



**NEW YORK STATE
OFFICE OF CHILDREN & FAMILY SERVICES
52 WASHINGTON STREET
RENSSELAER, NY 12144**

Andrew M. Cuomo
Governor

Gladys Carrión, Esq.
Commissioner

Informational Letter

Transmittal:	12-OCFS-INF-05
To:	Commissioners of Social Services Executive Directors of Voluntary Authorized Agencies
Issuing Division/Office:	Strategic Planning and Policy Development
Date:	July 19, 2012
Subject:	Planning for the Prevention of Heat-Related Illnesses During Extreme Heat Conditions
Suggested Distribution:	All programs in local Departments of Social Services All programs in Voluntary Agencies Detention services Child care providers
Contact Person(s):	Any questions concerning this release should be directed to the appropriate regional office, Division of Child Welfare and Community Services: Buffalo Regional Office - Dana Whitcomb (716) 847-3145 Dana.Whitcomb@ocfs.state.ny.us Rochester Regional Office - Karen Buck (585) 238-8201 Karen.Buck@ocfs.state.ny.us Syracuse Regional Office - Daniel E. Comins (315) 423-1200 Daniel.Comins@ocfs.state.ny.us Albany Regional Office - Kerri Barber (518) 486-7078 Kerri.Barber@ocfs.state.ny.us Spring Valley Regional Office - Raymond Toomer (845) 708-2498 Raymond.Toomer@ocfs.state.ny.us New York City Regional Office - Patricia Beresford (212) 383-1788 Patricia.Beresford@ocfs.state.ny.us Native American Services - Kim Thomas (716) 847-3123 Kim.Thomas@ocfs.state.ny.us
Attachments:	No
Attachment Available Online:	n/a

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
		18NYCRR 489.12(k)(3)			

I. Purpose

The purpose of this Informational Letter (INF) is to remind the staff of programs that the Office of Children and Family Services (OCFS) operates, licenses, or supervises about the dangers of hot and humid weather for the vulnerable populations that they serve. Many of these programs serve clientele who are especially susceptible to the complications of heat exposure, including the elderly, infants and young children, and people with psychiatric or development disabilities. Each operator of an OCFS-related program must provide a program that promotes the social, physical, and mental well-being of its clients. This INF provides information and recommended procedures to help program operators prevent serious heat-related medical problems among clients during hot and humid weather.

The INF provides information about the groups that are most at risk of heat-related illnesses or deaths, describes the symptoms of heat illnesses and what to do when a client exhibits symptoms of heat-related illness, and provides information about prevention measures to take to avoid heat-related illnesses in hot weather.

II. Background

Summer can bring heat waves with unusually high temperatures that can last for days and sometimes weeks. These heat waves kill more people in the United States than all of the other weather related disasters combined¹, and make countless others ill. Even short periods of high temperatures can cause serious health problems. Hot weather can result in heat-related illnesses like heat stroke, heat exhaustion, heat cramps, heat rash, and sunburn.

According to the U.S. Centers for Disease Control and Prevention (CDC), those at highest risk of heat-related illnesses and deaths are the elderly, the very young, people who are obese, and people with mental illness and chronic disease (for in-depth information on this topic, see <http://emergency.cdc.gov/disasters/extremeheat>). Specifically:

- Infants and young children are sensitive to the effects of high temperatures and rely on others to regulate their environments and provide adequate liquids.
- People 65 or older may not compensate for heat stress efficiently and are less likely to sense and respond to change in temperature.

¹ Steven Doerr, MD, "Heat Related Illness", <http://www.medicinenet.com/hyperthermia/article.htm>

- People who are physically ill, especially with heart disease or high blood pressure, or who take certain medications, such as for depression, insomnia, or poor circulation, may be affected by extreme heat. The New York State Commission on Quality of Care & Advocacy for Persons with Disabilities (CQC) advises that a pre-existing psychiatric illness can more than triple the risk of death during a heat wave and that extreme heat can also exacerbate a mental illness. The New York State Office of Mental Health has stated that individuals receiving psychotropic medications are at particular risk of heat stroke and neuroleptic malignant syndrome during periods of extreme heat.
- Young and healthy individuals can also succumb to heat if they participate in strenuous physical activities in hot weather.

