

# Action Steps for Health Centers to Address Extreme Heat Events



## Extreme Heat Primary Care Facility Preparedness Guide For Administrators

### Purpose

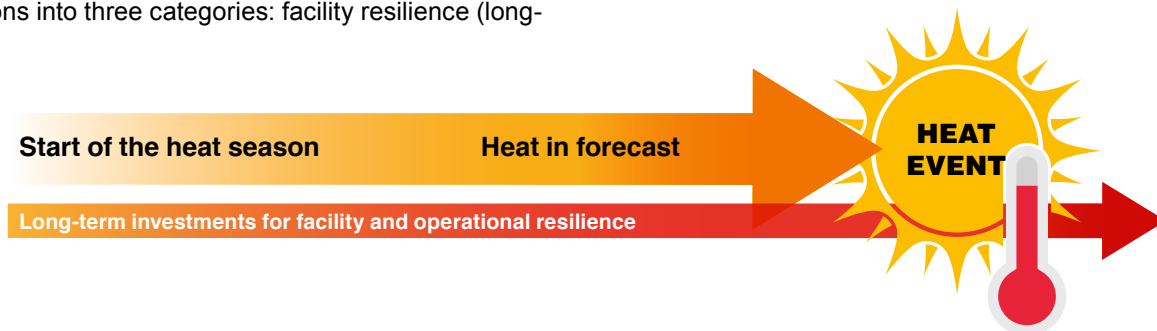
This document is designed to assist primary care facilities in preparing for extreme heat events that may impact facility operations. Based on regional variations in capacity and capabilities, not all content may be relevant.

Preparedness actions in this document focus on **facility and infrastructure actions**, while staff actions to prepare can be found in the “Operational Preparedness Guide”.

This facility preparedness guide divides recommended actions into three categories: facility resilience (long-

term), actions for the start of the heat season (middle-term), and actions when extreme heat is in the forecast (short-term). Actions to be taken during an extreme heat event can be found in the “Heat Response Checklist”.

Each category in this guide complements the others, for example, longer-term investments, such as purchasing a backup generator, increase the ability of a health center to carry out middle- to shorter-term preparedness.



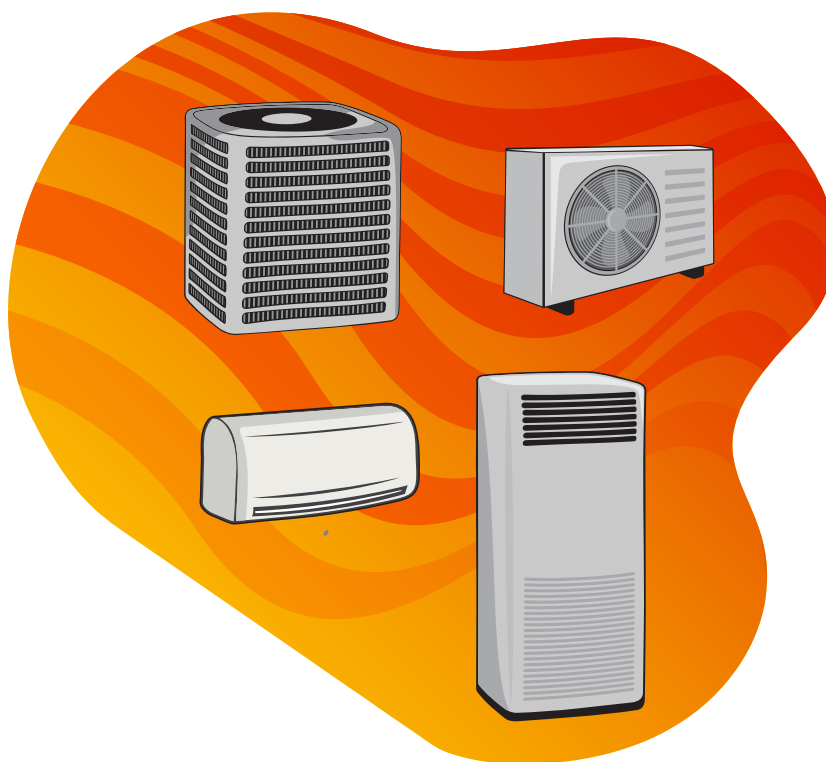
### Facility Resilience (Longer-Term Investments)

