

Fact Sheet

Extreme heat guidance for General Practice

Guidance for General Practice staff to ensure a planned, managed, and effective response to an extreme heat or heatwave event.

For your practice:

- > Periods of extreme or prolonged heat can affect health by causing direct heat-related illness and by precipitating or exacerbating other medical conditions.
- > Those particularly at risk of heat-related illness include the older persons, children, those with significant comorbidities, those with cognitive impairment and those who have inadequate social supports. Recent evidence suggests unborn babies are at high risk from exposure to extreme heat.
- > Some prescribed medications can increase the risk of heat-related illness or may be less effective or more toxic when stored at high temperatures.
- > Health professionals can reduce the likelihood or severity of health-related illness by identifying those vulnerable and implementing strategies to minimise the risk. For example, health professionals can educate at-risk patients and their carers about how to stay healthy in the heat by adjusting their behaviour, using fans or air-conditioners, storing, and taking medications, and drinking fluids.
- > Pre-summer planning may assist in reducing the health impacts on patients, carers, and staff.
- > Consider sharing information about heat health with your patients through written information, videos, social media, and information sessions, this includes:
 - sharing SA Health extreme heat factsheets, translated resources and the Healthy in the Heat booklet available at www.sahealth.sa.gov.au/healthyintheheat
 - ordering printed copies of the Healthy in the Heat booklet by emailing: Health.DisasterManagementBranch@sa.gov.au
 - monitoring heatwave warnings and advice as well as sharing the [Easy English Heatwaves](#) factsheet available at www.ses.sa.gov.au
 - registering for the free Telecross REDi service to ensure vulnerable people are well and coping during declared heatwaves by calling 1800 188 071.

Consider the following resources:

- > [Extreme Heat and the Risk to your Health: an article for health practitioners](#) available on the [Heat and hot weather for health professionals](#) page on the SA Health website.
- > [Australian Journal of General Practice: Preventing heat-related disease in general practice](#)
- > See also: the *People at risk in heatwaves* factsheet and *Heat-related illness signs, symptoms, and treatment* factsheet also available on the Heat and hot weather for health professionals webpage.

Checklist for reviewing patients in your practice

Considerations for identifying patients at risk in your practice	Y/N
Are staff trained to recognise at-risk patients and the management of heat-related illness?	

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<p>Consider developing a list of at-risk clients and how you will ensure that this list is accessible to relevant staff. Are you able to identify any of your patients at risk of heat-related illness:</p> <p>Individual characteristics (older persons, infants, young children, overweight/obese, pregnant, or breastfeeding, low cardiovascular fitness, not acclimatised).</p>	
<p>Chronic illness (heart disease, hypertension, diabetes, cancer, kidney disease, alcohol and other substance use, mental illness, dementia).</p>	
<p>Conditions that impair sweating (heart disease, dehydration, extremes of age, skin disorders, congenital impairment of sweating, cystic fibrosis, quadriplegia, scleroderma, people taking medications with anticholinergic effects).</p>	
<p>Acute illness (dehydration, infection).</p>	
<p>Impairment of activities of daily living (Poor mobility, cognitive impairment).</p>	
<p>Social factors (Live alone or socially isolated, low socioeconomic status, homeless, dependant on power for critical medical equipment).</p>	
<p>Occupation / recreation (Exercising vigorously in the heat or working outside/in a hot environment).</p>	
<p>Consider including heat-related content in assessment tools and management plans for vulnerable patients. For example:</p> <ul style="list-style-type: none"> > consider adding a question in the over-75 health assessment that asks a patient to consider their personal care during extreme heat. > consider including heat wave management in the chronic disease management plan for those with the chronic illness listed above. 	
<p>Considerations for educating patients</p>	Y/N
<p>For those patients at risk:</p> <ul style="list-style-type: none"> > have you discussed heat and heat advice with patients as part of a pre-summer medical assessment, and do they have a heat plan for the coming season? > Do these plans have appropriate follow-up and supports in place, including that their care plan contains heat-specific advice, contact details for their doctor and their other care workers, and there are adequate arrangements for food shopping to reduce having to go outdoors during the heat. 	
<p>Do they know how to adjust their behaviour to keep cool? (e.g. reduce excessive clothing, use cooling devices at home planning their day to avoid being outside during the hottest part of the day, reducing excessive clothing, using electric fans, applying damp towels containing ice to the skin, and taking cool showers. If they must leave the house, advise them to also wear a hat and sunscreen)?</p>	
<p>Do they know to increase fluids during hot weather, and what types of fluids? (Remember to discourage avoidance of fluids due to continence issues and advise patients on drinking recommendations appropriate to their health status, particularly those who have a decreased perception of thirst. Fluids are not just limited to water; they can be icy poles, fruit juice or cordial. Salt tablets, sports drinks or electrolyte-carbohydrate supplements offer no benefits and may be harmful because of high osmotic load. Excessive drinking of pure water can lead to severe hyponatraemia, potentially leading to complications like stroke and death.</p>	

