

MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT: ADMINISTRATION DATE OF ORIGINAL ISSUE: FEBRUARY 1989
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APPROVED BY: ADMINISTRATOR
SIGNATURE: *Dustin Gibson*
TO: ALL STAFF
SUBJECT: PREVENTION AND MANAGEMENT OF HEAT-RELATED ILLNESS

PURPOSE:

To provide a safe and comfortable environment for residents; to identify and implement procedures to protect residents from high air temperatures.

POLICY:

In recognition of the need to manage serious risks to residents associated with hot weather, Maple Villa shall have a plan of action to be taken for the prevention and management of hot weather-related illness and conditions. This plan shall be in effect from May 15th – September 15th each year based on the stages identified below and any day on which the outside temperature is forecasted by Environment and Climate Change Canada for the area of the home reaches 26°C or above and inside areas of the home, in which measurements are required, reach 26°C or above for remainder of day and the following day.

An interdisciplinary plan based on Ministry of Long-Term Care guidelines shall be utilized as a resource. The focus shall be firstly on prevention and then methods of identifying and treatment of hot weather-related illnesses.

It shall be the responsibility of the Administrator in conjunction with the Medical Director and the management team to develop and implement this plan as required and shall also ensure the plan remains viable and up to date in accordance with the regulatory requirements of the *Fixing Long Term Care Act, 2021*, as amended.

GOALS:

- To minimize adverse affects and provide a comfortable environment for our residents in the event of hot weather or heat events.
- To also recognize the vulnerability of staff, to hot-weather related conditions and provide options of intervention.
- This plan will be reviewed, evaluated, and updated annually in accordance with evidence-based practices.

OBJECTIVES:

1. To establish a contingency plan which is based on an interdisciplinary approach to prevention, recognition, and treatment.
2. To identify and assess risk factors that may lead to heat-related illness.
3. To identify and implement means of specific interventions to prevent heat-related illness.
4. Identification of symptoms of heat-related illness, requirement of staff to monitor for symptoms and

respond with appropriate action.

5. To implement systems of assessment and evaluation of effectiveness.
6. To communicate and educate staff, residents, families, Resident's Council, Family Council, and visitors with the home's policies and procedures, prevention, and management for heat-related illness to ensure a consistent approach and application.

When outdoor conditions reach an air temperature of 26°C or greater, inside and outside conditions must be monitored to know when to initiate actions and control measures to manage possible heat-related illness.

Stage One: Intervention Alert

Humidex of 30°C-38°C for 2+ days

- Residents should wear loose, lightweight, light-colored clothing.
- Increase fluids before, during and after meals, provide cool fluids such as water, juice etc. at snacks and mealtimes.
- Adjust menus to increase foods/desserts with higher water content (i.e., watermelon, jello) and cooler foods (i.e., sandwiches, salads, ice cream).
- Discourage hot beverages.
- Reduce outdoor activities - consider providing outdoor activities in the morning only.
- Open windows between 10-11pm, close windows between 5-6am.

Stage Two: Emergency Alert - in addition to Stage One

Humidex is 39°C-45°C for 2+ days

- Restrict all outdoor activities.
- Restrict hot beverages and soup - only allow tea and coffee at mealtimes, if requested.
- Offer frozen treats, and snacks such as popsicles etc.

Stage Three – in addition to Stage One and Stage Two

Humidex of 46°C and greater for 2+ days

- Consider partial or total evacuation.

INTRODUCTION

Hot weather conditions affect everyone. However, the summer months can present a tremendous challenge to LTCH residents. Elderly individuals are more prone to heat conditions and illness than younger individuals for several reasons. For instance, elderly people do not adjust as well to sudden changes in temperature, they are more likely to have a chronic medical condition that upsets the body's normal response, and they are more likely to take prescription medications that impair the body's ability to regulate temperature.