- Establish a heat-safety committee and designate a personnel within the health facility to oversee the development and implementation of policies for facility improvements and cost planning for climate-change-related emergencies. If possible, the heat-safety committee should be connected to broader community resilience efforts and/or agencies. Committee responsibilities include long-term, middle-term, and short-term preparedness, oversight, and accountability. **See “Operational Preparedness Guide”** for more information.
- Identify maintenance schedules and assign staff roles that will inspect critical equipment and cooling technology as part of their roles and responsibilities.
- Develop strategies for procuring, replacing, and maintaining sustainable energy equipment, such as solar panels, thermostats, or insulation. This should include timelines to afford high-priced materials over an extended period.
- Identify critical systems and establish emergency maintenance agreements with suppliers (example: emergency refueling).

- As much as possible, promote biophilic design or green spaces in the health facility. [Plant trees](#) on the property to provide shade and evaporative cooling.
- Identify strategies to [reduce non-essential equipment use](#) and energy consumption, such as installing motion sensors for lights and switching to LED lightbulbs.
- Identify equipment that can be powered via solar (facility systems or equipment-specific panel) to extend generator fuel for essential equipment and reduce energy use during high-demand times. Consider equipment that may be sensitive to power fluctuations or may present a life-safety risk if power is interrupted.
- [Re-evaluate the duration and availability of power](#) when new equipment or lighting has been added to the facility.
- [Develop an improvement plan to buy solar equipment](#) and energy storage over an extended period, which can support longer-term resilience.
- Replace or cover cracked or old concrete/pavement with [“cool pavement”](#) or [“cool paints”](#) which can reduce the amount of heat absorption.
- [Minimize or reduce the use of diesel or propane backup generators](#), as they present storage risks and contribute to local air pollution, which can pose significant risks to vulnerable patients.

## Start of Heat Season

- [Check, clean, maintain, and/or repair relevant equipment:](#)
  - Air conditioners or heat pump systems
  - Fans
  - Window blinds
  - Dehumidifiers
  - Refrigerators, freezers, and other cold storage equipment
  - Structure insulation
  - Generators or other backup power systems
- [Identify non-essential equipment](#) that can be turned off during extreme heat to conserve electricity and reduce heat generation.
- [Ensure emergency generators or battery storage are connected to refrigeration units](#) to keep them running during power outages.
- [Review facility response plans in case of equipment failure](#) and identify thresholds for specific actions. This should include backup storage for temperature-sensitive equipment, pharmaceuticals, vaccines, etc.
- [Consider installing the following](#) to reduce indoor temperatures:
  - Window UV film, window deflectors, or shades to reduce direct sunlight into the facility.
  - Double pane windows to promote insulation.
- “Cool roofs” by painting the roof with white paint or reflective materials.
  - Painting or shading concrete surfaces that receive direct sunlight can reduce nighttime temperatures.
- [Consider acquiring body bags](#) to support the rapid cooling of patients experiencing acute heat stroke. Body bags can be filled with ice or cool water, and be reused, as necessary.







# Extreme Heat Operational Preparedness Guide

## For Administrators

### Purpose

This document is designed to serve as comprehensive guidance for preparing for extreme heat events. It details a recommended staffing structure for heat preparedness and a year-round preparatory approach, emphasizing the essential operational tasks to be completed year-round, at the beginning of the heat season, and when heat is in the forecast.

This document should be used alongside the Facility Preparedness Guide and Heat Alert Guide, which focus on critical and just-in-time infrastructure improvements and communication needs.

It is important to recognize that not all recommendations will be applicable to every facility. Health facilities should prioritize tasks based on health needs, capacities, and available resources to optimize heat event preparedness and response. The Heat Officer role can be filled by either an administrator, Public Health Nurse, Human Resources for Health (HRH) staff, or ancillary staff member, as makes sense for clinic capacity and capabilities.

This document should be used as part of a comprehensive, progressive preparedness program, that uses lessons learned from facility exercises or real-world responses to improve systems and thus promote longer-term resilience (**See the “Recovery Checklist” for recommended improvement actions**).