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Do they know how to store and take their medication during hot weather?	
For patients that have carers, are the carers aware of their heat plan and keeping cool?	
Consider providing written information, like booklets and factsheets, with more details about staying healthy in the heat.	
Considerations for optimising medical management	Y/N
Be aware of the potential side effects of medicines and consider optimal dosing during periods of hot weather. – see Appendix 3.	
Be aware that high temperatures can adversely affect the efficacy of drugs.	
Discuss with or monitor fluid intake and drug therapy, especially in older people and those with significant comorbidities.	
Assess patients who are experiencing heat-related illness, and manage as appropriate (for example, fluids, cooling, observation, specific treatments as indicated).	
Have a low threshold for admission to hospital, referral to ED or Priority Care Centres, and/or urgent respite placement for vulnerable individuals.	

Checklist for reviewing your practice

Considerations for you and your staff related to knowledge	Y/N
Are staff trained to recognise at-risk patients and the management of heat-related illness?	
Be aware of the mechanisms of heat illness, clinical manifestations, diagnosis, and treatment.	
Recognise the early signs of heatstroke, which is a medical emergency.	
Be aware of how to initiate proper cooling and resuscitative measures.	
Be aware of the risk factors in heat-related illness.	
Considerations for your practice and systems	Y/N
Remember the practice is a community service that may have additional responsibilities during extreme heat.	
Visit the SASES website to review heatwave warnings.	
Consider rescheduling appointments to earlier times of the day when it is cooler, postponing appointments to another day. Also consider switching face-to-face appointments to a telehealth option where appropriate, to limit travel for both staff and clients.	
Ensure the practice is heat-friendly for patients and staff, with a cool waiting room, water available, blinds closed to block the sun and staff breaks for drinks.	
Have you assessed the overall physical environment of your practice to determine how prepared it is for prolonged heat? And what could be done to make your facility cooler (e.g. servicing air-conditioners, insulation, awnings, shade cloth, more trees and green walls).?	

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Have phone numbers of key resources within easy access – emergency departments, SA Ambulance, SA Virtual Care Service or Royal District Nursing Service (RDNS).	
Have you got sufficient quantities and storage for equipment, supplies, medication during periods of extreme heat?	
Have you appointed a person responsible for planning a heat response, and communicated that to staff.? Consider developing a heat plan, triage policy and holding a team meeting to discuss the practice’s response to heat and/or refresh practice staff prior to summer.	
Does your plan ensure have staff who are trained, skilled and available to manage extreme heat events if they occur, including knowledge of plans and pre-summer exercising of plans?	
Does it cover advice for all staff to keep themselves safe? (e.g. hydration, regular breaks, safety when travelling to and from work and encourage regular breaks).	
Does it have arrangements to consider increasing staffing during forecast extreme heat or heatwaves, and on the days that follow.	
Develop and implement a communication policy to keep staff updated if extreme heat is forecast.	
Prepare for changes to service delivery and plan for staff shortages during periods of extreme heat and heatwaves, and increased demand for services, including on the days that follow the heat.	
Are staff trained to recognise at-risk patients and the management of heat-related illness?	
Do you have a plan/s for an alternate power supply in the event of a power outage? And who to contact, or what to do with vaccine fridges?	
Do you have a plan/s for failure of air-conditioning?	
Do you have plan/s for appropriate and safe storage of medications, food, and drinks during heatwaves, or in event of power outages during periods of extreme heat?	

For more information

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