

Guidelines for Heat-Related Illness Prevention and Management Plan

These guidelines may be modified to include additional checklist items based on home-specific operations.

Note: In Ontario: this form must be completed annually.

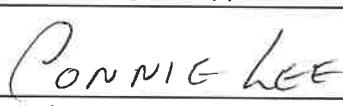

ADMINISTRATION	<ul style="list-style-type: none"> <input type="checkbox"/> Implement Preventing Heat-Related Illnesses policy and procedures by communicating to ALL departments that residents are at health risk due to hot weather <input type="checkbox"/> Schedule team meeting with leadership to discuss/review the home's prevention and management plan, as required <input type="checkbox"/> Ensure additional cooling equipment is available if required <input type="checkbox"/> In Ontario, provide designated cooling for every 40 residents in homes without central air conditioning <input type="checkbox"/> Have department managers report any risks or heat-related incidences immediately <input type="checkbox"/> Develop communication plan on the heat-related illness prevention and management plan for residents/SDMs, staff, volunteers, visitors, the Residents' Council, the Family Council (if any), and others, where appropriate
DIRECTOR OF CARE / NURSING STAFF	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure all residents' assessments have been completed to identify those residents at high risk of heat-related illness <input type="checkbox"/> Inform the multidisciplinary team of all residents that are at potential risk or risk of heat-related illness <input type="checkbox"/> Ensure plan of care (care plan for Ontario) reflects changes in individual resident assessments, risk level, and specific interventions and strategies staff are to implement to prevent or mitigate the risk factors that may lead to heat-related illness <input type="checkbox"/> Educate staff about possible signs and symptoms of heat-related illness <input type="checkbox"/> Review policy, prevention and management plan with staff, as required <input type="checkbox"/> Ensure residents are dressed appropriately (remove layers, sweaters) <input type="checkbox"/> Move residents to air cooled areas
FOOD SERVICE / NUTRITIONAL CARE	<ul style="list-style-type: none"> <input type="checkbox"/> Enhance hydration protocols including amount and frequency of fluids. <input type="checkbox"/> Offer water, popsicles frequently to all residents at meal times, additional beverage passes and beverages in accessible locations <input type="checkbox"/> Set up water stations in common areas, home areas as required <input type="checkbox"/> Have protocol for residents with dysphasia who require thickened fluids <input type="checkbox"/> Alter menu during the heat alerts. Remove "hot foods e.g. soup from the menu and add cold desserts (e.g. ice cream) <input type="checkbox"/> Evaluate and provide for electrolyte replacement

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ACTIVATION	<input type="checkbox"/> Modify existing programs. Decrease physical exertion <input type="checkbox"/> Identify and use cooler areas of the home for activities <input type="checkbox"/> Offer fluids throughout the activity <input type="checkbox"/> Limit outdoor activities
PHYSICAL MAINTENANCE	<input type="checkbox"/> Implement routine checks to assess indoor temperatures and communicate results to Administrator/DOC <input type="checkbox"/> Distribute cooling equipment and portable fans <input type="checkbox"/> Implement strategies to maximize ventilation <input type="checkbox"/> If an air-conditioned home, ensure windows are kept closed during heat alerts
ALL STAFF	<input type="checkbox"/> Monitor residents for signs and symptoms of heat related illness <input type="checkbox"/> Report resident discomfort <input type="checkbox"/> Keep shades, blinds, window coverings closed <input type="checkbox"/> Complete education, as required on Heat Related Illness and the homes Prevention and Management Plan
HOME-SPECIFIC PLANS/INTERVENTIONS/COMMENTS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Annual Review of the Heat-Related Illness Management and Prevention Plan completed by:

List team members who participated in the review:	
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Ryan Scott	Elizabeth Dorigny
Kerrie Tonner	Erica Sus.

Administrator/designate approval:		
 Name (print)	 Signature	May 14/25 Date