### Staff Roles and Responsibilities

#### Heat Safety Officer

Identifying an appropriate Heat Safety Officer at each facility is critical to ensuring accountability and operational success. The designated Heat Safety Officer will be responsible for:

1. Organizing and convening a clinic heat safety committee (**see next section**).
2. Facilitating heat-related preparedness activities at the clinic.
  - a. Preparing and revising/improving heat plans
  - b. Facilitating trainings and exercises
  - c. Planning resource acquisition
3. Receiving weather-related information and disseminating it appropriately to clinic staff and/or patients.



- a. Weather data can be monitored via DOH/ PAGASA.
  - b. Heat index 5-day forecasts, which can more accurately predict impacts on health, can be found on the [PAGASA website](#). Heat index forecasts with multiple days of orange (danger) and red (extreme danger) should be considered an extreme heat event.
  - c. The Heat Alert Officer will sign up for a local emergency cell broadcast system (ECBS) via local government notification such as the MDRRMC or PAGASA weather alert system and learn how to distinguish between the types/ levels of heat alerts.
4. Assessing the facility's heat readiness and coordinating actions to improve it, as detailed in the following sections.
  5. Activating the heat response when extreme heat is forecast or happening.

The Heat Safety Officer role can be filled by either an administrator, clinic leader, facility manager, or provider/ancillary staff member, as makes sense for clinic capacity and capabilities. Assigning a backup (secondary) heat officer will ensure continuity in case of staff absence or shift changes.

The *Primary Heat Safety Officer* for our clinic is:

The *Secondary Heat Safety Officer* for our clinic is:



### Heat Safety Committee

Below is an example list of Heat Safety Committee participant roles and responsibilities:

Position	Responsibilities	Assigned to
Heat Safety Officer (may be PHN, or HRH staff)	Training facilitator, plan implementation, Authority and oversight, Advising / Communications	
Assistant Heat Safety Officer (may be PHM or HRH staff)	Backup facilitator, support the Heat Safety Officer, Operational support	
Heat Safety Support (may be Midwives, CHW or BHW)	Operational support in the community	

## Preparatory Actions for Heat Safety Officer and Committee

### Year-Round

- **Identify high-risk patients and flag their charts.** If you do not have a charting system, establish a list of patients and relevant information. Get contact information for family or caregivers of patients deemed high-risk to check on the patient during extreme heat. Factors that contribute to elevated risk:
  - Age: infant, children under age of five (5), or older persons
  - Pre-existing health conditions
  - Working outdoors and/or in manual labor jobs
  - Socioeconomic status: low-income status, living in informal settlements, low-income neighborhoods, or being unhoused
  - Social isolation
  - Transportation barriers
  - Lack of cooling technology: fans, air conditioning, heat pumps, etc.
- **Develop a communication plan for at-risk patients.**
  - Either through the health station or a family member, high-risk patients should be assessed daily for:
    - Use of cooling technology (remind the patient

- that below 27°C is safe for most people)
  - Signs of heat-related illness
  - Adequate fluid intake
  - Appropriate clothing: light-colored and loose
- **See the Heat Tip Sheet for Patients** provided in this toolkit for additional heat-illness prevention measures to be communicated and encouraged.
- **See the “Heat Alert Plan”** in this toolkit for draft language and templates to use.
- All patients and staff should have access to weather forecasts either via phone, television, or an identified caregiver or family member.
- **Discuss heat wave preparedness with staff.**
  - Consider scenario-based discussions or tabletop exercises involving staff at all levels.
  - Ensure staff know how to protect themselves and their families from heat-related illness and conduct training as appropriate.
  - Communicate any changes in roles and responsibilities that might occur due to an extreme heat event. These may already be outlined in the clinic’s existing emergency plan.

- **Prepare for power outages:** See the “**Health Center Power Outage Preparedness and Response**” on page 8 for additional information about power outages at your facility.
- **Connect with existing community organizations, government agencies, private sectors, and NGO partners** that would be able to support the clinic or the patients during extreme heat.
- **Connect with Rural Health Units and City Health Officials** to make sure the clinic is on all important messaging lists for heat-related communications.
- **Work with nearby BHS and RHUs** to identify where staff can be relocated in case of a facility closure or evacuation during an extreme heat event. These relationships can be utilized beyond extreme heat events and have supported communities responding to human-caused and natural hazard emergencies.

