PREVENTION OF HOT WEATHER

EMERGENCIES

DISASTER PREPAREDNESS

1. Resident monitoring for signs and symptoms of heat stress.

A. If a resident shows signs of heat stress, nursing staff would monitor closely by checking vitals every 15 minutes, pushing fluids, remove excess clothing, and place cool cloths on extremities, especially on forehead, behind neck, in armpits and groin areas.

2. Relocation of residents to cooler areas within the facility.

A. The Relaxation Station, Physical Therapy Room or RT area are designated areas to be used if resident room air conditioning should fail.

3. Transfer of residents in acute heat stress.

A. The facility physician would be notified of resident condition and orders would be received for transfer to local hospitals.

4. Physical environment monitoring.

A. Facility interior temperature is monitored by thermometers in each lounge area and maintenance staff routinely check other resident living areas by thermometer.

B. Nursing staff would usethe sun exposure form for residents that maybe outside. Sunscreen of a rating 15or higher is also used on residents that want to be outside on sunny days, and be applied according to manufacturer guidelines.

5.Substitution of hot-weather menus for regular meals and provision of extra fluids.

A. Dietary would substitute hot foods for cold cut plates, salads, fruits and raw vegetableplates according to the resident diet order and recommendations from the dietician.

B. Additional fluids, ice, and popsicles would be available at the nurse station on both wings.

PREVENTIVE MAINTENANCE PROGRAM

1. Preventive maintenance of cool air ventilation systems.

A. Weekly maintenance includes; cleaning filters, check bearings and belts for excess wear, coolant fluid level and line insulation integrity, leaks in unit around pipes, clearing vegetation and debris from around the unit, start-up and stopping the unit by thermostat control, and check for unusual compressor operation.

B. Monthly operation checks include cleaning any oil or dirt build-up from motors, compressors, coils and tubes. Filters are dated and replaced.

C. Semi-annual maintenance to unit would be lubrication of fans and motors along with checking wiring connections and wiring insulation.

D. Annual prevention consists of checking belt tension and wear, replacing the belts as necessary, check bearing condition and clean the unit. The annual inspection is completed in the spring of each year before the seasonal start-up.

E. Unit service contracts are performed by local qualified technicians on an annual basis, or if the unit should fail. On the annual visit the areas described in section D are serviced by the technician along with a coolant system check.

 1 of 3

PREVENTION OF HOT WEATHER

EMERGENCIES (continued)

IDENTIFICATION OF HIGH RISK RESIDENTS

1. These high risk individuals should be monitored closely during periods of extreme temperature due to their physical condition and/or certain prescribed medications.

Bill Rhoer John Schimelpfenig Paul Cruz Adrienne Williams

Eric Cassell Lynda Brown Debbie Good John Wolfe

Kate Beisel Linda Bohm Kathleen Boyer Richie Crossley

Raymone Dandridge

MONITORING OF RESIDENT CONDITION

1. When signs and symptoms of heat stress occur.

A. Take and record the resident vial signs every 2-4 hours (every 15 minutes if acute stress).

B. Monitor fluid intake and output.

C. Evaluate resident for comparison of heat stroke and heat exhaustion.

HEATSTROKE HEAT EXHAUSTION

\*direct exposure to high \*weakness produced by loss of body

temperatures or sun fluids and salt, result of heat exposure

Symptoms: Symptoms:

dizziness,weakness,nausea pale, cool and moist skin

spots before the eyes, red skin elevated temperature

ringing in the ears, rapid strong pulse rapid but weak pulse

unconsciousness follows shallow respirations

Temperature may reach 108 F. tense contracted muscles, normal pupils

TREATMENT: TREATMENT:

cool off resident, remove clothing keep resident quiet

apply cold cloths, give sponge bath head should be lowered

inform physician inform physician

begin emergency treatment increase fluids, give emergency treatment

transport to hospital immediately may need to transfer to the hospital

 2 of 3

 PREVENTION OF HOT WEATHER

EMERGENCIES, continued

INCREASING RESIDENT COMFORT

1. Monitoring interior air temperature to compare with the attached Table D zones (from Illinois LTC licensing codes). This will assist in determining the severity of the heat-related problem within the facility.

A. Check the temperature every two hours from 8:00a.m. to 10:00p.m. in all resident living areas and compare with temp/humidity reports from local news media.

B. Temperatures inside the facility are usually lower than outside, but humidity is usually higher. Daily comparisons of indoor/outdoor temperatures will assist in evaluating emergency measures to relieve that threat. When indoor temperature and humidity exceed the upper limit on Table D, OR IF RESIDENT NEEDS require the following would be set into action:

\*relocate the residents to cooler areas in the facility

\*monitor fluid intake and output, and increase intake if needed.

\*provide a variety of cool, nutritious fluids – Gatorade; flavored ice pops

\*encourage resident to wear loose fitting lightweight clothing

\*keep window blinds closed, limit outside travel, monitor resident activity

\*increase ventilation with fans

\*turn off any unnecessary lights and equipment that may generate heat

C. Maintenance department would take special measures to reduce building temperature.

 \*hose down the exterior walls to cool the masonry, especially the walls exposed to the sun

D. In the event there should be an area power outage, the maintenance department will monitor the building temperature from 8:00 a.m. to 10:00 p.m. and record such temperatures. The facility emergency power consists of emergency lighting only. Opening of windows for ventilation would be necessary. Dietary department would need to transfer ice from ice machines to coolers and place in walk-in freezer.

 3 of 3