Fact Sheet Extreme heat guidance for Community Care Services

Guidance for Community Care Services to ensure a planned, managed, and effective response to an extreme heat or heatwave event.

For Aboriginal Community Controlled Health Services, also seek local knowledge and input from Elders to create culturally safe and accessible services to assist community members experiencing heat-related illness.

- > Understand the mechanisms of heat-related illness, clinical manifestations, diagnosis, and treatment.
- Recognise the early signs of heat-related illness, including heatstroke which is a medical emergency.
- > Be aware of the risk factors in heat-related illness.
- > Be aware of the potential side effects of medicines and consider optimal dosing during periods of hot weather. Advise clients how to store and take medication during the heat.
- > Consider including heat advice and a pre-summer medical assessment into routine care and care plans for at-risk people, including using a heat vulnerability screening tool or checklist.
- > Be aware of how to initiate proper cooling and resuscitative measures.
- > Consider holding a team/staff meeting prior to summer to increase staff awareness and to conduct any training related to heat and the health of both staff and clients.
- > Consider sharing information about heat health with your clients 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 <u>www.sahealth.sa.gov.au/healthyintheheat</u>
 - ordering printed copies of the Healthy in the Heat booklet by emailing: <u>Health.DisasterManagementBranch@sa.gov.au</u>
 - monitoring heatwave warnings and advice as well as sharing the <u>Easy English</u> <u>Heatwaves</u> factsheet available at <u>www.ses.sa.gov.au</u>
 - registering for the free Telecross REDi service to ensure vulnerable people are checked on during declared heatwaves by calling 1800 188 071.
- > Recognise the symptoms of and provide appropriate treatment for mild heat-related conditions, such as dehydration and heat cramps. In cases of suspected heat exhaustion or heat stroke, immediately refer for medical assessment at the nearest emergency department or by calling 000.
- > Remind staff how to look after themselves during extreme heat and heatwaves (e.g. provide advice on staying hydrated, advice to stay cool while travelling to and from work and encourage regular breaks).
- > Plan for staff shortages during periods of extreme heat and heatwaves, and increased demand for services, including on the days that follow the heat.
- > Prepare for changes to service delivery.
- Consider rescheduling appointments to earlier times of the day when it is cooler, postponing appointments to another day, or cancelling activities completely (e.g. exercise classes) to prevent clients and staff from travelling in the heat. You can also consider switching face-to-face appointments to a phone call where appropriate, to limit travel for both staff and clients.

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- Educate those at risk, and their carers, about how to look after themselves during hot weather.
- > Reinforce to carers the importance of also caring for themselves, especially during the heat.
- > Have phone numbers of key resources within easy access emergency departments, SA Ambulance, SA Virtual Care Service or Royal District Nursing Service (RDNS).
- > Consider developing a list of at-risk clients and how you will ensure that this list is accessible to relevant staff.
- > Check they 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.
- > Advise clients and staff about 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.
- Educate clients about adjusting their behaviour to stay cool (e.g. by 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 and take water).
- > Ensure the clinic is heat-friendly for clients and staff, with a cool waiting room, drinking water, blinds closed to block the sun, and regular staff breaks for hydration.
- Consider putting up posters and having printed information in your clinic which are available from the SA Health website.
- > Develop and implement a communication policy to keep staff updated if extreme heat or a heatwave is forecast.
- > Have a prepared and practiced heat plan and response to a heat or heatwave warning.
- Plan to hold an evaluation meeting with staff after an extreme heat event or heatwave to discuss how they dealt with it, what went well, and what could be improved. Prepare at-risk clients and their carers.

Self-assessment checklist for Community Care Services

Considerations for your extreme heat and heatwave plan	Y/N
Does your service/facility have a documented heat and heatwave plan, that includes responsibilities and risks?	
Are relevant staff aware of your plan, how to access it and what it contains?	
Are there processes in place for communicating the plan to all staff, affected people, and their families?	
Has your plan been reviewed since the last summer season? Date of last review:	
Is it integrated with your service/facility emergency and disaster response plan?	
Is it integrated with necessary technical and support services resources/plans to manage extreme heat?	
Is there a contingency measure in place to deal with potential power outages during periods of extreme heat?	
Is there a clear escalation protocol to notify executive team members of extreme heat, heatwaves, and/or disruptions to service delivery?	



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Does the plan specify actions for a forecast single day of extreme heat?	
Does the plan specify actions for a forecast multi-day heatwave?	
Considerations for client care in your extreme heat plan	Y/N
Does the plan address processes for proactively assessing clients' health care needs in preparation for and during extreme heat?	
Does the plan incorporate measure to ensure an increased availability and supply of cool drinks for clients, staff, and visitors during periods of extreme heat?	
Does it consider risk assessment, monitoring and additional care or support for at- risk patients, and escalation plans should they become unwell?	
Does it incorporate arrangements to appropriately identify and manage patients experiencing heat-related illness (e.g. fluids, cooling, observation, specific treatments as indicated).	
Considerations for staff in your extreme heat plan	Y/N
Does your plan ensure staff 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).	
Are staff trained to recognise at-risk patients and the management of heat-related illness?	
Does it have arrangements to consider increase staffing during forecast extreme heat or heatwaves, and on the days that follow?	
Considerations for power outages in your extreme heat plan	Y/N
Do you have a plan for an alternate power supply in the event of a power outage?	
Do you have a plan for failure of air-conditioning?	
Do you have a plan for appropriate and safe storage of medications, food, and drinks during heatwaves, or in the event of power outages during periods of extreme heat?	
Additional considerations	Y/N
Have you assessed the overall physical environment of your facility to determine how prepared it is for prolonged heat? And what could be done to make your clinic cooler (e.g. servicing air-conditioners, insulation, awnings, shade cloth, more trees and green walls)?	
Have you considered access to hydration and cooling (e.g. a water station, fans, air- conditioning) for clients and visitors, including in the waiting room and transport/access areas?	

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Have you got sufficient quantities and storage for equipment, supplies, medication during periods of extreme heat?

Does your service/facility have a documented heat and heatwave plan, that includes responsibilities and risks?

For more information

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