## Start of the Heat Season

- Check with the Department of Health (DOH), Philippine Atmospheric, Geophysical and Astronomical Services Administration (PAGASA), or your local health department to see if your city or town has **heat vulnerability maps**. These can help you understand your patients’ level of vulnerability based on where they live. You can also use it to identify whether your clinic is in a geographically vulnerable area.
- **Review toolkit materials with providers and staff**, and ensure providers are prepared to use and distribute the materials.
- **Encourage or require providers to:**
  - Update family or caregiver contact information for high-risk patients to prepare for wellness checks during extreme heat.
  - Incorporate heat illness prevention and signs of heat illness into the clinic’s existing patient and caregiver education process.
- **Consider adjusting health facility operational hours to cooler times.** This can reduce the risk of patient heat exposure as they travel to their appointment. However, the facility should also be prepared to stabilize patients experiencing heat-related injuries. Pre-planning and communicating about changes to operational hours during extreme heat can ensure efficient communication between patients and local authorities.

- **Consider occupational safety issues.** Ensure staff have access to sufficient water for hydration and a cool place to work and take breaks. Where the work environment is hotter, longer breaks and increased water intake may be necessary before it is safe for an employee to return to work.

## When Extreme Heat is Forecast

- **Ensure medical staff provide heat safety information** to patients identified as being high-risk.
- **Modify scheduling for patients** requiring routine, time-sensitive treatments and/or lab tests (such as dialysis or INR levels). Work to get these patients scheduled either ahead of an anticipated extreme heat event, or in the early morning or evening when temperatures are lower (**See Beginning of the Heat Season in “Facility Preparedness Guide”** for more information about facility operational hours).
- **Have additional supplies on hand** to treat heat-related illness, including ice packs, cool water, or cool IV fluids.
- **Identify scheduling opportunities.**
  - Keep any open appointment times available for potential heat-related non-emergency visits.
  - When possible, reschedule non-acute appointments to prevent patients from traveling in the heat. Patients at high risk from heat should be prioritized for rescheduling if their appointment is not time-sensitive. Consider telehealth if available.
- **Address necessary changes in staff’s roles and responsibilities**, to ensure essential heat-related tasks are completed (**See “Facility Preparedness Guide”** for additional tasks).
  - If not a standard part of operations, institute morning huddles to discuss staff and patient needs and challenges and address any updates or changes.
- **Monitor changes in public transit.**
  - Heat can cause public transit to slow down or stop functioning entirely. Even where transit continues to function normally, ridership may decrease due to access issues (example: unshaded bus stops). This affects both staff getting to work and patients getting to appointments.

- **Ensure staff have family preparedness plans** and feel confident that their families will be safe during the extreme heat event. This will help ensure staff can focus on supporting facility operations during extreme heat.
  - **Use the heat alert/communications plan (See “Heat Alert Plan and Communication Templates”)** for high-risk patients.
- This guidance has been adapted from the NYC Health*

*This guidance has been adapted from the NYC Health “Heatwave Guidance for Service Providers” document.*

**NOTES:**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.





# Health Center Power Outage Preparedness and Response For Administrators

## Purpose

This document provides recommendations for policies and procedures in the event of a power outage that can be included in a facility's emergency plan or in a standalone power outage plan. These plans can help ensure the safety of staff and patients in the event of a power outage. Improving clinic resilience may have the added benefit of improving clinic sustainability and cost-savings.

## Power Outage Preparedness

1. Develop policies and procedures for a) periods of time when a power outage occurs, and clinic operations can rely on backup power, and b) situations when backup power is unavailable or fails.
  - a. Responses to power failures may include limiting services, communicating operational changes to staff and patients, and assisting high-risk patients out of the facility.
2. Have an inventory of what equipment is and is not powered when using a generator or battery.
  - a. Have equipment clearly marked, including power outlets.
  - b. Update inventory when new equipment is purchased, or facility electrical upgrades occur.
3. Explore partnerships with local hospitals for short-term refrigeration of vaccines and medications in case of a power outage.
4. Implement policies to reduce energy demand during normal operations, which translates into less backup energy needs during outages:
  - a. Install a smart thermostat.
  - b. Install motion sensor lights.
  - c. Use LED bulbs throughout the facility (LEDs use less electricity and produce less heat).
  - d. Conduct an energy audit to identify other opportunities for energy savings.
5. Develop a purchasing schedule policy to procure energy-efficient equipment to limit the strain on generators during power outages.
6. Understand the capability of your backup generators, including the anticipated length of time they can run with various electrical loads with the current amount of fuel.

