

Policy & Procedure Manual

HOT WEATHER PRECAUTIONS – R-III-6

POLICY:

OPTIONS recognizes that all clients are susceptible to heat related illnesses.

PURPOSE:

To make all staff and families aware of the risk of exposure to hot weather.

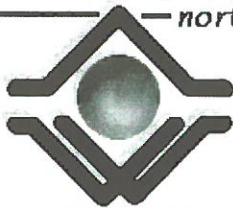
To assess each client for level of risk to hot weather.

To prevent and manage illnesses related to hot weather.

PROCEDURE:

The **HOT WEATHER PRECAUTIONS RISK ASSESSMENT SCALE** (Form CS1110 - attached as Appendix B) must be completed by the Supervisor/Designate by May 1st of each year and updated throughout the summer months to reflect any changes in the client's condition. The Supervisors will be informed of clients who are at risk.

1. When the room temperature reaches 26° Celsius, the staff will begin to monitor clients for signs and symptoms of hot weather related illnesses (see Appendix A).
2. Control the temperature of the environment keeping it well ventilated and comfortable by:
 - the use of air conditioners and fans
 - closing drapes to block out the sun
 - opening doors and windows (if air is cooler out-of -doors than in).
3. Plan appropriate activities for the cooler parts of the day to shady and breezy locations. Brief, more frequent exposures are preferable to lengthy single exposures. Attempt to keep clients out of the direct sunlight. Avoid excessive physical activity particularly in the sun. Always apply sunscreen to clients prior to sun exposure and during as required. Use a minimum of 15 SPF.



PROCEDURE (continued):

4. Ensure adequate fluid intake by organizing and scheduling drink breaks and encouraging sufficient fluids, i.e. two glasses 8 oz. with each meal and extra before and during physical activity (approx. 8-10 eight oz./day).

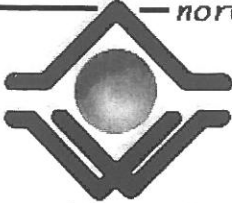
Typical Fluid Intake Requirements (ml)

Weight (kg)

40	-	1200
50	-	1500
60	-	1800
70	-	2100
80	-	2400
90	-	2700

Fluids should be cool and low in sugar content. Avoid alcoholic beverages and those high in caffeine. Some good examples are: decaffeinated iced tea, diluted fruit juices (1/3 water 2/3 juice), water, diet pop, flavoured diet drinks, fruit slushies, popsicles, jello and ice cream.

5. Provide adequate nutrition. Foods should be high in water content. Food requiring little or no heat producing food preparation is ideal to keep the kitchen from getting hot. A dietary consult should be considered for high risk clients.
6. Additional cool showers, baths and sponge baths are to be given to clients at risk.
7. Appropriate clothing must be worn by the clients. Clothing will be loose fitting, light weight, preferably cotton, light coloured and worn in a single layer. Hats are encouraged when out of doors.
8. Clients' physicians are kept informed of their condition if warranted and orders received as required.
9. Clients' medications are reviewed and those that may adversely affect heat regulation may be held on the order from a Physician (i.e. diuretics, laxatives, amphetamines, phenothiazion).
10. Heat stroke must be treated as an emergency requiring prompt attention.
(Reduce fever – hospitalize if necessary.)



Personal Support Services

POLICY: R-III-6
DEPARTMENT: Personal Support Services
CATEGORY: Health and Well-being – Direct Support
EFFECTIVE DATE: August 2013
SUPERSEDES VERSION DATED: May 2008
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11. Staff are to inform family/friends taking clients on an outing, all of the risks and precautions mentioned in above procedures, as well as information regarding heat related illness. Staff may copy this policy for families if requested.

RECOMMENDED BY: Director, Personal Support Services

APPENDICES: 2

OPERATIONAL ACCOUNTABILITY: Administration, Personal Support Services
Administration, Personal Support Services,

ORIGINAL POLICY DATE: October 1992

AUTHORIZED BY: Executive Director

SIGNATURE:

All staff and Supervisors must be aware of the signs and symptoms and treatment for heat related illnesses.

HEAT STROKE

Immediate medical attention is required when the problems first begin. A person with heat stroke has a body temperature above 104 degrees Fahrenheit. Other symptoms may include confusion, combativeness, bizarre behaviour, faintness, staggering, strong rapid pulse, dry flushed skin, and lack of sweating and possible delirium.

PHYSIOLOGICAL MALFUNCTION:

If a person's body has used up all its salt and water, the body will stop sweating to conserve what store the body has left.

SIGNS AND SYMPTOMS:

- red, hot, dry skin
- irritable combative, bizarre
- progressive loss of consciousness
- may vomit
- rapid, weak, irregular pulse
- rapid, shallow breathing
- high body temperature (41 degrees Celsius or 106 degrees Fahrenheit)

IMMEDIATE TREATMENT:

- immediate medical attention is required
- refusing water, vomiting, or altered level of consciousness are signals that the condition is worsening. Call EMS immediately (911) and cool the person's body with tepid or cool water
- remove wet, excess, or tight fitting clothing and replace with dry, loose, light clothing
- fan and spray the person with cool water
- offer the person cool liquids to drink IF THE PERSON IS CONSCIOUS AND ABLE TO SWALLOW

PREVENTION:

- reduce activity in hot weather
- drink plenty of fluids – non-caffeinated
- reduce exposure to heat

HEAT EXHAUSTION

This is a warning that the body is becoming too hot. The person may be thirsty, giddy, weak, un-coordinated, nauseous and sweating profusely. The body temperature is usually normal (98.6 degrees Fahrenheit or 37 degrees Celsius), and the pulse can be normal or elevated. The skin is cold and clammy. This illness is often caused by the body's loss of water and salt, but salt supplements should only be taken on the advise of a medical doctor.

