Response checklist: Heat

The purpose of this document is to support ongoing assessment and action <u>during a heat event</u>. This document should be used to assess readiness and risk within the facility every day if necessary (more often if desired). Please contact Access, Care and Transitions and/or Assisted Living if the temperature inside the facility is not falling despite implementation of the Heat Plan.

INFRASTRUCTURE	PROGRESS	ACTIONS REQUIRED
Awareness of information on building and supplies, including:		
Staff are aware of cooling locations and hot spots throughout the	□Yes	
building	□No	
	□ N/A	
Staff are aware of private cooling devices available should they	□Yes	
be required	□No	
	□ N/A	
Staff are aware of other important information (please specify):	□ Yes	
	□No	
	□ N/A	
Equipment		
Electrical equipment is in working order	☐ Yes	
	□No	
	□ N/A	
All non-essential electrical and heating equipment (e.g.	☐ Yes	
computers, lights) are turned off	□No	
	□ N/A	
Heat generating equipment (kitchen, laundry) is being used	☐ Yes	
during cooler parts of the day (night/evening)	□No	
	□ N/A	
Emergency generator is operational	☐ Yes	
	□No	
	□ N/A	
Fuel for Emergency generator is available	☐ Yes	
	□No	
	□ N/A	
Maintenance	Progress	Actions to be taken
Contact information for on-call personnel available to respond to	□Yes	
AC unit malfunction after hours is posted or visible (off hours	□No	
staff know where to locate this)	□ N/A	
All AC units are in working order.	□ Yes	
	□No	





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	□ N/A	
If AC units are not in working order, calls have been placed for	□ Yes	
maintenance.	□No	
	□ N/A	
Kitchen AC unit and exhaust fans are in working order.	☐ Yes	
	□No	
	□ N/A	
Ice machines and water fountains are in working order	□ Yes	
	□No	
	□ N/A	
AC units have been checked – no dams have been identified	□ Yes	
	□No	
	□ N/A	
Temperature	Progress	Actions to be taken
Indoor temperature is being monitored per LTC Licensing	□ Yes	
Standard (highly recommended for AL sites)	□No	
	□ N/A	
If there is reason to believe indoor temperatures may approach	□ Yes	
or exceed 26°C (e.g. a heat alert is in effect, previous measured	□No	
temperatures have been increasing, etc.), leadership and charge	□ N/A	
staff are aware of cooling measures to be implemented per heat		
plan.	—	
Efforts to reduce solar heat have been implemented throughout	☐ Yes	
the facility (curtains have been pulled, blinds have been closed, room darkening shades, etc.)	□ No	
- '	□ N/A	
Operations	Progress	Actions to be taken
Information regarding the heat plan is shared at all staff huddles	☐ Yes	
and shift changeover	□ No	
	□ N/A	
Leaders and charge staff are aware of location of contact	☐ Yes	
numbers for:	□ No	
external contractors	□ N/A	
evacuation plans		
staffing plans and staff fan out lists		
off hours leadership support		
Security risks and safety considerations related to leaving doors	□ Yes	
and windows open for airflow daily have been evaluated	□No	
	□ N/A	





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Clinical decision support tools related to hot weather conditions have been implemented • hydration • hypodermoclysis* *Hypodermoclysis is only be used when other means of hydration (i.e. increasing oral intake) have been attempted or are not feasible. Hypodermoclysis will only be used when it aligns with the resident's goal of care and any Advance Care Planning (ACP) or Medical Orders Scope of Treatment (MOST) documents – refer to FH CLINICAL DECISION SUPPORT TOOL: Appropriate Use of Hypodermoclysis in Residential Care Hydration stations are in use and regularly refreshed throughout the care home • water and/or other cool, non-alcoholic, non-caffeinated beverages are being offered to residents and staff regularly through all shifts • there is an appropriate amount of hydration station supplies and replenish as needed • proactively offer hydration during medication administration and daily care • use a documented schedule for hydration rounds • self-serve beverage stations are available in common area(s)	☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A	
Menu changes have been implemented	☐ Yes ☐ No ☐ N/A	
Recreation plans have been adjusted (factor in the need for air-conditioned transportation)	☐ Yes ☐ No ☐ N/A	
Supplies for cooling and hypodermoclysis are available. If not available, supplies are reordered.	☐ Yes ☐ No ☐ N/A	
Temperature in medication room does not present any risk to the integrity or stability of the pharmaceuticals	☐ Yes ☐ No ☐ N/A	





