Resources

Preparing for Wildfire and Extreme Heat in LTC Settings: <https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/Extreme%20Heat%20and%20Wildfire%20Prep.pdf>

Ready.gov Extreme Heat: <https://www.ready.gov/heat>

Fraser Health: Preparation for Extreme Heat in LTC Settings:

<https://www.fraserhealth.ca/-/media/Project/FraserHealth/FraserHealth/HealthTopics/Long-term-care-licensing/Clinical-and-SafetyInformation/LTC_AL_Planning_for_Extreme_Summer_Heat_Guidelines.pdf?rev=5c289d2b6e10481687ca3c26441a4529>

Preparing for Wildfire and Extreme Heat in LTC Settings: <https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/Extreme%20Heat%20and%20Wildfire%20Prep.pdf>

Wildfire Smoke: Considerations for California’s Public Health Officials: [https://www.cahfdisasterprep.com/\_files/ugd/39c143\_8511c2b7d2124769b9862f8c79c6c 73a.pdf](https://www.cahfdisasterprep.com/_files/ugd/39c143_8511c2b7d2124769b9862f8c79c6c%2073a.pdf)

Washington Air Quality Guide for Particle Pollution: <https://enviwa.ecology.wa.gov/Documents/WhatIsAQI.pdf>

Washington’s Air Monitoring Network: <https://enviwa.ecology.wa.gov/home/map>

EPA: Which Populations Experience Greater Risks of Adverse Health Effects Resulting from Wildfire Smoke Exposure?

<https://www.epa.gov/wildfire-smoke-course/which-populations-experience-greater-risks-adverse-health-effects-resulting#:%7E:text=Older%20adults.&text=Older%20adults%20are%20at%20increased,defense%20mechanisms%2C%20decline%20with%20age>

**See Evidence Table** for further Research

Key Barriers for Long-term Care

* Lack of equipment (air conditioners) to keep indoors area cool;
* Transportation barriers in need of evacuation; hospital versus mass sheltering locations
* HCP competency in heat and wildfire smoke related issues
* Broken communication chain between extreme weather alerts and facility staff

Long-term Care Residential Facilities Guidelines

* Monitor for local heat and/or wildfire alerts through regional or state public health departments
* Establish actions plans for heat and wildfire smoke. Plans should include the following:
  + Communicating risk so patients and healthcare professionals may prepare accordingly.
  + Leverage evaporative and conductive cooling strategies, such as air conditioners, fans, self-dousing, wet t-shirts, immersing feet and applying ice towels
  + Train healthcare personnel to diagnose and treat heat-related illness and identify exacerbations of conditions related to wildfire smoke.
    - For acute heat-related illness, rapid diagnosis and intervention is critical to reduce core body temperature at more than 0.15C per minute,
    - Document heat-related and wildfire smoke related illness using ICD-10 codes
  + Staff appropriately in pre-hospital and hospital-based emergency services, and provide resources needed to manage patients with acute hyperthermia
  + Evaluation.
    - Provide surveillance data to local and state public health authorities to facilitate tracking
    - Hold after action reviews (AARs) to iteratively improve upon heat action plans.

DSHS-HCS

* Monitor for local heat and/or wildfire alerts through regional or state public health departments
  + Monitor for public safety power shutoffs and identify clients who could be affected
* Screen for vulnerabilities to extreme heat and wildfire smoke and document in the medical record.

Hospitals

* Monitor for local heat and/or wildfire alerts through regional or state public health departments
* Prepare for increase in ED utilization and inpatient admissions from heat-related illness and wildfire smoke related exacerbations by increasing staffing, expediting discharges as medically appropriate and coordinating with other hospital systems

Washington Health Care Authority

* Monitor statewide trends in heat and wildfire smoke through regional or state public health departments
  + Monitor for public safety power shutoffs in statewide service territories
* Systematically identify patients who are at increased risk of heat-realted illness and/or wildfire smoke exacerbations using claims and other data (e.g., diagnoses ICD-10 codes, DME claims, prescription fills, recent hospitalizations or ED visits, dialysis needs, etc)
* Reach out to members with identified vulnerabilities once an expected weather event is identified and/or public safety power shutoff is expected, at least one week in advance if possible, to develop an action plan, refill prescriptions, or coordinate connection to resources as needed.

Washington Department of Health

* Support regional and local public health departments in setting up systems to monitor for heat and wildfire smoke and communicate with local healthcare facilities and providers when an event is imminent
* Develop statewide surveillance program for health impacts of climate related health events.