In addition, LTCH residents are more vulnerable than the general population because most often they exhibit multiple health conditions, decreased mental capacity and physical limitations which combine to affect the body's ability to cool itself. For these reasons, LTCH residents are at increased risk of developing one or more heat-related illnesses. Consequently, the prevention and management of heat-related illness in LTC residents is imperative.

An interdisciplinary resident-focused risk assessment is completed for each resident. All disciplines (environmental, nursing, activation, dietary, and medical) must work together to determine the risks that our residents are facing on any given day. Decreasing resident discomfort is based on the assessment of both the individual resident's risk and prevailing environmental conditions.

Maple Villa's Heat-Related Illness Prevention and Management plan recognizes the dual importance of overall health and environment factors on the resident during hot weather. The policies describe the various heat related conditions, highlighting heat exhaustion and heat stroke as the most severe. They

also describe the preparation and planning for, prevention of and interventions to manage heat-related illness taking into consideration an approach that incorporates an interdisciplinary care model.

Heat-related illness and death are preventable.

ONTARIO'S HEAT WARNING AND INFORMATION SYSTEM

Background

Normal summer (May to September) temperatures in Ontario, depending on the region, can range between 13-30 degrees Celsius (°C). With evidence that climate change is occurring, a key impact expected in many regions of Canada is the increasing intensity, duration, and frequency of extreme heat events. When humidity levels are factored in, the temperature can feel like 20-50°C. Temperature and humidity levels will vary depending on factors such as dew point, wind speed, wind direction, cloud cover and geographical location within the province.

The Humidex

The humidex is an index developed to describe how hot or humid weather feels to the average person. The humidex combines the temperature and humidity into one number to reflect a perceived temperature. It is a better measure of how stifling the air feels than either temperature or humidity alone. The higher the relative humidity, the greater the discomfort experienced since perspiration evaporates less readily and the body feels hotter and stickier.

Heat Warning Information

Changes to Ontario's climate, which has included an increase in the frequency, intensity, and duration of extreme heat events, has precipitated the need to develop an early warning system for all citizens. A Heat Warning Information System (HWIS) was implemented by Environment and Climate Change Canada (ECCC) to standardize timely heat health messaging to reduce the avoidable human health consequences of extreme heat.

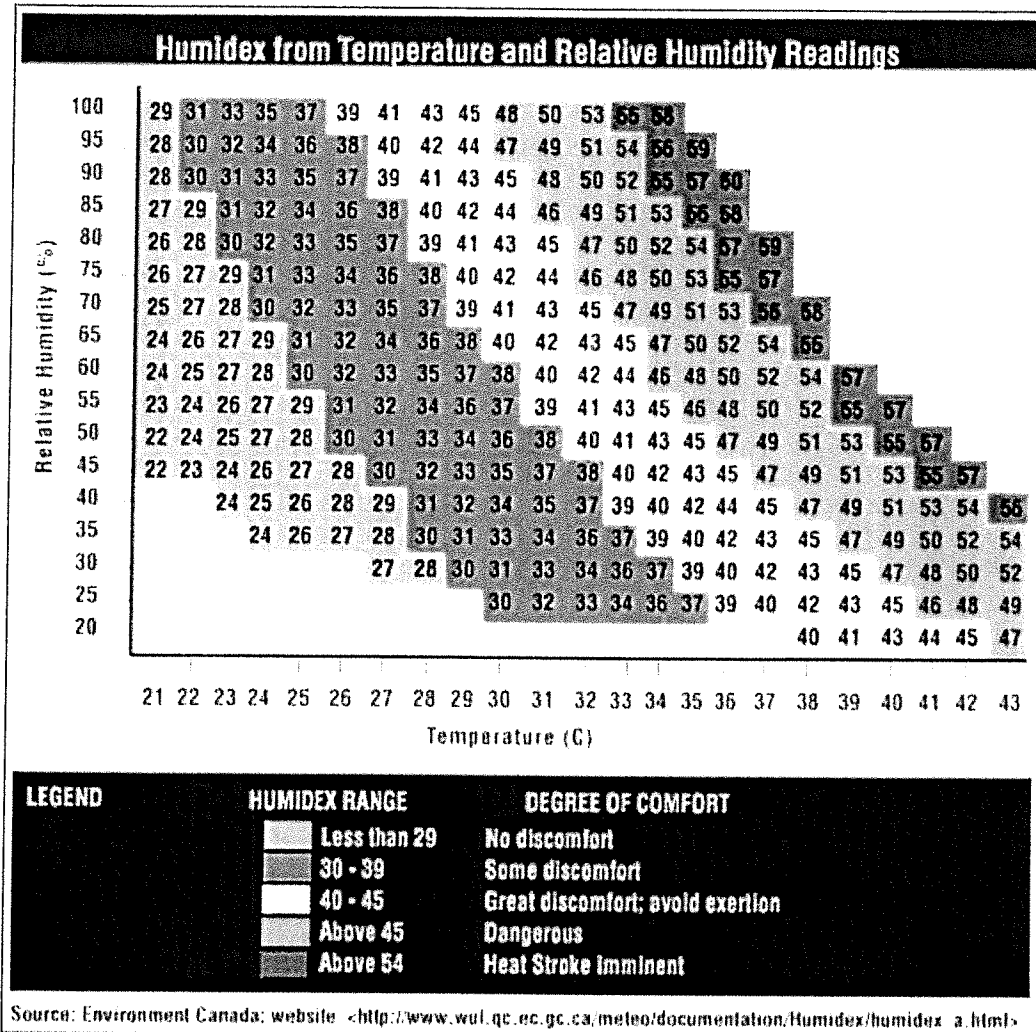
During a severe or prolonged heat event, lasting more than 2 days, some PHUs (Public Health Units) may use the term "extended heat warning" or a "prolonged heat event" or a heat emergency.