- a. Create an easily understood comparison chart of electrical load to the length of time the generator can function, with examples of equipment, to improve the duration of backup power.
7. Identify staff members to oversee the implementation of each of these policies and ensure they are followed through.

## Partnerships and Vendors

### Contacting Partners

Establish relationships with power-related companies, such as electrical utility companies, generator service companies, electricians, and others. Plan for at least annual communication with these companies to check on the status of any verbal or written agreements, especially those that pertain to power outages. All formal business relationships such as with vendors should have written agreements. Create agreements with partners to receive emergency maintenance in case alternative power sources fail during an extreme heat event.

1. **Utility Companies:** Contact your power company to identify if your clinic is listed as a priority location during a power outage. Priority locations may receive preferential access to electricity during system outages or have electricity restored earlier.
2. **Electricians and Contractors:** Establish a relationship with an electrical or contractor company to have the facility generator regularly inspected and maintained to prevent deterioration.
3. **Rental Companies:** Work with rental companies and develop partnerships to ensure the clinic can obtain extra generators and equipment in case the generator fails to operate during an extreme heat event.
4. **Community Organizations or Businesses:** Work with local businesses, organizations, or health centers to identify backup cold chain options in case the supply gets too warm.
5. **Staff Members:** Identify who will oversee the implementation of each of these policies and ensure they are followed through.



## Emergency Power Sources

### Emergency Power Options



1. Work with an electrician to receive an evaluation of the possibility of installing generators or backup batteries and prices for the installation. An evaluation may be able to identify the right size of generators or batteries needed to run a portion of the facility or the entire facility, along with the price of labor required to complete the installation.
2. Generators
  - a. Gas/Diesel generators are the most affordable backup power source available. These can range from portable generators to industrial generators which can be installed into the ground and configured to turn on when the power grid fails.
    - i. Benefits: These are generally less expensive up-front and may be more reliable for large facilities.
    - ii. Drawbacks: Requires purchase and storage of combustible fuels, requires regular maintenance and refueling during extended power outages, and contributes to local air pollution.
  - b. Solar power systems are more expensive but more environmentally friendly, do not contribute to local air pollution, and can be more cost-effective in the long term. These can also range from small portable systems to larger stationary systems with panels and energy storage.
    - i. Benefits: These do not rely on fuel sources during prolonged power outages, and they do not contribute to local air pollution. These can often be used during non-emergency times to reduce energy costs.
    - ii. Drawbacks: More expensive up-front than fuel generators. Powering a full facility may require more space for solar panels than is available on a facility's roof.

### 3. Battery Storage

- a. Battery storage is necessary for solar power systems to be practical during power outages. Backup batteries can also be used without solar by charging batteries from grid power, however, during outages, recharging these systems will be unlikely until grid power is restored. While battery storage can be expensive up-front, the size and carrying capacity of battery systems are increasing while manufacturing costs have been decreasing over time.
  - i. Benefits: Quieter than a generator. Can be stationary or portable, does not rely on purchasing fuel, and does not emit pollutants.
  - ii. Drawbacks: Significant expense up front, especially to power a full facility.

### 4. Hybrid Systems

- a. A hybrid solar, battery, and fuel generator system may be a cost-effective way to ensure power to essential equipment.

### Procurement

1. Identify a purchasing schedule to buy gas/diesel generators (or replace old ones as they become outdated or inefficient), backup battery storage, and sustainable energy such as solar.
  - a. Create policies to set aside funds in a reasonable period for each large purchase over time.
  - b. Consider guidelines for generator specifics (such as energy output, size, weight, and other factors that could be critical to effectively powering your clinic).
2. Create policies for generator placement to encompass safety, such as away from windows, doors, air conditioning units, or any air intake for the facility to prevent carbon monoxide and other pollution from getting into the facility if it is a gas or diesel generator.
3. Create policies for generator placement to ensure the generator is easily accessible for maintenance but also remains cool, receives adequate airflow during days of extreme heat, and minimizes air pollution near-patient and staff areas.
4. Identify staff members to oversee the implementation of each of these policies and ensure they are followed through.





