Nirav R. Shah, M.D., M.P.H. Commissioner Sue Kelly Executive Deputy Commissioner

May 22, 2013

NEW YORK state department of HEALTH

DAL:DAL 13-11SUBJECT:Hot Weather Advisory

Dear Administrator/Operator:

The New York State Department of Health would like to remind you of our expectations regarding the protection of Adult Care Facility (ACF) residents from the complications of heat exposure. Many residents in ACFs have cardiopulmonary conditions which make them particularly susceptible to heat-related complications, and a large number of residents are on psychotropic medications which greatly diminish their ability to withstand warm temperatures. Each administrator/operator must provide a program that promotes the social, physical, and mental well being of the residents. To assist you in meeting this goal we are providing you with information and recommended procedures to prevent serious heat-related medical problems among your residents during the hot and humid weather.

- Alert staff to the signs, symptoms and consequences of heat exhaustion, heat stroke and heat cramps.
- Alert staff to monitor residents for the signs and symptoms of heat illness (listed below). Notify the physician of such observations and obtain medical services, if necessary.
- Make information available to both residents and staff on medications (sample list enclosed) that may cause residents to become more susceptible to heat.
- Assure that facility policies and procedures for heat emergency situations are current, complete, known to staff, and are carried out.
- Use air circulating and air cooling equipment (window fans, floor fans, mechanical ventilation systems and air conditioners) to achieve and maintain air movement and air cooling within the facility, especially in resident rooms and resident use areas.
- Protect against temperature elevations within the facility by closing window blinds and shades on sun-exposed walls, opening windows on shaded walls and turning off heat generating devices, such as lights.
- Assure, through active encouragement and assistance when necessary, that residents maintain adequate fluid intake (e.g., water and fruit juices should be available). Alcohol should be avoided.
- Adjust menus as needed, incorporating items such as cold plates, salads, etc. Consult with your dietician.

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- Encourage residents not to lie or sit in direct sunlight, e.g., if outside, encourage residents to sit in shaded areas.
- Encourage residents to wear appropriate clothing while indoors and outdoors.
- Monitor residents engaging in physical activities. Discourage strenuous physical activity as appropriate.

Additionally, statute and regulations for ACFs require each facility to maintain safe and comfortable temperature levels within the facility. If the outside temperature exceeds 85 degrees Fahrenheit, the guidelines below must be followed:

- One common room is required to be air-conditioned in facilities without central airconditioning. It is recommended this room be able to accommodate as many residents as possible. The Department expects that these facilities will turn on the air conditioning in the common room(s) and take air temperatures every hour in all common areas as well as in non air-conditioned rooms at several locations on each floor of the facility.
- The administrator/operator should observe and monitor the residents to make sure the residents are safe and comfortable.
- If room air conditioners are typically used, the air conditioners must be turned on regardless of a resident's ability to pay.
- If your facility utilizes central air conditioning, there is no need to monitor hourly as long as the central air is turned on.

It is recommended that the administrator/operator follow the information and recommendations in this DAL to keep the building cool (i.e., maintaining air movement and protect against temperature elevations within the facility). The Department will hold the ACF operator fully accountable, including the imposition of fiscal penalties to the maximum extent permitted, if a comfortable environment is not maintained when the outside temperature exceeds 85 degrees Fahrenheit.

Thank you in advance for taking precautions to assure the health and safety of your residents during the summer. If you have any questions about requirements or guidelines, you may contact the Adult Home Hotline at 1-866-893-6772 and staff will assist you.

Sincerely,

Mange Hart

Mary E. Hart Director Adult Care Facility Policy and Surveillance

Enclosures

New York State Department of Health Office of Long Term Care

Symptoms of Exposure to Heat & Treatment

| Heat-Related Illness | Signs & Symptoms | Treatment |
|---------------------------------|---|--|
| Heat Exhaustion | Gradual weakness, nausea, anxiety, excess sweating, headache, dizziness, or fainting. May lead to loss of consciousness and/or circulatory failure. Skin is pale, grayish and clammy. May show irritability or change in behavior; low or normal temperature; slightly low blood pressure; cramps in the abdomen/ arms/ legs. | Move resident to a cooler place and encourage rest. Lay the resident down and elevate the legs and feet slightly. Loosen or remove resident's clothing and apply wet cloths, such as towels or sheets. If the resident is conscious, give cool water to drink. Make sure the resident drinks slowly. Give a half glass of cool water (not iced) every 15 minutes. Monitor the resident carefully. Heat exhaustion can quickly become heatstroke. |
| Heat Stroke (Serious Emergency) | Headache, weakness, agitation, confusion, seizures, lethargy, or sudden loss of consciousness. Hot, red, dry skin with little sweating; very high temperature (above 105 degrees); hard, rapid pulse; rapid, shallow breathing. | Immediately call 911 or paramedics. Remove resident's clothing and cool skin by wrapping or immersing in cold water or ice. |
| Heat Cramps | Severe cramps and spasms in the arms, legs and/or abdomen; mild nausea; perspiration. Skin may be hot and dry or cool and clammy depending on the humidity. The muscles feel like hard knots. Resident may have pale skin. | Move resident to a cooler place and encourage rest. Lightly stretch the effected muscle and replenish fluids. Provide half glass of cool water every 15 minutes. Do not give liquids with alcohol or caffeine in them as they can cause further dehydration, making the conditions worse. |