The HWIS includes criteria incorporating ambient air temperature for both daytime highs and nighttime highs or a Humidex value for at least two days.

Heat Warning** Region	Condition	Duration
Southern Ontario (including District of Parry Sound)	$T_{max} \geq 31 \text{ }^{\circ}\text{C}$ and $T_{min} \geq 21 \text{ }^{\circ}\text{C}$ <u>OR</u> $\text{Humidex} \geq 40 \text{ }^{\circ}\text{C}$	2+ days

** T_{max} represents maximum daily temperature. T_{min} represents minimum nighttime temperature.

** A heat warning is for a two-day event.



When outdoor conditions exceed a humidex of 30 degrees Celsius, then inside, and outside conditions must be monitored to know when to initiate actions and control measures to manage possible heat related illness.

NB. RN must notify Maintenance and Admin/DOC if any humidex reading is greater than 30 in the AVC common areas.

Stage 1: Intervention Alert – Humidex of 30-38 degrees Celsius for more than 2 days

Stage 2: Emergency Alert – Humidex of 39-45 for more than 2 days

Stage 3: Consider Partial or Full Evacuation – Humidex of 46 degree or greater for more than 2 days.

PREPARATION & PLANNING – ROLES AND RESPONSIBILITIES

To respond appropriately to hot weather conditions, Maple Villa shall prepare in advance of the hot weather season and review and update annually a plan that will be in effect during the hot weather season. The table below outlines the actions that each department shall undertake in preparation and planning for hot weather conditions. The breakdown of actions by departments reflects the assumption that while heat related illness is preventable, it requires an interdisciplinary approach to the provision of resident care.

Portable Air Conditioning Units

- All air conditioning units shall be installed, operational and in good working order for the purpose of cooling the temperature during the period of May 15th – September 15th each year in each resident bedroom and every designated cooling area.
- Temperatures will be maintained at a minimum temperature of 22°C.
- Turn AC off during any resident treatment, wound care or aerosol generating medical procedures.
- Keep fan setting on the AC unit to low.
- Maintenance shall follow the manufacturer’s instructions to clean, disinfect and maintain the air conditioner monthly. Perform hand hygiene when cleaning, handling, or maintaining air conditioner components.