# Extreme Heat Immediate Response Checklist

## For Administrators

### Purpose

This Extreme Heat Immediate Response Checklist has been designed as a tool to help your facility take action when a heat wave has been forecast locally.

Use this document to track progress. The notes section at the bottom can also be used to track comments, anticipated completion dates, and other relevant information.

### Facility Preparedness

Done	Task	Assigned to
	Check all blinds or curtains are working and closed to keep the indoor temperature down.	
	Inspect all windows to verify that all windows are sealed appropriately to prevent heat from getting in or air conditioning from getting out.	
	Place fans in exam rooms and lobbies as needed to circulate cool air.	
	If patient/staff areas are humid, use dehumidifiers, if possible, as humid air can raise the felt temperature and affect people's ability to cool themselves.	
	Consider distributing water spray bottles for <a href="#">patients to wet their skin while in front of a fan</a> .	
	Provide safe drinking water for patients and staff.	
	Monitor indoor temperatures in each room (including staff break rooms) to ensure they stay below 27°C. Move patients or staff out of rooms that are too hot.	
	Prepare for stabilization/treatment of patients with acute heat stroke. This may include the following equipment: a tub or body bag for ice water immersion; a large supply of ice; a stretcher/bed; fans; and water spray.	

### Refrigeration and Cooling Supplies

Done	Task	Assigned to
	If possible, keep a supply of ice. Do not wait until ice runs out to request additional supplies, as there may be significant delays.	
	Monitor refrigerators/freezers in the morning and afternoon to ensure medications and vaccines are being kept at appropriate temperatures.	
	Have a plan for how to relocate medicine and vaccines if equipment fails. Review this plan with pre-identified staff who can carry it out if needed.	

## Emergency Power

Done	Task	Assigned to
	Monitor essential equipment and supplies, including generators and backup fuel. Make sure the generator actually works a regular schedule (weekly or monthly) or when heat waves are forecast, and that there are 72 hours of fuel available.	
	Ensure backup fuel is stored in a safe location, away from buildings and people, and out of hot areas that may cause a release of flammable vapors.	
	Contact suppliers in anticipation of needing critical supplies. Do not wait until supplies run out as there may be significant delays.	

## Operations

Done	Task	Assigned to
	Ensure heat-related patient education materials are available for all patients entering the facility. Prioritize immediate actions they can take, such as accessing cooling locations in the community and utilizing a fan + spray bottle to stay cool.	
	Provide staff with extra breaks and ways to stay cool and hydrated.	
	Consider using popsicles and activities to encourage safe patient behaviors. Often patients underestimate risk and can use motivation (such as activities or treats) to go to cooler spaces or take specific actions.	
	If indoor temperatures exceed a safe level for staff and patients, close operations or relocate staff to support other facilities in the area ( <b>See the “Operational Preparedness Guide”</b> for more details).	
	Regularly monitor the body temperature of highly vulnerable patients, particularly those who are non-verbal or have underlying conditions that prevent them from sensing how hot they are.	
	Contact local authorities to provide updates on facility operations, patient volumes, and any critical supply needs. Ensure the facility is listed as a priority facility for power restoration.	
	High-risk patients should be assessed daily for signs of heat-related illness. This can be done via telephone calls by clinic staff, scheduled clinic visits, or at-home visits by health workers, family members, or a combination. ( <b>See “Operational Preparedness Guide”</b> for information on identifying high-risk patients.)	

## NOTES:

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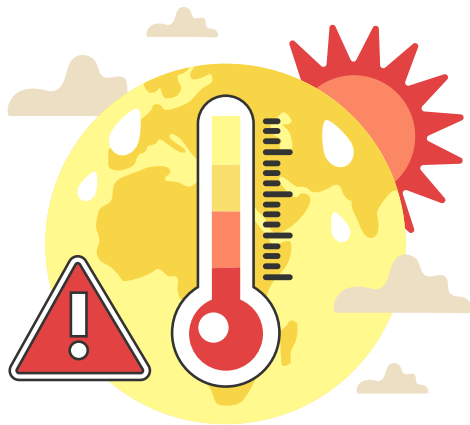
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# Extreme Heat Alert Plan and Communication Templates For Administrators

## Purpose

The purpose of this document is to provide frontline clinics with a strategy to maintain situational awareness and provide critical information to staff and patients to ensure essential operations continue during an extreme heat event.



