STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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HEALTHCARE QUALITY AND SAFETY BRANCH

BLAST FAX 2020-79

TO: Nursing Homes

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DATE: July 27, 2020

SUBJECT: **Recommendations for Management of Health Facilities during Hot Weather**

The summer months often bring extended periods of excessively hot weather or heat waves. Long periods of excessively hot weather can stress cooling systems and negatively impact patient/resident health. In anticipation of such heat waves, you should review your emergency plans, check your generators and generator fuel supply, ensure that you have adequate emergency supplies, and regularly monitor local weather reports.

Please review the attached recommendations for management of patients/residents during hot weather. The attached guidance, which was originally issued in July 2010, is hereby updated to include the following information about COVID-19.

Use of Air Conditioning (AC) and Fans: Considerations Related to COVID-19

Ensuring comfortable ambient temperatures is important for prevention of heat stroke and dehydration. While there is no official CDC guidance about fans and heating, ventilation, and air conditioning (HVAC) use, there are several considerations that NHs should consider:

- In COVID-positive and COVID-negative/exposed rooms, fans can potentially spread infectious droplets beyond a normal range. HVAC and window AC units have air return vents to reduce the air pressure gradient and are thus a lower risk.

- Air should flow from clean to dirty areas. Exhaust from AC units should be kept away from areas where people may pass by this unfiltered air.

- AC units should have dampers open to maximize outdoor air being brought in, and vents pointed away from individuals who may be infected.

-Window air conditioning units should be adjusted to maximize fresh air intake into the system, blower fans should be set on low speed and pointed away from room occupants to the extent possible.

-Ceiling fans should be adjusted so that fins are rotating in a direction that draws air up toward the ceiling rather than down onto occupants.

- Window fans should be pointed to exhaust air out the window rather than bring it in, because the large volume of air brought in by fans can push air from the room into common areas.

- Free standing fans not in a window should not be used because they are just blowing air around the room and not providing any dilution benefit.

- Nursing Homes should develop a policy or process whereby the Infection Control Practitioner oversees risk assessment, cleaning and maintenance, and safe placement of AC units and fan.

DPH UPDATE

Wednesday, July 07, 2010

Connecticut Department of Public Health
(860) 509-7270

Recommendations for Management of Nursing Home Residents During Hot Weather

- Baseline assessment of all residents (some residents tolerate the heat better than others). Make particular note of residents with ongoing febrile illnesses, as well as those subject to excessive fluid loss (e.g., diarrhea, vomiting, open wounds).
- Regular, more frequent assessment of residents at risk (e.g. cardiovascular or respiratory disease, neurologic conditions that affect the temperature regulating mechanism, those who cannot communicate their thirst).
- Notify facility medical director. Maintain a roster of residents "at risk" and report on status regularly to medical director.
- Monitor and document air temperatures in various parts of the building at regular intervals.
- Ensure adequate fluids for each individual resident, as well as make fluids available for staff. Increase frequency of "rounds" to encourage resident consumption of fluids; set up "water stations" throughout the facility; offer various forms of fluids (e.g. popsicles, watermelon).
- Initiate and monitor Intake and Output on patients with risk factors/diagnoses and those whose intake is poor. Daily weights may also be appropriate.
- Ensure a sufficient and safe supply of fans to circulate air.
- Evaluate resident's clothing needs, especially those cognitively unable to evaluate own needs.
- Monitor residents' temperatures and provide cool sponge baths.
- If residents choose to go outside, monitor carefully for heat-related symptoms and identify those residents who may be prone to heat-related problems or photosensitivity due to medications. Encourage residents to sit in shaded outdoor areas; apply sunscreen as needed, unless resident is allergic to the product.
- Encourage residents to sit in areas of the facility that may be air-conditioned.

- Prior to predicted heat waves, check air conditioning systems and supplies. Ensure that facility equipment maintenance contracts are current, as well as emergency call list for rental companies (e.g. portable air conditioning units).

- If air conditioning is available, provide for regular maintenance. If air conditioning problems develop, alert corporate office and/or local building authorities as appropriate. Communicate status of repairs to residents and families by posting signs in the facility. Incorporate heat-related events in the facility's Disaster Plan.

- Maintenance staff should make regular rounds and monitor building systems throughout the period of hot weather (e.g. overloaded electrical circuits, open windows). Documentation of monitoring efforts, findings and interventions should be maintained.

- Notify DPH regarding issues of mechanical failures and the measures implemented by the facility. DPH may call the nurse in charge to ascertain implementation of appropriate interventions, status of residents, and ambient temperatures.

Comparison of Heatstroke and Heat Exhaustion

Heatstroke	Heat Exhaustion
Definition	**Definition**
A condition or derangement of the thermo-regulatory center due to exposure to the rays of the sun or very high temperatures. Loss of body heat is inadequate or absent.	A state of definite weakness produced by the excess loss of normal fluids and sodium chloride in the form of sweat.
History	**History**
Exposure to high environmental temperature; use of medications that increase heat production or inhibit perspiration.	Exposure to heat, usually indoors
Differential Symptoms	**Differential Symptoms**
Face: Red, dry, and hot Skin: Hot, dry, and no sweating Temperature: High, 106° to 110°F (41.1° to 43.3°C) Pulse: Full, rapid, strong, bounding Respirations: Dyspneic, fast, sonorous Muscles: Tense and possible convulsions Eyes: Pupils are dilated but equal	Face: Pale, cool, and moist Skin: Cool, clammy, with profuse diaphoresis Temperature: Usually not above 100°F (37.8°C) Pulse: Weak, thready, and rapid Respirations: Shallow and quiet Muscles: Tense and contracted Eyes: Pupils are normal; eyeballs may be soft

Treatment	**Treatment**
Absolute rest with head elevated; keep body cool by any means available until hospitalized, but do not use alcohol applied to skin. Take temperature every 10 minutes, and do not allow it to fall below 101°F (38.5°C) to prevent hypothermia. Drugs: Allow no stimulants; give infusions of normal saline (to force fluids).	Keep patient quiet; head should be lowered to prevent orthostatic hypotension; keep body warm to prevent onset of shock. Drugs: Salty fluids and fruit juices should be given frequently in small amounts. Intravenous isotonic saline will be required if patient is unconscious.

Source: Taber's Cyclopedic Medical Dictionary, 18th Edition

- If the above conditions are noted, monitor Intake and Output and administer oxygen if ordered by the physician.

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