III. Program Implications

Even short periods of high temperatures can cause serious health problems. Because heat-related deaths and illnesses are preventable, OCFS suggests that program providers plan for hot weather and take precautions to prevent heat-related illnesses and deaths. Planning for extreme heat means

- being able to recognize the symptoms of heat illnesses,
- knowing what actions to take when a person has symptoms of heat-related illness,
- taking measures to *prevent* heat-related illnesses when the temperature is high.

Current regulations for Family-Type Homes for Adults offer an example of guidelines for providers that other types of programs might also adopt in planning for heat waves. These regulations [18 NYCRR 489.12(k)(3)] state that “When the outside temperature is 85° F (30° C) or more, the operator shall:

- i. take measures to maintain a comfortable environment;
- ii. monitor resident exposure and reactions to heat;
- iii. arrange for health care, if needed; AND
- iv. arrange for the temporary relocation of residents, if needed.”

The specification of a temperature of 85°F in the above regulation does not preclude providers in adult residences or any other programs from guarding against the possibility of heat-related illnesses when temperatures are lower than that, especially when working with persons at high risk of heat-related illnesses. Providers can best protect their clients by activating their heat-related plans of action, as needed, when the external temperature reaches 80°F and continuing with implementation as temperatures rise. The intensity with which clients are monitored and of preventive measures taken to reduce the possibility of heat-related illness may vary based on the temperature in the client’s environment, the degree to which that person may be at risk for heat-related illnesses, and any observed complications or problems that the person may be experiencing due to the heat.

Following is some specific information, mostly from the CDC, that can be useful in planning for the safety of persons for whom providers are responsible when the temperature is high.

A. Recognizing and Responding to Heat-Related Illnesses

Whenever the temperature is high, program providers should monitor the condition of those for whom they are responsible, especially those persons who are at high risk of heat-related illnesses. The first step to responding to heat illnesses is to learn to recognize their symptoms. The following information from the U.S. Centers for Disease Control and Prevention (CDC) describes symptoms of several heat disorders, along with appropriate first aid treatment.

1. **Heat stroke** – Heat stroke occurs when the body is unable to regulate its temperature. Body temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. Body temperature may rise to 106° or higher within 10 to 15 minutes. *Heat stroke can cause death or permanent disability if emergency treatment is not provided.*

Symptoms may include the following:

- High body temperature (above 103°)
- Hot, red, dry skin with little sweating
- Rapid and strong pulse
- Throbbing headache
- Possible unconsciousness
- Dizziness
- Nausea
- Muscle cramping may be the first sign of heat stroke

What you should do:

- Call 911 immediately – **this is a medical emergency**
- Move the person to a cooler, shady environment
- Reduce body temperature however you can - cool bath or shower, garden hose, cool cloths, etc.
- Do NOT give fluids

2. **Heat Exhaustion** – Heat exhaustion is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids. It is the body's response to an excessive loss of water and salt contained in sweat. The skin may be cool and moist. The pulse rate will be fast and weak, and breathing will be fast and shallow. If heat exhaustion is untreated, it may progress to heat stroke. The elderly are especially prone to heat exhaustion.

Symptoms may include the following:

- Heavy sweating
- Paleness
- Muscle cramps
- Weakness
- Dizziness
- Headache
- Nausea or vomiting
- Fainting

What you should do:

- Seek medical attention immediately if symptoms are severe or the victim has heart problems or high blood pressure.
- Otherwise, help the victim to cool off (seeking medical attention if symptoms worsen or last longer than one hour.) Cooling measures that may be effective include the following:
 - Cool, nonalcoholic beverages
 - Rest
 - Cool shower, bath, or sponge bath
 - An air-conditioned environment
 - Lightweight clothing

- 3. Heat Cramps** – Heat cramps usually affect people who sweat a lot during strenuous activity. This sweating depletes the body’s salt and moisture. The low salt level in the muscles may be the cause of heat cramps. They may also be a symptom of heat exhaustion.