## Heat Alert Plan

This Heat Alert Plan (HAP) should be part of a preparedness program that supports staff training and education, plan-focused exercises, and recurring plan reviews to identify areas for improvement/revision.

This plan, and other extreme heat resources in the toolkit, should be reviewed by the designated Heat Safety Officer (**See “Operational Preparedness Guide”** for details on the Heat Safety Officer role) at the start of the heat season, and whenever the plan is tested via exercises or an extreme heat event. This is necessary to identify needed revisions and ensure heat officer familiarity with these resources.

The response mechanism in this plan (**See Section 4 and Heat Response Communication Templates**) should be activated when an extreme heat event is in the forecast, as identified by the [Philippine Atmospheric, Geophysical and Astronomical Services Administration \(PAGASA\)](#).

### 1. Monitor emergency weather alerts for extreme heat events.

The primary and secondary Heat Safety Officers need to regularly monitor weather data via the [Philippine Atmospheric, Geophysical and Astronomical Services Administration \(PAGASA\)](#).

Heat index 5-day forecasts, which can more accurately predict impacts on health, can be found on the PAGASA website [here](#). **Heat index forecasts with multiple days of orange (danger) and red (extreme danger) should be considered an extreme heat event.**

### 2. Activate heat preparation activities when extreme heat is forecast.

When extreme heat is in the forecast, the Heat Safety Officer should:

- A. Notify the Heat-Safety Committee members to activate the predetermined heat response plans and begin use of the Heat Immediate Response Checklist in this toolkit.
- B. Review the Facility and Operational Preparedness Guide and identify any remaining actions needed.
- C. Follow the Heat Alert Checklist below to ensure appropriate communication of relevant forecast and clinic operational information.

### 3. Start implementing the Heat Alert Checklist procedures when an extreme heat event is in the 5-day forecast.

#### Heat Alert Checklist

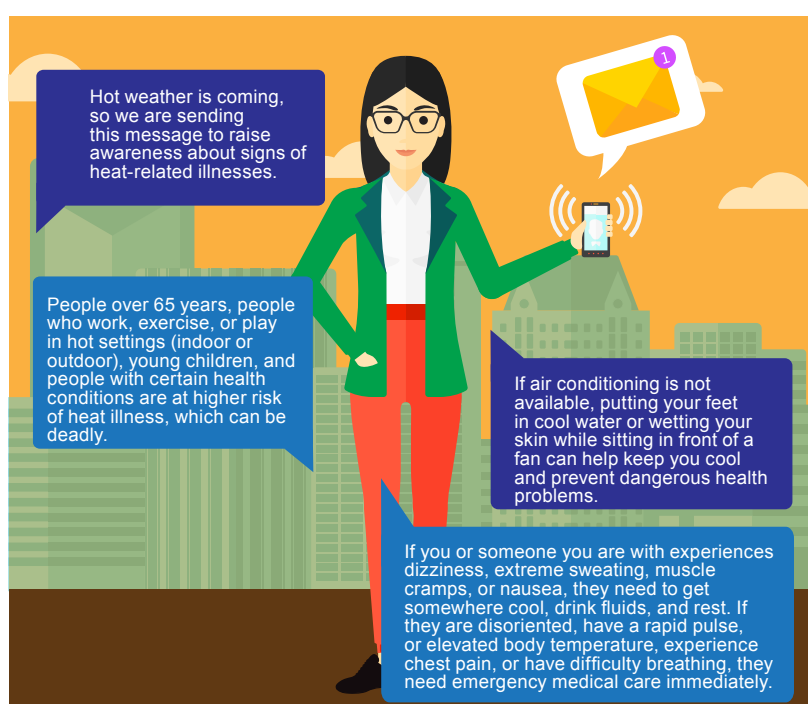
Done	Task	Assigned to
	Notify Heat Safety Committee members and clinic leadership	Heat Officer
	Notify clinic staff and share provider and patient toolkit resources	Heat Officer
	Notify appropriate Rural Health Unit and City Health Office Authorities of extreme heat plan activation and associated activities.	Heat Officer or Leadership
	Notify the clinic patient population of the extreme heat forecast. Provide heat-safety information ( <b>See Figure 2 of At-Risk Special Populations in the Providers Section</b> ).	Provider and Administrator
	Notify high-risk patients of the extreme heat forecast and provide additional heat-safety information relevant to their condition ( <b>See Figure 2 of At-Risk Special Populations in the Providers Section</b> ).	Provider and Administrator
	If patient appointments are postponed ( <b>See “Operational Preparedness Guide”</b> ), notify patients to reschedule.	Provider and Administrator
	Provide daily weather and preparedness action updates to the Heat Safety Committee, clinic leadership, and relevant staff.	Heat Officer
	Provide updates to patients if your clinic is closing, shifting hours of operation, or there are significant changes in the weather forecast.	Provider and Administrator
During Extreme Heat Event		
	Provide updates to patients if your clinic is closing, shifting hours of operation, or there are significant changes in the weather forecast.	Provider and Administrator
	Provide daily weather and preparedness action updates to the Heat Safety Committee, clinic leadership, and relevant staff.	Heat Officer
	Provide heat-safety information to the clinic patient population ( <b>See Figure 2 of At-Risk Special Populations in the Providers Section</b> ).	Provider and Administrator
	Provide high-risk patients with heat-safety information.	Provider and Administrator
	Include links to condition-specific information ( <b>See Figure 2 of At-Risk Special Populations in the Providers Section</b> ).	

