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Licensing Standard

Heat Preparedness and Indoor Temperature Standard for Licensed Long-term Care Facilities

High indoor heat creates a significant risk of illness and death for residents of long-term care facilities. Section 16(1) of the Residential Care Regulation specifies that, “A licensee must ensure that the temperature in each bedroom, bathroom and common room is safe and comfortable for a person who is carrying out the types of activities that would be reasonably expected in the ordinary use of the room.”

This Fraser Health Licensing Standard provides specific guidance to operators of licensed long-term care facilities about ensuring a safe temperature for residents with respect to the risk of heat-related illness.

Part A – Written heat response plan

1. Every licensed long-term care facility must prepare and have available a written heat preparedness plan. This plan must describe three levels of heat preparedness and response actions:
    a. *Standard measures* that the facility will take to prevent indoor temperatures exceeding 26°C (these should be applied on an ongoing basis).
    b. *Escalated measures* that the facility will take if there is a likelihood of indoor temperatures exceeding 26°C (these should be taken any time there is a heat-related special weather statement, a heat warning, or an extreme heat alert, as well as under any other circumstances likely to result in indoor temperatures approaching or exceeding 26°C).
    c. *Emergency measures* that the facility will take if the indoor temperature exceeds 26°C.
    d. See Appendix A for examples of standard, escalated, and emergency measures.

Part B – Daily measurement of indoor temperatures

2. Indoor temperatures must be measured daily from May 1 to September 30, and additionally on any day where the outdoor maximum temperature is forecast to be greater than 22°C.
3. Indoor temperature should be measured daily in the late afternoon to early evening, when indoor temperatures are expected to be at their daily maximum.
4. If there is reason to believe temperatures may approach or exceed 26°C (e.g. a heat alert is in effect, previous measured temperatures have been increasing, etc), more frequent measurements should be taken.
5. At least one daily indoor temperature measurement should be taken per 50 residents, with a minimum of three daily indoor temperature measurements regardless of the size of facility.
6. At least one of these temperatures should be recorded in a common room.
7. At least one of these temperatures should be recorded in a resident bedroom that is expected to experience a high heat burden (for example, a south facing room on the upper-most level).
8. Temperatures should not be measured in air conditioned rooms unless there all rooms in the facility are cooled.
9. Digital thermometers for measuring room temperature should be used.
10. If a temperature above 26°C is measured and thought to be in error, measures can be taken to reduce heat in the room (e.g. opening doors) and a repeat measurement taken one hour later; the second measurement can be used for decision-making purposes.
11. Temperatures should be recorded and documentation retained and available.

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Part C – Implementing emergency response measures

12. If any measured temperature exceeds 26°C, the facility's emergency measures must be taken as outlined in the heat response plan.

Appendix A – Potential elements of a heat preparedness plan

Standard measures may include:

- Installation of blinds or curtains on all windows, which can be drawn closed on mornings when there is a risk of high indoor temperatures (to reflect heat away from indoors) and opened in the evenings (to allow heat to leave the building).
- Planting shade trees near the building.
- Installation of air conditioning, heat pump, or similar cooling infrastructure; if it is not possible to cool the entire facility, these can be situated in a common area that can be used as a cool area shelter when needed.
- Ensuring rooms have a fan.
- Training staff on use of a standardized protocol to assess residents for heat-related illness and dehydration.

Escalated measures may include:

- Adding additional portable air conditioners.
- A plan for increasing hydration of residents (e.g. adding additional staff to support active hydration).
- Assessing residents for heat-related illness and dehydration using a standardized protocol.
- Ensuring fans are being used, particularly to bring air from cool spaces to warm spaces (note that fans should not be used when the indoor temperature is 36°C or higher, because beyond this temperature they cause heat to be transferred from the air to the body).
- Ensuring windows are closed in the morning and open in the evening, where this would not create a safety risk for residents.
- Ensuring curtains are drawn shut in the morning and drawn open at night.

Emergency measures may include:

- Renting portable air conditioning units.
- Frequently assessing all residents for signs of heat-related illness or dehydrations using standardized protocol.
- More frequent measurement of indoor temperature (at least twice daily).
- Rotating residents into air conditioned rooms.
- Encouraging residents to use self-dousing or ice towels, where this would not create a safety hazard.
- Adding additional staff to support increased active hydration, rotation of residents into air conditioned rooms, and frequent assessment for heat-related illness.
- Taking residents to visit municipal or other local cool air shelters (e.g. public library, community centre).
- Transferring residents out of the facility, starting with those most vulnerable to heat-related illness.