Air Temperature Monitoring

- At a minimum, air temperature will be measured and documented in writing, in the following areas of the home:
 - Two bedrooms in different areas of the home.
 - One resident common area on every floor of the home (may include a lounge, dining area or corridor).
 - Every designated cooling area.
- **Temperatures will be measured and documented at least once every morning, once every afternoon between 12pm and 5pm and once every evening or night.**
- All documentation will be kept for a minimum of one year.

Designated Cooling Areas (must have one separate cooling area for every 40 residents)

- a. 1st Floor Lounge
- b. 1st Floor Dining Room
- c. Life Enrichment Room
- d. 2nd Floor Dining Room
- e. 2nd Floor Lounge

Departments	Actions
Administration	<ul style="list-style-type: none"> • Develop policies and procedures relating to preparation, planning prevention and management of resident heat-related illness and that incorporates the individual attributes of the home environment. • Develop a communication protocol to convey hot weather action plan (including humidex readings) to residents, staff, volunteers, family, visitors, and others as required. • Implement annual staff education and training program on prevention and management of heat related illness and hot weather plan. • Make available and maintain appropriate cooling equipment and other resources. • Establish linkages with community-based services which can assist as necessary with temporary heat relief strategies during extreme hot weather conditions. • Review/update annual contingency for back-up generator
All Staff	<ul style="list-style-type: none"> • Attend annual staff education and training program on prevention and management of heat related illness. • Contribute to interdisciplinary care plans for heat-related illness. • Review policies and procedures for health-related emergencies • Identify the need for additional cooling resources as warranted.
Medical / Nursing	<ul style="list-style-type: none"> • Complete resident risk assessments for seasonal risk relating to hot

	<p>weather.</p> <ul style="list-style-type: none"> • Identify residents who are at an increased risk of or potentially at risk of heat related illness and communicate with interdisciplinary team members. • Develop interdisciplinary resident care plans for seasonal risk related to hot weather. • Notify resident/substitute decision makers and families of the requirement for appropriate hot weather clothing and accessories.
Food Service / Nutritional Care	<ul style="list-style-type: none"> • Develop enhanced hydration protocols including the type, amount, and frequency of fluids to be offered to residents during hot weather conditions. • Plan alternate menus to replace hot entrees and support the reduced use of heat generating equipment. • Develop protocol for residents with dysphasia who require thickened fluids. • Assess and develop a plan for each resident's hydration status and determine any risks related to hydration i.e., altered fluid requirements including those residents who are unable to access fluids independently (e.g., those who require feeding assistance and adaptive aids). • Evaluate the need for and provide electrolyte replacement as necessary.
Life Enrichment	<ul style="list-style-type: none"> • Develop seasonal activation program or modify existing programs for hot weather to decrease physical exertions. • Identify cooler areas of the home interior and protected outdoor areas for programs. • Plan for the distribution of additional fluids during activity programs with input from dietary department staff. • Plan community outings that are in an appropriate cool setting and include the use of air-conditioned transportation. • Plan for availability of cool rest/break area during outdoor activities especially during peak hot times of the day. • Collaborate with nursing to advise resident/substitute decision maker and families of the requirement for appropriate hot weather clothing and accessories.
Maintenance	<ul style="list-style-type: none"> • Review and update the building and equipment audit program including a review of strategies for keeping the buildings as cool as possible. • Review and implement agreements with external contractor's responsibility for building systems to support preventative maintenance of cooling systems. • Review and update the home's internal "Preventative Maintenance Plan". • Ensure the onsite generator is functional with backup fuel supplies. • Install in resident suites air conditioning units. • Ensure common area, cooling area and hallway air conditioning units are operating.

ROLES AND RESPONSIBILITIES DURING HOT WEATHER

REGISTERED NURSING STAFF

1. Be knowledgeable re: contingency plan for prevention and management of heat-related illness.
2. Reinforce PSW responsibility to ensure that each resident (ambulatory or non-ambulatory) assigned to his/her care has an appropriate fluid intake.