Heat

Clinical	Progress	Actions to be taken	
Resident Considerations			
Residents are assessed for symptoms of heat illness while	☐ Yes		
completing regular resident assessments. Checks should include:	□No		
 changes in oral cavity – insufficient saliva or unusual dry 	□ N/A		
mouth, difficulty speaking and/or swallowing, nausea			
and vomiting			
 changes in behavior – headaches, unusual fatigue, 			
sleepiness, weakness			
 skin moisture – signs of heat rash, fungal rash 			
 vital signs – temp, heart rate, blood pressure 			
 difficulty breathing 			
 changes in level of responsiveness 			
 changes in food/fluid intake are recorded and reported. 			
dietitian is consulted as required.			
 resident output is monitored and recorded (e.g. voiding 			
times or number of soiled pads)			
 assess residents for dehydration risk – refer to FH 			
document for UTI, Appendix H			
• identify and plan to care for residents with heat-related			
illness in long term care homes – refer to FH CLINICAL			
PROTOCOL: Prevention and Management of Heat-			
Related Illness In Long Term Care Homes (under			
development)			
Monitor, evaluate and reassess fluid requirements as needed based on signs and symptoms in all residents with a particular focus on those assessed as being at			
high risk, including residents receiving enteral nutritional therapy, Thickened			
fluids, fluid restrictions, and those residents who require assistance with eating			
and drinking Plan is implemented to ensure that the highest risk residents are	□ Yes		
assessed more frequently.	□ No		
,	□ N/A		
Care team members are following updated care plans (which	□ Yes		
have been updated for heat related illness) goals of care	□ No		
, , ,	□ N/A		
Heat-related information is shared during all shift changes.	□ Yes		
Implement additional huddles as required	□ No		
	□ N/A		
Residents are rotated through cooling zones using a documented	□ Yes		
schedule	□ No		
	□ N/A		
Residents are offered wet cooling cloths and misting as needed	□ Yes		
	□No		
	□ N/A		





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 Residents are being offered additional fluids through 	☐ Yes	
hydration stations, as well as alternatives such as fruit,	□No	
popsicles, ice chips, and Jell-O. Fluids are thickened as per	□ N/A	
resident care needs	,	
Families are encouraged to take residents to cooler	☐ Yes	
environments off site	□No	
	□ N/A	
Residents who choose to go outside have access to shaded areas	☐ Yes	
-	□N o	
	□ N/A	
Residents to wear hats and sunglasses when outside	□ Yes	
	□ No	
	□ N/A	
Recreation staff are observing and monitoring residents	□ Yes	
frequently for heat exhaustion and overheating, consulting with		
nursing staff as needed	□ No	
	□ N/A	
Staff Considerations	Progress	Actions to be taken
Staff are encouraged to drink fluids and extra fluids are easily	☐ Yes	
accessible	□ No	
	□ N/A	
Staff are permitted to wear cooler, lighter clothing or uniforms at	☐ Yes	
work (if applicable)	□ No	
	□ N/A	
Temperature in staff break rooms is assessed for comfort	☐ Yes	
	□No	
	□ N/A	
Staff are offered PPE "breaks" during extreme heat events (ie.	□ Yes	
remove medical mask when it is safe to do so)	□No	
	□ N/A	
Staff are aware of employee resources to cope with heat e.g.		
wellness website, posters, fact sheets etc.	□No	
	□ N/A	
Staff are monitoring resident responses to changes in care plan	□ Yes	
and daily routine	□ No	
any reactions to implementation of emergency plans	□ N/A	
 notify the nurse/team lead if any changes in condition 	LIN/A	
or behavior are observed		
of behavior are observed		
Communication	Progress	Actions to be taken
Residents, staff, family members and volunteers are kept up-to-	☐ Yes	
date daily on heat event.		
	l ∐ No	
	□ No □ N/A	
Resources are available in common areas outlining signs and	□ N/A	
Resources are available in common areas outlining signs and symptoms of heat related illness		





Heat

Heat related signage is posted	☐ Yes	
	□No	
	□N/A	
Families and volunteers contribute to heat event response by:	☐ Yes	
 visiting more regularly 	□No	
 taking loved ones out to cooler locations 	□ N/A	
Education	Progress	Actions to be taken
Staff knowledge is assessed and the need for additional	☐ Yes	
education is evaluated	□ No	
	□ N/A	
Education is offered every day and at every shift change	□ Yes	
regarding:	□No	
 roles and responsibilities in current heat event 	□ N/A	
 prevention and management of dehydration, heat 		
exhaustion and heat stroke.		
 risk factors for heat related illnesses 		
 signs and symptoms of various heat related illnesses 		
 hypodermoclysis 		
urinary tract infections		
,		
Posters are placed in in visible locations for staff (e.g. staff room,	□Yes	
nursing station, washrooms)	□No	
	□ N/A	