Symptoms may include the following:

- Muscle pains or spasms, usually in the abdomen, arms, or legs – that may occur in association with strenuous activity

What you should do:

- Stop all activity, and sit quietly in a cool place
- Drink clear juice or a sports beverage
- Do not return to strenuous activity for a few hours after cramps subside – it could lead to heat exhaustion or heat stroke.
- Get medical attention if the victim has heart problems or is on a low-sodium diet, or if cramps do not subside within one hour.

- 4. Heat Rash** – Heat rash is a skin irritation caused by excessive sweating during hot, humid weather. It can occur at any age but is most common in young children.

Symptoms may include the following:

- Heat rash looks like a red cluster of pimples or small blisters
- It is most likely to occur on the neck and upper chest, in the groin, under the breasts, and in elbow creases

What you should do:

- Provide a cooler, less humid environment
- Keep the affected area dry
- Dusting powder may be used to increase comfort
- Does not usually require medical assistance

B. Measures to Prevent Heat-Related Illnesses and Deaths

For program providers, the most important part of planning for a heat wave is learning how to *prevent* clients from succumbing to heat. Heat-related deaths and illnesses are

preventable; with certain high risk-clients, prevention may require careful planning and diligence. The key to preventing clients from succumbing to heat-related illnesses is to help them stay cool and stay hydrated whenever the temperature becomes high.

The following are some general recommendations for preventing heat-related illnesses and deaths:

- Air conditioning is the single best preventive tool. For those who are not in an air-conditioned environment, it may be helpful to go to an air-conditioned place such as a mall or library. In very high heat, it may be prudent to relocate clients in residential settings to emergency shelters set up for the heat wave.
- Fans are inadequate as primary cooling devices. Fans can actually exacerbate the problem when heat approaches 100° or higher. However, fans can be useful, especially to draw in cool air at night. Care should be taken when using fans around young children.
- Limit physical activity.
- Avoid direct sunlight.
- Wear lightweight, light colored clothing.
- Take cool showers or baths.
- Use water for cooling. For example, soak feet in a bucket of cold water or place cold wet towels or bandannas on the shoulder or head.
- Drink more water than usual, and *do not* wait until thirsty to drink.
- Avoid alcohol or liquids that are caffeinated or have a lot of sugar.
- Avoid hot foods and heavy meals – they add heat to the body.
- Close curtains and blinds when sun is out.
- Turn off or minimize use of extra sources of heat such as stoves, ovens, incandescent bulbs, computers, or appliances.
- Never leave infants, children, or any other persons in a parked car, even if the windows are cracked open.
- Check on adults who are most at risk at least twice a day and watch closely for signs of heat exhaustion or heat stroke. Infants and young children, of course, need much more frequent watching.

It is advisable to provide annual training for all staff members with responsibilities for client care that addresses the recognition and treatment of heat-related illnesses, the identification of those who are at high risk from heat, and, most importantly, the measures that can be taken to prevent clients from succumbing to heat.

C. Resources

The following are some websites that provide information on heat-related illnesses and the prevention of heat-related illnesses:

- Hot Weather Advice, New York State Department of Health,
<http://www.health.ny.gov/environmental/emergency/weather/hot>

- Heat Illness Information for Health Care Providers, NYC Department of Health and Mental Hygiene, <http://www.nyc.gov/html/doh/html/epi/epi-heat-factsheet.shtml>
- Emergency Preparedness and Response: Extreme Heat, U.S. Centers for Disease Control and Prevention (CDC) <http://emergency.cdc.gov/disasters/extremeheat>
- Extreme Heat Media Toolkit (contains free print materials), U.S. Centers for Disease Control and Prevention (CDC) <http://www.cdc.gov/nceh/extremeheat>

Nancy W. Martinez

Issued By:

Name: Nancy W. Martinez

Title: Director

Division/Office: Strategic Planning and Policy Development