



# Extreme Heat Operational Guidance

## Administrators

### Introduction

This document outlines steps to take immediately before, during, and after a period of extreme heat - commonly called a heatwave. This document provides guidance to the Heat Alert Officer regarding important administrative tasks to be accomplished leading up to a potential extreme heat event. These tasks can be delegated as appropriate to other staff members.

The steps below may not be feasible for all clinic sites. Prioritize what can be accomplished based on your clinic's needs, capacity, and resources.

### Steps to Take When Extreme Heat is Expected

- Work with medical staff and resources in this toolkit to identify patients served in your clinic who are most vulnerable to heat risk.
- Develop a heat communication plan and activate it for at risk patients in the days before an extreme heat event occurs.
  - Either through the health center or a family member, high-risk patients should be assessed daily for:
    - Access and use of air conditioning (remind patient that 78° F is adequate)
    - Signs of heat-related illness
    - Hydration (Are they drinking enough water?)
    - Appropriate clothing (Are they overdressed or wearing light / loose clothing?)
  - See the Extreme Heat for Patients resource in this toolkit for additional heat-illness prevention measures to be communicated and encouraged.
  - All patients and staff should be linked to official government messaging about the heatwave.
- Identify patients requiring routine, time sensitive treatments and / or lab tests (such as dialysis or INR levels). Work to get these patients scheduled ahead of an anticipated extreme heat event, or if they must come during times of extreme heat, try to have them travel early in the morning or into the evening when temperatures are lower.
- Have 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.
  - Where 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 where available.
- Address necessary changes in staff's roles and responsibilities in line with the clinic's emergency plan.
  - 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 (ex: unshaded bus stops). This affects both staff getting to work and patients getting to appointments.
- Reach out to local partners to confirm cooling center sites. Share this information with patients as needed, taking into consideration COVID and other infection prevention measures.

### Steps After Extreme Heat as Normalized

- Check in with any patients known to have had a heat-related illness. Schedule follow-up appointments as needed. These patients can be identified through the routine high-risk patient checks, by patients who call the clinic asking for guidance, or hospitals calling about clinic patients in their emergency room or inpatient units.
- Reschedule all patients who missed appointments because of the extreme heat event or whose appointments were moved.
- Check on medications and equipment that may have been affected by heat exposure. Plan for disposal, restocking, or repairs as necessary.
- Debrief with staff and/or develop an after-action report.

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