RESIDENTS TAKING THE FOLLOWING MEDICATIONS MAY HAVE ADDED SENSITIVITY TO HEAT AND OTHER CONDITIONS Not all inclusive

| Antibiotics | Tetracyclines, sulfa drugs, quinolones (Cipro, Noroxin, etc.) | |
|------------------|---|--|
| Anticholinergics | Atropine, Benadryl, Cogentin, Ditropan, Donnatol | |
| Antidepressants | Elavil, Tofranil, Zoloft | |
| Antipsychotics | Haldol, Mellaril, Navane, Risperdal | |
| Diuretics | Hydrochlorothiazide (HCTZ), Lasix | |
| Potassium | K Dur, Micro K | |
| Supplements | | |
| Steroids | Decadron, Prednisone | |
| Cardiotonics | Lanoxin (Digoxin) | |
| Antispasmodics | Dicyclomine | |

ANTIDEPRESSANT DRUGS

| Generic | Brand |
|-----------------------|--------------------------|
| Amitriptyline | Elavil |
| Amoxapine | Ascendin |
| Bupropion | Wellbutrin |
| | Wellbutrin SR |
| Citalopram | Celexa |
| Clomipramine | Anafranil |
| Desipramine | Norpramine |
| Doxepin | Sinequan |
| Duloxetine | Cymbalta |
| Escitalopram | Lexapro |
| Fluoxetine | Prozac, Prozac weekly |
| Fluoxetine/Olanzapine | Symbyax |
| Fluvoxamine | Luvox |
| Imipramine | Tofranil |
| Maprotiline | Ludiomil |
| Mirtazapine | Remeron, Remeron Sol Tab |
| Nefazodone | Serzone |
| Nortriptyline | Pamelor, Aventyl HCL |
| Paroxetine | Paxil |
| Phenelzine | Nardil |
| Protriptyline | Vivactil |
| Sertraline | Zoloft |
| Tranylcypromine | Parnate |
| Trazodone | Desyrel |
| Trimipramine | Surmontil |
| Venlafaxine | Effexor Effexor XR |

MOOD STABILIZER DRUGS

| Generic | Brand (mg/ml) |
|-------------------|--------------------|
| Lithium carbonate | Lithobid |
| | Eskalith |
| | Eskalith CR |
| Lithium Citrate | Cibalith – S |
| Valproic Acid | Depakene |
| Divalproex sodium | Depakote (dr) |
| | Depakote (ER) |
| | Depakote Sprinkles |
| | |
| Carbamazepine | Tegretol |
| | Tegretol XR |
| | Tegretol chew |
| | Carbatrol (er) |
| Gabapentin | Neurontin |
| Lamotrigine | Lamictal |
| Topiramate | Topamax |

CONVENTIONAL ANTIPSYCHOTIC DRUGS

| Generic | Brand |
|------------------|-----------------------------|
| Chlorpromazine | Thorazine |
| Fluphenazine | Prolixin |
| Haloperidol | Haldol |
| Loxapine | Loxitane |
| Mesoridazine | Serentil |
| Molidone | Moban |
| Perphenazine | Trilafon |
| Thioridazine | Mellaril |
| Thiothixene | Navane |
| Trifluoperazine | Stelazine |
| Prochlorperazine | Compazine |
| Triavil | Amitriptyline/ perphenazine |

Long Acting Antipsychotics

Fluphenazine (Prolixin) decanoate Haloperidol (Haldol) decanoate Risperidone (Risperdal Consta)

ATYPICAL ANTIPSYCHOTIC DRUGS

| Generic | Brand |
|--------------|---|
| Clozapine | Clozaril |
| Risperidone | Risperdal, Risperdal Consta, Risperdal M-Tab |
| Olanzapine | Zyprexa, Zyprexa Zydis, Zyprexa intramuscular |
| Quetiapine | Seroquel |
| Ziprasidone | Geodon |
| Aripiprazole | Abilify |

AGENTS FOR MANAGEMENT OF ANTIPSYCHOTIC MOTOR SIDE EFFECTS

| | Generic | Brand |
|------------------|--------------------|---------------|
| Anticholinergics | Benztropine | Cogentin |
| | Diphenhydramine | Benadryl |
| | Trihexyphenidyl | Artane |
| Benzodiazepines | Clonazepam | Klonopin |
| | Lorazepam | Ativan |
| Beta Blockers | Atenolol | Tenormin |
| | Metoprolol | Lopressor |
| | Nadolol | Corgard 20,40 |
| | Propranolol | Inderal 10 |
| Dopamine agonist | Amantadine | Symmetrel |
| Thyroid | Thyroid dessicated | Levothroid |
| preparations | Thyroid extract | Levoxyl |
| | Levothyroxine | Synthroid |

<u>Note</u>: There is a potential for some drugs to interact with each other to increase a resident's sensitivity to heat. For case-specific information, consult with the prescriber or pharmacist.