



Establishing a Heat Action Plan Providers

Below is guidance to help you prepare for completion of the Heat Action Plan included in this toolkit with your patients. As you review the topics below, consider also sharing with your patients the appropriate disease-specific heat tip sheet included in this toolkit.

1. Assess if and how they access weather reports and whether they have a means to know the temperature inside their home.

Ask: If you wanted to know how hot it will be outside, what would you do?

If the patient does not know where to look, you can suggest their phone weather app, a local AM radio station with frequent weather reports, or weather.com

Ask: If you wanted to know the temperature inside your home, how would you? Do you have a thermostat or thermometer that can measure it?

If the patient does not have a thermometer/thermostat, consider providing one or suggest that they can be purchased for a few dollars at hardware stores or online.

2. Assess risks for excess heat exposure above forecast temperatures.

Ask: Do you live in a building with many floors? If so, what floor do you live on?

Ask: Do the windows in your home open?

Ask: Do you have a job in which you work outdoors or work near hot machinery such as ovens, grills, or boilers?

If a patient lives on an upper floor, has a unit without functional windows, or has occupational risks, these all increase the risk of heat exposure and should be considered when developing a heat action plan.

3. Assess access to air conditioning and cool indoor spaces.

Ask: Do you have air conditioning at home? If so, is it a window unit(s)?

Ask: Are you able to cool down your home (or rooms) when it gets hot out?

Ask: Are air conditioners in rooms where you sleep?

Ask: Are you concerned about how much air conditioning will cost if you use it?

If a patient states that they have no access to air conditioning in their home, or if their air conditioning does not adequately cool the home (e.g., have a single window unit that cools only a child's bedroom but not theirs), or they are worried about air conditioning costs, then:

Ask: Is there somewhere that you can go that has air conditioning when it gets hot outside? For instance, a place of worship (i.e., church/temple/mosque), a neighbor's home, a library, community center, or elsewhere?

If they do not have any place they would go with air conditioning, consider providing them with a list of air-conditioned locations they may be able to access in your community. Many cities have cooling center maps available to identify the closest sites to a patient's home.

4. Consider increased risks from medications.

See the sections on medication considerations in the disease-specific provider sheets (e.g., CKD, ESRD and Heat).

Many patients take medications that affect sweating, urination, and thermoregulation which may accentuate their risk of harm during heat events. They should be advised to seek cooler environments whether indoors or outdoors (e.g., in shade).

5. For patients with chronic lung diseases, assess air quality risks, especially if they may travel to a cooling center.

In guidance about whether to access a cooling center, consider whether a patient may be exposed to high levels of outdoor or indoor air pollution.

Begin by assessing the AQI. Guidance is provided in “Heat Tip Sheet for Patients with COPD/Asthma”

If the AQI is over 50, closing windows may help prevent outdoor air pollution from getting inside, but this may also increase heat exposure, especially if no air conditioning is available.

If a patient’s home has a forced air system (i.e., air gets blown into rooms through vents), this may increase the delivery of air pollution indoors, even with windows closed.

Some patients may have indoor air filters. Portable indoor air purifiers have a wide range of capabilities in filtering out air pollutants. The filter should be the right size for the square feet of the room it operates in.

Ask: Do you use an air filter in your home? If so, what kind is it and where does it sit?

Air purifiers typically come with either a MERV (minimum efficiency reporting value) rating or are HEPA certified. Ideally, patients will have an air filter with a MERV rating of at least 13, which should remove at least 60% of particulate matter 2.5 microns in diameter or smaller. HEPA filters should remove even more.

If outdoor air quality is poor, sending a patient to a cooling center may be counterproductive.