## Communications Templates

### Start of the Heat Season

#### Phone, SMS, or email message

Effective communication is crucial for health centers and clinics to ensure the safety and well-being of their patients and staff during extreme heat events. This heat communication template provides guidance and sample messages that can be used to disseminate important information and alerts before and during periods of extreme heat. You may copy and paste the text in the images.



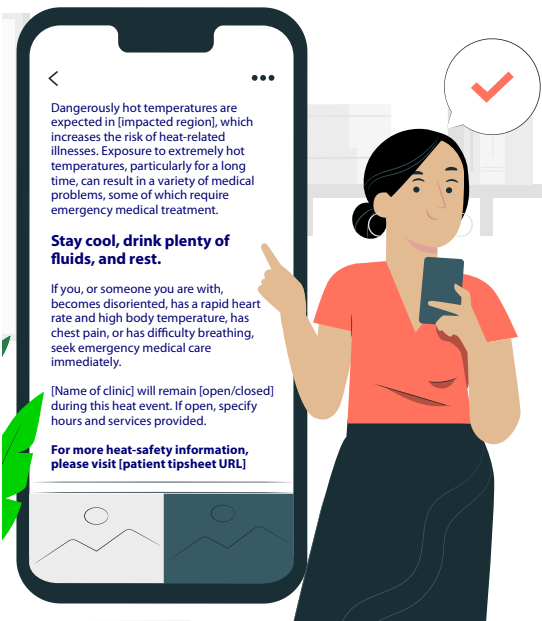


Social Media Post



When Extreme Heat is Forecast

Phone, SMS, or email message



Social Media Post



NOTES:

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# Extreme Heat Recovery Checklist For Administrators

## Purpose

This checklist serves as a structured guide for your facility to navigate the recovery process following a heat wave. It outlines the necessary measures to restore normal operations and address any heat-related impacts that occurred.

Use this checklist to track progress toward the listed tasks. For any measures not yet addressed, utilize the notes section to detail a timeline for execution or to explain any obstacles preventing completion.

Done	Task	Assigned to
	Debrief with staff about the event, and provide opportunities to discuss personal experiences and operational activities. Offer additional mental health support for staff.	
	Keep appointments available for heat-associated emergent health concerns. Extreme heat can contribute to the exacerbation of health conditions even several days after the actual heat event.	
	Reschedule patients who missed appointments or whose appointments were postponed.	
	Check on medication and equipment that may have been affected by heat exposure. Plan for disposal, restocking, or repairs as necessary. This may be time-sensitive as additional extreme heat events may occur in the short term.	
	Review plans and processes internally. Identify opportunities to update and/or improve plans to address any challenges that arise. Update plans accordingly.	
	Participate in (or host) a community stakeholder forum (barangay-level) to review the broader response and any coordination or communication challenges that arose. Identify opportunities for improvement during the next extreme heat event and identify specific actors to carry out improvement actions.	
	Distribute extreme heat patient education and planning materials ( <b>See Patient Tip Sheet</b> ) as the event will be vivid in the patients' memories.	

## NOTES:

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