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| Heat Health Preparedness Guidance  |
| Guidance for primary health care services – November 2022 |

For Aboriginal and Torres Strait Islander service providers, seek local knowledge and input from Elders to create culturally safe and accessible services to assist community members experiencing heat-related illness.

### Reacquaint yourself and staff to heat health

* Understand the mechanisms of heat illnesses, clinical manifestations, diagnosis and treatment.
* Recognise the early signs of heat-related illness, including heatstroke which is a medical emergency.
* Be aware of how to initiate proper cooling and resuscitative measures.
* Be aware of the risk factors in heat-related illness.
* Consider holding a team meeting prior to summer to increase staff awareness and to conduct any training related to heat and the health of both staff and patients.

### Prepare the workforce

* Remind staff how to look after themselves during extreme heat and heatwaves (e.g., provide advice on staying hydrated, advice to stay cool while travelling to and from work, and encourage regular breaks).
* Plan for staff shortages during periods of extreme heat and heatwaves, and increased demand for services, including on the days that follow the heat.
* Consider holding team meetings to discuss the clinic’s response to heat, develop a written policy, and review the clinic’s triage policy.
* Plan to hold an evaluation meeting with staff after an extreme heat event or heatwave to discuss how they dealt with it, what went well, and what could be improved. Considering using the RACGP ‘plan, do, study, act’ (PDSA) quality improvement cycle and the [Department of Health’s heatwave review tool](https://www.health.vic.gov.au/publications/heatwave-plan-review-tool) <https://www.health.vic.gov.au/publications/heatwave-plan-review-tool> in your evaluation.

### Prepare at-risk patients and their carers

When seeing patients who may be at risk of heat-related illness, clinicians can take the opportunity to [provide education, assess supports and optimise medical management](https://www1.racgp.org.au/ajgp/2018/december/preventing-heat-related-disease-in-general-practic) <https://www1.racgp.org.au/ajgp/2018/december/preventing-heat-related-disease-in-general-practic>. This includes:

* Provide up-to-date [heat health take-home resources for patients and their carers which are available from the department’s website](https://www.health.vic.gov.au/environmental-health/extreme-heat-community-resources) <https://www.health.vic.gov.au/environmental-health/extreme-heat-community-resources> (Note that these are available in a range of community languages).
* Be aware of the potential side effects of medicines and consider optimal dosing during periods of hot weather. Advise patients how to store and take medication during the heat.
* Consider including heat advice and a pre-summer medical assessment into routine care and care plans for at-risk people.
* Advise patients on drinking recommendations appropriate to their health status, particularly those who have a decreased perception of thirst. Fluids are not just limited to water; they can be icy poles, fruit juice or cordial. Salt tablets, sports drinks or electrolyte-carbohydrate supplements offer no benefits and may be harmful because of high osmotic load. Excessive drinking of pure water can lead to severe hyponatraemia, potentially leading to complications like stroke and death.
* Educate patients to adjust their behaviour to stay cool by planning their day to avoid being outside during the hottest part of the day, reducing excessive clothing, using electric fans, applying damp towels containing ice to the skin, and taking cool showers. If they must leave the house, advise them to also wear a hat and sunscreen.
* Check they have appropriate follow-up and supports in place, including that their care plan contains contact details for their doctor and their other care workers, and there are adequate arrangements for food shopping to reduce having to go outdoors during the heat.
* Reinforce to carers the importance of also caring for themselves, especially during the heat.
* [[Consider the need to optimise the home environment](https://www.sustainability.vic.gov.au/energy-efficiency-and-reducing-emissions/save-energy-in-the-home/reduce-cooling-costs-at-home/cool-your-home-in-summer)](https://www.sustainability.vic.gov.au/energy-efficiency-and-reducing-emissions/save-energy-in-the-home/reduce-cooling-costs-at-home/cool-your-home-in-summer) <https://www.sustainability.vic.gov.au/energy-efficiency-and-reducing-emissions/save-energy-in-the-home/reduce-cooling-costs-at-home/cool-your-home-in-summer> (e.g., appropriate home temperature, cooling options, knowing which room is the coolest room of the house, window shading and ventilation). If patients can’t cool their homes, advise them to spend time in an air-conditioned public space during the heat, including any public heat refuges provided by the local council.
* Consider a process to flag which patients are at-risk of heat-related health impacts so that the above opportunistic preventative activities can occur prior to summer. Consider establishing a protocol to check on them by phone call during an extreme heat event or heatwave.

### Prepare clinical protocols

* Consider developing arrangements to appropriately identify and manage patients experiencing heat-related illness (e.g., fluids, cooling, observation, specific treatments as indicated).
* Have a low threshold for referral to General Practitioners and or emergency departments/urgent care centres for assessment if experiencing heat-related illness.
* Consider referring at-risk patients for urgent respite placement where appropriate.
* Have phone numbers of key resources within easy access – emergency departments, local Home and Community Care (HACC) services, Royal District Nursing Service (RDNS).

### Prepare the clinic’s facilities

* Ensure the practice is heat-friendly for patients and staff, with a cool waiting room, drinking water, blinds closed to block the sun, and regular staff breaks for hydration.
* Consider putting up posters and having printed information in your clinic [which are available from the department’s website](https://www.health.vic.gov.au/environmental-health/extreme-heat-community-resources) <https://www.health.vic.gov.au/environmental-health/extreme-heat-community-resources> (note that these are available in a range of community languages).
* Have a business continuity plan in case the power supply fails (e.g., what to do with vaccine fridges and digital health services).

### Monitor the heat health warnings

* Continue to monitor the Primary Health Network’s communications.
* Consider [subscribing to receive heat health warnings](https://www.health.vic.gov.au/environmental-health/subscribe-to-heat-health-alerts) <https://www.health.vic.gov.au/environmental-health/subscribe-to-heat-health-alerts> from the Chief Health Officer.
* Consider setting up an emergency ‘watch zone’ for your clinic on the [Vic Emergency website](https://emergency.vic.gov.au/respond/) <https://emergency.vic.gov.au/respond/> to be notified of emergencies, including fires, that occur in your area. Consider advising key practice staff to download the Vic Emergency app for the latest notifications. Nominate a staff member(s) responsible to oversee all notifications and to disseminate this information to staff.
* Develop and implement a communication policy to keep staff updated if extreme heat or a heatwave is forecast.
* Have a prepared and practiced response to a heat health warning.

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