



## **GET READY!** Create A Facility "Action Plan" For Extreme Heat.

### Does your plan address?

- Chain of command for emergencies.
- Roles of staff in case of extreme heat (or other disaster/emergency event).
- Internal/external communications.
- "Triggers" for the initiation of heat-related emergency measures, such as:
  - a. Disruption of cooling systems due to power outage
  - b. Ambient indoor temp rises and remains above 81 degrees for over 2 hours
  - c. A change of condition related to heat is noted in one resident.
- Back-up power to preserve medications in case of power outage.
- Meals (Nonperishable foods and/or preparation and serving) for power outage.
- Patient relocation (if need arises).

## **GET SET!** Are you and your staff really ready?

- Develop an assessment protocol for all residents to be implemented when emergency trigger is reached, such as:
  - a. Vital signs with focus on core temp
  - b. Comfort
  - c. Hydration status
- Discuss signs and symptoms of heat cramps, heat exhaustion and heat stroke with staff (see the "Additional Tips & Information" section on page 2).
- Discuss what to do during an extreme heat event with residents, such as wearing light clothes.
- Keep your generator and other back-up sources for emergency utilities in operational condition.
- Keep a supply of fans with protective grills.
- Stock-up on fluids (increased frequency and amount to be determined by medical staff) and light snacks, such as pop-sicles.

## **GO!**

- Activate policies and plans to deal with extreme temperatures
- Check rooms often to ensure that air-conditioning is in good working order and operating effectively in all rooms.
- Maintain a comfortable indoor environment by keeping drapes and windows closed during the day to keep indoor cool.
- Advise the patients that electric fans only help if they bring in cooler air from outside.
- Use cool cloths, misting, cool showers or baths.
- Check regularly on patients to be sure they stay cool and well hydrated. Plain water is the liquid of choice, or diluted fruit juice is okay. **\*NOTE: Patients who have epilepsy or heart, kidney, or liver disease; are on fluid-restricted diets; or have a problem with fluid retention should consult a doctor before increasing liquid intake.**
- Report change of condition immediately to MD or medical director and plan appropriate treatment of residents who exhibit heat-related symptoms as indicated (see the "Additional Tips & Information" section on page 2)
- Decrease physical activity for residents
- Staff should follow first aid procedures promptly in case of heat stroke, heat exhaustion or heat cramps (see the "Additional Tips & Information" section on page 2).
- If you have outdoors activities for residents, plan their activities for either before noon or in the evening.
- While outdoors, let the residents rest frequently in a shady area to give their body's thermostat a chance to recover.
- For the outdoors activities, have residents dressed in loose fitting, light-colored clothes that cover as much skin as possible. Protect face and head by wearing a wide-brimmed hat.



## Additional Tips & Information:

## First Aid for Heat-Induced Illnesses

**Sunburn:** redness, pain, swelling of skin, blisters, fever and headaches.

*Treatment:* leave water blisters intact to speed healing and avoid infection. If breaking of blister occurs, apply dry sterile dressing. Serious cases should be seen by a physician.

**Heat Cramps:** heavy sweating can cause painful muscle spasms usually in the legs but possible in the abdomen

*Treatment:* apply firm pressure on cramping muscles or gently massage to relieve spasm; give sips of water, if nausea occurs discontinue sips of water, move person to a cooler place to rest in a comfortable position. Observe the person carefully for changes in condition.

**Heat Exhaustion:** heavy sweating, weakness, cold, pale and clammy skin; weak pulse, fainting and vomiting, core temperature usually 38.8 Celsius or higher, but normal temperature is possible.

*Treatment:* get patient out of sun, move person to a cooler environment, lay person down and loosen clothing, apply cool wet cloths, give sips of water. If nausea occurs, discontinue sips of water; if vomiting continues, seek immediate medical attention.

**Heatstroke:** severe medical emergency, high body temperature, hot, dry skin, rapid and strong pulse, possible unconsciousness

*Treatment:* **Call 911, if unable to get person to medical help immediately, do the following:**

- Move person to a cooler environment
- Remove outer clothing
- Reduce body temperature using lukewarm (not cold) water to bathe/sponge the person
- ***Do not give fluids!***

## Additional Resources

National Weather Services, Extreme weather service warnings and alerts for California: <http://www.nws.noaa.gov/alerts/ca.html>

Centers for Disease Control and Prevention, Extreme heat prevention guide: [http://emergency.cdc.gov/disasters/extremeheat/heat\\_guide.asp](http://emergency.cdc.gov/disasters/extremeheat/heat_guide.asp)

CDPH, Hot Weather Advisory: [http://www.cahf.org/public/dpp/AFL\\_08-15.pdf](http://www.cahf.org/public/dpp/AFL_08-15.pdf)

We, at CAHF appreciate your thoughts and would like to ask for any disaster related suggestions or “Positive Practices” that you may have. Our goal is to use “Lessons Learned” and “Successful Applications” to help educate other facilities within our Long Term Care Community.

Let's work as a T.E.A.M.—Together Everyone Achieves More.

What disaster or event would you like CAHF's Disaster Preparedness Program to use for a “Ready, Set, Go” Disaster Planning Topic?

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