PHYSIOLOGICAL MALFUNCTION:

Elevated body temperature in the range of 38 – 40 degrees Celsius. Inadequate salt and water intake causes a person's body cooling system to start breaking down.

SIGNS AND SYMPTOMS:

- dizziness
- weakness
- profuse sweating
- cool, moist, pale, red skin
- body temperature can be normal or slightly elevated (38 – 40 degrees Celsius)
- weak pulse
- person can be tired, weak, clumsy, upset or confused
- very thirsty
- panting or breathing rapidly
- blurred vision
- headache
- nauseated
- physical exhaustion

IMMEDIATE ATTENTION:

- move the person to a cool, shaded area
- monitor for signs that the condition is worsening, if condition is worsening, then seek medical attention
- loosen or remove excess, wet clothing
- if the person's level of consciousness is adequate, provide cool, salted water to drink
- fan and spray with cool water
- reduce activity

PREVENTION:

- reduce activity
- drink fluids regularly (non-caffeinated)
- wear light, loose , dry clothing

DIFFERENTIATION OF HEAT EXHAUSTION AND HEAT STROKE

	<u>HEAT EXHAUSTION</u>	<u>HEAT STROKE</u>
Temperature	38 – 40 degrees Celsius	greater than 40.6 Degrees Celsius
State of Consciousness	conscious, dizzy	withdrawal, stupor or unconsciousness
Orientation	mild confusion	marked confusion and disorientation
Blood Pressure difference and	marked drop in pressure	increased between systolic and diastolic pressure
Pulse	less than 150 beats per minute	greater than 160 beats per minute
Skin and Sweating	pale, cool, pronounced sweating	hot, flushed, little or no sweating
Other Symptoms	fatigue, nausea, irritability, headache, dizziness	severe headache convulsions

FAINTING

PHYSIOLOGICAL MALFUNCTION:

When there is not enough blood flowing to the person's brain, this can cause loss of consciousness.

SIGNS AND SYMPTOMS:

- sudden weakness
- pale skin
- flushed face, sweaty
- sudden fainting lasting no more than 20 seconds
- light headed
- dizzy
- nauseated

FIRST AID:

- monitor ABC's
- encourage rest
- move the person to a cool area
- loosen or remove excess or tight fitting clothes

HEAT CRAMPS (MINOR)

PHYSIOLOGICAL MALFUNCTION:

Heavy sweating drains a person's body of its salt supplies and this salt cannot be replaced by drinking water alone. The loss of salt causes painful cramps in the muscles when the muscles are working, but usually do not occur when the muscle is at rest.

SIGNS AND SYMPTOMS:

- painful cramps in the abdomen, leg and arm muscles which occur suddenly

FIRST AID:

- move the person to a cool area to rest the muscles
- drink cool, salted water or a sports drink i.e. Powerade, Gatorade
- stretch and massage the muscle
- if cramps do not go away, seek medical attention

SUNBURN

CAUSE:

Too lengthy of a time span in the sunlight.

SIGNS AND SYMPTOMS:

- red, painful or blistering skin

TREATMENT:

- place cool, wet cloths on the skin
- protect skin from further exposure to the sun
- if skin blisters, seek medical attention
- stay in the shade
- cover skin with sunscreen (greater than 15) and clothes
- people with fair skin and light hair should be especially cautious

OPTIONS northwest
HOT WEATHER PRECAUTIONS

NAME: _____

Address: _____

Assessment
Completed by: _____

Date Completed: _____

RISK ASSESSMENT SCALE

Directions: This assessment should be completed by the Supervisor. The scale which follows is designed to estimate comparative risk of hot weather-related illness. A numerical score follows each item which should be circled for each positive finding or response. Nothing need be done for a negative response.

A new risk assessment should be completed annually or if there is any change in the medical status of the client.

The Supervisors are requested to retain this form for future reference and subsequent evaluation.

- | | IF YES, CIRCLE |
|---|----------------|
| 1. HISTORY OF HEAT ILLNESS/HEAT INTOLERANCE | |
| A. Medical history of heat stroke (synonyms include hyperpyrexia, heat apoplexy, sunstroke) | 15 |
| B. Medical history of heat exhaustion (synonyms include heat prostration, dehydration) or heat syncope (synonyms include heat collapse or fainting) | 10 |
| C. Medical history of infection without fever. | 5 |
| 2. MOBILITY | |
| A. Limited to bed. | 4 |
| B. Severe general debility | 10 |

HOT WEATHER PRECAUTIONS (Cont'd)

3. FUNCTIONAL STATUS	IF YES, CIRCLE
A. Postural hypotension (systolic drop more than 30 mm. Hg lying to standing) or history of falls	6
B. Skin disease (generalized erythroderma, psoriasis) over a large body surface.	4
C. Diabetes Mellitus	3
D. Psychotropics, especially major neuroleptics (e.g. chlorpromazine, Thioridazine, Haloperidol)	3
E. Tricyclic antidepressants (e.g. Amitriptyline, Desipramine)	4
F. Combinations of two or more of the above medication groups, add	2

SUM OF CIRCLED VALUES

Scoring:

0-9 = low risk

10-14 = moderate risk

15 and over = high risk

An additional 5 points must be added at any time when the client has a current febrile illness, acute infection, diarrhea or vomiting.

HEAT RISK ASSESSMENT

1. The Heat Risk Assessment must be completed by the Supervisor/designate by May 1st of each year and updated throughout the summer months to reflect any changes in the client's condition. Supervisors will be informed of clients who are at risk.
2. All staff will be alerted to clients who are risks, hot weather related illnesses and steps that should be taken to ensure each client's safety.
3. An alert to client risk must be posted by each client's bed.
4. The physician will be alerted to those clients who are moderate to high risk.