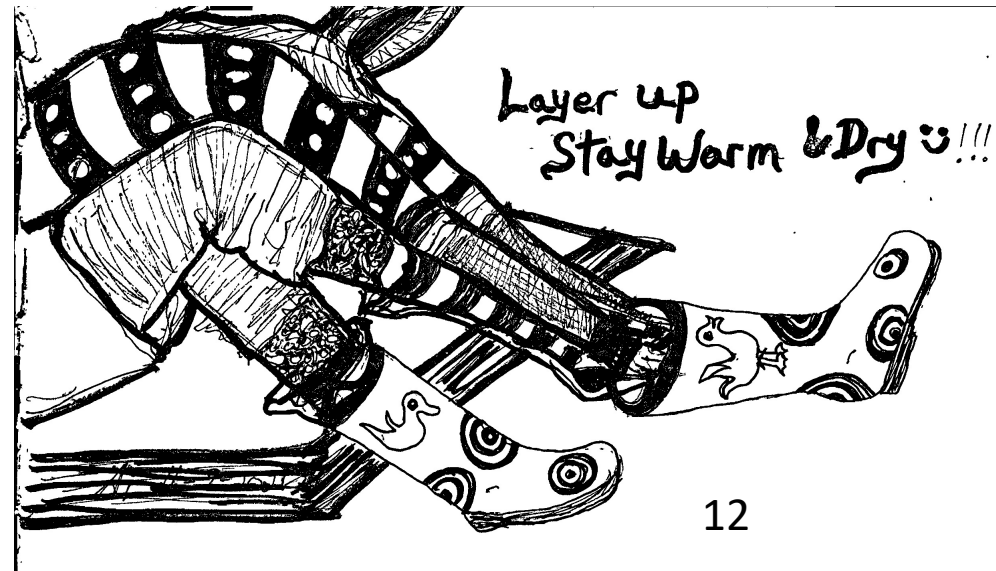


**NOTE:** do NOT warm frostbitten skin with radiant heat! Skin to skin is safest.

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## Foot Care

- Wear loose boots -- not too tight.
- Keep feet and hands warm and dry. Keep a dry pair of socks on hand at all times if possible.
- If your feet sweat a lot, consider using an antiperspirant spray.
- Avoid cotton socks if at all possible in the rain / snow; wear wool socks, with plastic bags on top inside shoes as liners.
- If being wet is unavoidable, stop every hour or two to massage feet and hands; fully warm up at night if at all possible. Do not sleep in wet socks.
- If your shoe has a hole, use duct tape!



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# Frostbite

Frostbite is essentially frozen skin or tissue. It is most likely to occur on fingers, toes, ears, and nose. It can create a variety of injuries ranging from minor irritation to extensive tissue loss. It must be colder than 32 degrees F (regardless of wind chill) for frostbite to develop.

NOTE: Symptoms and treatments occur in two phases with frostbite: initial and post-rewarming. See chart below.

	Initial Signs & Symptoms	Initial Treatment	Post- Re-Warming Signs & Symptoms	Post- Re-Warming Treatment
<b>Superficial (Surface)</b> - No permanent damage to tissue	<ul style="list-style-type: none"> <li>Mild, tingling and numbness while frozen</li> <li>Pale, white, waxy skin</li> </ul>	<ul style="list-style-type: none"> <li>Thaw promptly by immersing in warm water (see pop-out), or rewarm skin-to-skin. Put hands in warm armpits, or against the person's (or someone else's) warm neck; put feet on another person's belly; cup hands around ears, nose.</li> <li>Do NOT massage cold tissue or place near a strong radiant heat source, which may increase damage.</li> </ul>	<ul style="list-style-type: none"> <li>Warm, swollen, painful, and tender</li> <li>May be hot and painful</li> <li>May peel</li> </ul>	<ul style="list-style-type: none"> <li>Gently apply aloe</li> <li>Consider taking ibuprofen or aspirin to ease pain and decrease damage upon warming</li> <li>Handle tissue with extreme care</li> <li>Avoid wet / cold conditions if at all possible</li> </ul>
<b>Partial Thickness</b> - Damage to the upper layers of skin, seldom resulting in significant tissue loss.	<ul style="list-style-type: none"> <li>Pale, white, waxy skin</li> <li>Warm, tingling, numb feeling</li> <li>Skin dents upon pressing gently down with fingernail</li> </ul>	<ul style="list-style-type: none"> <li>Immediately seek medical care if at all possible.</li> <li>If not, immerse tissue in warm water (see pop-out).</li> <li>Do NOT massage cold tissue or place near a strong radiant heat source, which may increase damage.</li> <li>Tissue will likely be intensely painful when thawing.</li> <li>Do NOT handle tissues more than absolutely necessary.</li> </ul>	<ul style="list-style-type: none"> <li>After thawing, the tissue may appear mottled blue or waxy, or swollen and red.</li> <li>Large blisters formed after thawing suggests partial thickness injury. Fluid in blisters may be clear to reddish. Clear fluid in blisters is a good sign; dark fluid suggests full thickness frostbite (see below).</li> </ul>	<ul style="list-style-type: none"> <li>Seek immediate medical care if at all possible, especially if blisters are larger than a nickel.</li> <li>Do not pop blisters! Cover with antibiotic ointment and protect with dry dressings.</li> <li>Place gauze or clean dry scraps of cloth between affected fingers and toes.</li> <li>Consider taking ibuprofen or aspirin to ease pain and decrease damage upon warming</li> <li>Handle tissue with extreme care; take extreme care to avoid re-freezing.</li> <li>Keep affected tissue elevated above heart if possible.</li> <li>Keep patient well hydrated.</li> </ul>
<b>Full Thickness</b> - Damage to the deeper layers of skin and potentially bone and muscle structures.	<ul style="list-style-type: none"> <li>Appears "wooden" and may be frozen hard.</li> <li>Tissue feels cold to the rescuer, numb to the patient.</li> </ul>	<ul style="list-style-type: none"> <li>Immediately call 911 / seek medical care.</li> <li>Once thawed, severely frostbitten feet typically cannot be used for walking. If medical care is absolutely not available to come to the injured person, and the person cannot be transported any other way, it is usually better to have the person walk on frozen, painless feet than to thaw first.</li> <li>If medical care is not available and the person cannot move / be moved, you may attempt thawing in place by placing tissue in warm water (see pop-out).</li> </ul>	<ul style="list-style-type: none"> <li>Tissue remaining numb, cold, and bloodless after thawing suggests full thickness injury. Skin may be dry and mummy-like.</li> <li>Dark fluid in blisters suggests full thickness injury as well.</li> </ul>	<ul style="list-style-type: none"> <li>Immediately call 911 / seek medical care. Partial amputation may be necessary.</li> <li>ONLY if medical care is not available and you decide to thaw the tissue: watch for signs of warming: the flush of pink to the area, severe pain on the patient's face. Once tissue is warm air-dry affected parts, cover with antibiotic ointment, keep elevated. Place ointment and gauze between damaged fingers and toes. Give aspirin or ibuprofen. Avoid refreezing. Trauma, even mild trauma such as walking on thawed feet, must be avoided.</li> </ul>

**How to Warm Frostbitten Tissue**

*Immerse tissue in warm water (99-102 F -- no warmer!). You can guess the water temperature by dipping your naked elbow in the water; if it feels warm but not hot, it is probably close to the right temperature. Monitor the water temperature and add warm water as necessary. Be sure to fully thaw tissue.*