3. Monitor resident care to ensure fluid intake, appropriate selection of clothing.
4. Ensure care plans are updated for high-risk residents including precautionary measures.
5. Monitor residents who are ill and/or high risk especially during periods of excessive heat.
6. If there is a concern re: hydration, monitor intake and output.
7. Update resident care plan and nurse's notes as condition of resident changes.
8. Take appropriate action re: recognition, management, and treatment of heat-related illness.
9. Notify attending physician and Director of Care of suspected heat related illness.
10. Monitor for over hydration i.e., shortness of breath, edema, tachycardia, etc. Restrict fluids and notify attending physician.
11. Suspend alcoholic beverages at times of excessive heat.
12. A Heat Risk Assessment completed for all residents every 3 months.
13. If outdoor air temps are less than 25 °C and humidity levels are less than 50%, instruct/remind PSW's to open all bedroom windows at 10:00 PM and close at 5:00 AM.
14. ***In the event of air temperature readings of more than 26 °C for 3 consecutive days, implement Air Temperature Monitoring Mitigation Plan (Appendix C)***

LIFE ENRICHMENT DEPARTMENT

1. Familiar and knowledgeable re: contingency plan for prevention and management of heat-related illness.
2. Encourage fluid intake (breaks which include social interaction has shown to increase compliance).
3. Diet beverages are to be served to all residents during hot weather.
4. Report intake for those residents whose intake is being monitored by filling out individual intake/output sheet or reporting to RN/RPN.
5. Report signs/symptoms of heat-related illnesses to the charge nurse.
6. Restrict physical activity as indicated by weather conditions.
7. Plan outings for cooler times of day and to shady and breezy locations.
8. During a heat wave or heat event outdoor activities shall be cancelled at the discretion of the Director of Care and Life Enrichment Supervisor.

PSW

1. To be knowledgeable re: contingency plan for heat-related illness.
2. Ensure that each resident assigned to your care receives additional fluid intake as outlined in individual resident care plan.
3. Encourage residents to drink additional cold fluids at mealtimes and snack. In hot weather diet beverages are preferred.
4. Serve residents decaffeinated coffee.
5. Encourage residents to restrict consumption of tea to no more than 3 cups per day.
6. Administer frequent cups of fluids to more disabled or frail residents.
7. Report any concerns i.e., resident hydration or symptoms of heat-related illness to charge nurse.
8. Encourage residents to wear lightweight, light coloured, cotton clothing. Do not layer clothing. Avoid polyester clothing if possible.
9. Close drapes, turn off lights to reduce hydro.
10. In accordance with indoor air temperatures, if temperatures are increasing, residents may need to be moved to cooler or air-conditioned locations for extended periods.
11. Use cool damp cloths to sponge residents, tepid baths as needed.

HOUSEKEEPING

1. Environmental Supervisor is responsible to ensure that temperature and humidity readings are taken and recorded on air temperature / humidity monitoring form. See Appendix A.
2. **Air temperature readings are to be taken every day between 9-10 AM (morning), 3-4 PM (afternoon) and between 7-8PM (evening) from May 15th to September 15th of each calendar year.**
3. Air temperature readings are to be taken at the following locations:

- f. Two resident bedrooms in different areas of the home – Rooms 102/112 and Room 202/220
 - g. One common area on every floor (may include a lounge, dining area or corridor).
 - h. Every designated cooling area of the home: 1st floor lounge; 1st floor dining area; Life Enrichment Room; 2nd floor dining area; 2nd floor lounge
4. Temperature Readings above threshold levels are to be reported to the Maintenance Supervisor and charge nurse immediately.
 - a. **Threshold Levels**
 - i. **Humid Air:**
 - >50% Intervention Alert = 26 °C air temperature
 - >50% Emergency Alert = 30 °C air temperature
 - ii. **Dry Air:**
 - <50% Intervention Alert = 28 °C air temperature
 - <50% Emergency Alert = 32 °C air temperature
5. Air temperature / humidity monitoring form to be retained by Environmental Supervisor and then forwarded to the administrator monthly for retention.
 6. Air temperature / humidity monitoring form to be retained by Environmental Supervisor and then forwarded to the administrator monthly for retention.
 7. Cleaning of floors – damp mop only
 8. Clean and disinfect portable fans biweekly.

E. MAINTENANCE

1. Thermometer / Hygrometers are placed in the home as indicated above and are maintained in good working order.
2. Thermometer / Hygrometers are checked annually for accuracy.
3. Thermometer / Hygrometers will be placed in the following locations:
 - a. A bedroom that tends to be hot – Room 202, 220
 - b. A bedroom in a cooler region of the building – Room 102, 112
4. Ensure proper working conditions of all A/C units. Filters are cleaned monthly May – October and recorded.

RESIDENT RISK ASSESSMENT

Residents' risk of developing adverse effects due to heat exposure is subject to several variables such as the ambient temperature and humidity in the home, health and functional status, clothing and level of activity, hydration, and nutrition. Residents may not recognize the signs of thirst, may not drink sufficient fluids to maintain adequate hydration, may have difficulty regulating body temperature, may have a decreased awareness of their body's needs. Most residents are likely to suffer from one or more medical conditions or take medications that may increase fluid loss, affect sweat production, or impair the body's ability to regulate internal temperature. In addition, residents' risk of having an adverse reaction to heat is also subject to environmental variables including air temperature, humidity, radiant temperature, and air movement. Understanding and being able to identify the risk factors to residents is essential to preventing the possible onset of heat related illness and conditions.

There are several additional risks factors that place some residents at an increased risk of heat-related illness. It should be noted that the following list of additional risk factors is not exhaustive, and the factors are not in any order.

Additional Risk Factors

Risk Category	Risk Description
History of Heat-Related Illness or Heat Intolerance:	History of: <ul style="list-style-type: none"> ▪ Heat-related illness or intolerance (i.e., heat exhaustion, heat stroke) ▪ Infection with or without fever ▪ Poor fluid intake or dehydration ▪ Failure to thrive or malnourishment
Function Status:	<ul style="list-style-type: none"> ▪ Dysphagia ▪ Severe general debility/bedridden ▪ Significant decline in activities of daily living ▪ Cognitive impairment ▪ Enteral/tube feeds
Medical Status:	<ul style="list-style-type: none"> ▪ Obesity ▪ Cardiovascular disease ▪ Respiratory disease ▪ Endocrine disease ▪ Renal disease ▪ Skin disease ▪ Combination of two or more of the following medication: diuretics, anticholinergics drugs, psychotropic medications, tricyclic anti-depressants, and antihypertensive medications

All residents are at risk of heat-related illness. After completing the risk assessment, it should be determined whether residents are:

- At increased risk during hot weather; OR
- Potentially at increased risk during hot weather

See Appendix B: Maple Villa Resident Risk Assessment

HEAT-RELATED ILLNESSES

People suffer heat-related illness when the body's temperature control system is overloaded. The body normally cools itself by sweating. But under some conditions, sweating becomes insufficient. In some cases, the person's body temperature rises rapidly. Very high body temperatures may damage the brain or other vital organs. Several factors affect the body's ability to cool itself during extremely hot weather. When the humidity is high, sweat will not evaporate as quickly, preventing the body from releasing heat quickly. Other conditions that can limit the ability to regulate temperature includes age i.e. elderly persons over 65 or young children (age 0-4), obesity, fever, dehydrations, heart disease, mental illness, poor circulation, sunburn, and prescription drug use and alcohol use.

The chart below describes various conditions of heat induced illness including heat rash, heat cramps, heat exhaustion, and heat stroke.

Condition	Description	Symptoms	Steps to Take
Heat Rash	Skin irritation caused by excessive sweating with exposure to hot, humid weather. Sweat glands become trapped beneath the skin surface unable to evaporate causing a	<ul style="list-style-type: none"> • Cluster of red bumps. • Likely to appear on neck, upper chest; groin area; under the breasts; and in elbow creases. • May feel itchy or sore, with prickly sensation. 	<ul style="list-style-type: none"> • Provide a cooler, less humid environment. • Keep the affected area dry. • Do not use creams or lotions on the affected areas.

	mild inflammation or rash. Also known as prickly heat.		
Heat Cramps	Heat cramps are muscle pains or spasms. Excessive sweating depletes the body's salt and moisture. The low salt level in the muscles causes painful cramps.	<ul style="list-style-type: none"> • Painful muscle cramps or spasms, usually felt in the abdomen, arms, or legs. • Heat cramps may also be a symptom of heat exhaustion. 	<p>Seek medical attention for heat cramps:</p> <ul style="list-style-type: none"> • If cramps do not subside in one (1) hour. • If heart problems known. • If a person is on low sodium diet. <p>If medical treatment not necessary:</p> <ul style="list-style-type: none"> • Stop all activities and rest quietly in a cool place. • Provide beverages of clear juice or sports beverages. • Avoid strenuous activities for a few hours after the cramps subside as may lead to heat exhaustion or heat stroke.
Heat Exhaustion	Heat exhaustion is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids. Those most prone are elderly people with high blood pressure, and those working or exercising in a hot environment.	<p>Warning signs of heat exhaustion:</p> <ul style="list-style-type: none"> • Heavy sweating • Paleness • Muscle cramps • Tiredness • Weakness • Dizziness • Headache • Nausea or vomiting • Fainting • Skin may be cool and moist. • Pulse rate fast and weak • Breathing fast and shallow 	<p>Steps to cool the body during heat exhaustion:</p> <ul style="list-style-type: none"> • Drink cool, non-alcoholic beverages. • Rest. • Cool shower, bath, or sponge bath. • Provide air-conditioned or air-cooled environment. • Wear lightweight clothing. <p>If heat exhaustion is untreated, it may progress to heat stroke.</p>
Heat Stroke	Is the most serious heat-related illness. It occurs when the body becomes unable to control its temperature: the body temperature rises rapidly; sweating mechanism fails; body	<p>Warning signs of heat stroke vary but may include:</p> <ul style="list-style-type: none"> • Body temperature above 40°C • Red, hot, and dry skin (no sweating) • Rapid, strong pulse 	<p>Heat stroke can cause death or permanent disability if emergency treatment is not provided in a timely manner.</p> <ul style="list-style-type: none"> • Have someone call for immediate medical assistance while you begin to cool the person

	is unable to cool down, and body temperature rises to 40°C or higher within 10 to 15 minutes.	<ul style="list-style-type: none"> • Throbbing headache • Dizziness • Nausea • Confusion • Unconsciousness 	<p>rapidly.</p> <ul style="list-style-type: none"> • Do not give the person alcohol to drink. • Get medical assistance as soon as possible.
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ALTERNATIVE COOLING METHODS

- Monitor indoor heat and determine thresholds to implement cooling strategies.⁶
- Ensure adequate hydration of residents and staff.
- Ensure cooling supplies are available for your residents (e.g., cool washcloths, ice packs, cool baths) and appropriate support to avoid injury.
- Provide cooling options/areas, available for several hours each day, (designated cool room, cool showers, fan, portable air conditioner and bathe hands/forearms or sponging with cool water).
- Block direct sun: use window awnings, blinds, and outdoor umbrellas.
- Increase air flow: encourage cross breezes by opening windows, providing the humidity is 50% or less.
- Evacuate room(s) if extremely high temperature occurs (determine on a case-by-case basis).

Use Portable Fans

- Large industrial hall fans are to be avoided in resident care areas.
- Any fans shall meet the criteria of the home.
- It is recommended that portable fans not be in use in rooms with Droplet and Contact Precautions.
- To minimize the risk of airborne illnesses, it is recommended that portable fans not be used in resident rooms.
- In non-resident areas, such as healthcare staff stations, ensure airflow is directed within the area. Fans should not be placed in clean utility rooms and medication rooms.
- Regular cleaning and maintenance of the fans shall be completed on a bi-weekly basis and documented as cleaned on each portable fan unit.

Work Practice Controls and Interventions to Protect Staff During Hot Weather

- Reduce the temperature and humidity through air cooling, if possible
- Provide air-conditioned rest locations, discourage outdoor breaks.
- Reduce physical demands of work tasks where possible.
- Avoid direct contact with sunlight – lower shades/blinds, pull draperies.
- Wearing appropriate clothing for the conditions
- Staff should wear light summer clothing that permits air movement and sweat evaporation.
- Provide plenty of cool drinking water to workers and urge staff to drink small amounts frequently (for example, one cup of water every 20 minutes)
- Assess the physical demands of job descriptions and monitor work tasks.
- Avoid direct contact with the sun.
- Encourage more frequent rest breaks in air-conditioned locations (i.e., 2x 15 minutes instead of 1x 30 minutes)
- Pregnant staff or staff with a medical condition should consult with their health care provider about working in hot weather conditions.
- The employer shall investigate all complaints of heat-related illness.

Educate staff on heat-related illness, including:

- Signs and symptoms
- Predisposing factors and conditions
- Interventions

- First aid procedures
- Employee responsibilities in avoiding heat-related illness.
- Work practices
- Hot weather-related prevention and management response plan

RESIDENT OUTINGS DURING HOT WEATHER

Clothing:

A resident should wear loose, lightweight, light-colored clothing. A wide-brimmed hat will help protect the head and face and sunglasses will help protect the eyes.

Nourishments:

Frequent, smaller meals may be more easily tolerated during hot weather. Encourage fluids before, during and after meals, as appropriate to avoid dehydration. Between meals frequently offer cool fluids like water, fruit juices and electrolyte replacement drinks. Other hydrating/cooling choices for snacks may include frozen popsicles, juice bars, ice cream, sherbet, and watermelon. Alcohol may cause dehydration and should be avoided.

Physical Activity:

Keep physical activity to a minimum. Allow for frequent rests and encourage rest even if the individual does not indicate being tired. Attempt to stay indoors between 10:00 AM and 4:00 PM, the warmest part of the day.

Skin Protections:

If outside, ensure that individuals are kept out of direct sunlight by using shade trees, covered awnings or patio umbrellas. Sunscreen should always be applied, even in the shade, as the elderly are very susceptible to sunburn. Remember to reapply as needed or directed on the package.

Staying Cool:

With safety in mind, use a battery powered or hand-held fan to provide some breeze during warm weather. Keep cool cloths handy to apply to the face, neck, and arms. Cloths can be wrapped around ice cubes for quick cooling and a small water spray mist bottle can help cool individuals rapidly.

SEVERE/HOT WEATHER:

Families should:

- Consider cancelling outings.
- Transportation should be in air-conditioned vehicles.
- Keep outings limited to destinations that are air conditioned such as shopping mall, community centers, places of worship or air-conditioned homes, etc.
- While out, ask or look for the following signs or symptoms of hot weather-related illness:

Ask if They Feel	Look For
Shortness of breath	Shortness of breath
Palpitations, throbbing headache	Hot dry skin, flushed skin
Muscle cramps, extreme weakness	Confusion
Nausea, dizziness, light headedness	Lack of co-ordination
Feeling faint, tingling in hands or feet	Unusual swelling of feet and/or ankles

If residents describe or families suspect any signs or symptoms of hot weather-related illness, quickly find the individual a seat in a shaded or air-conditioned environment and rapidly cool them with wet cloth or water baths. Get emergency medical assistance immediately.

In addition, when returning the resident to Maple Villa, report to the on-duty RN/RPN how the resident tolerated the heat and activity, including how much fluid the resident drank as well as any concerns relating to the general well-being and health of the resident.