



A Tradition of Stewardship
A Commitment to Service

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PUBLIC HEALTH
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**HHSA EMERGENCY OPERATIONS
PLAN (EOP) – APPENDIX 10**

**HHSA EXCESSIVE HEAT
EMERGENCY RESPONSE PLAN**

NAPA COUNTY HEALTH AND HUMAN SERVICES AGENCY (HHSA)

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1. PURPOSE

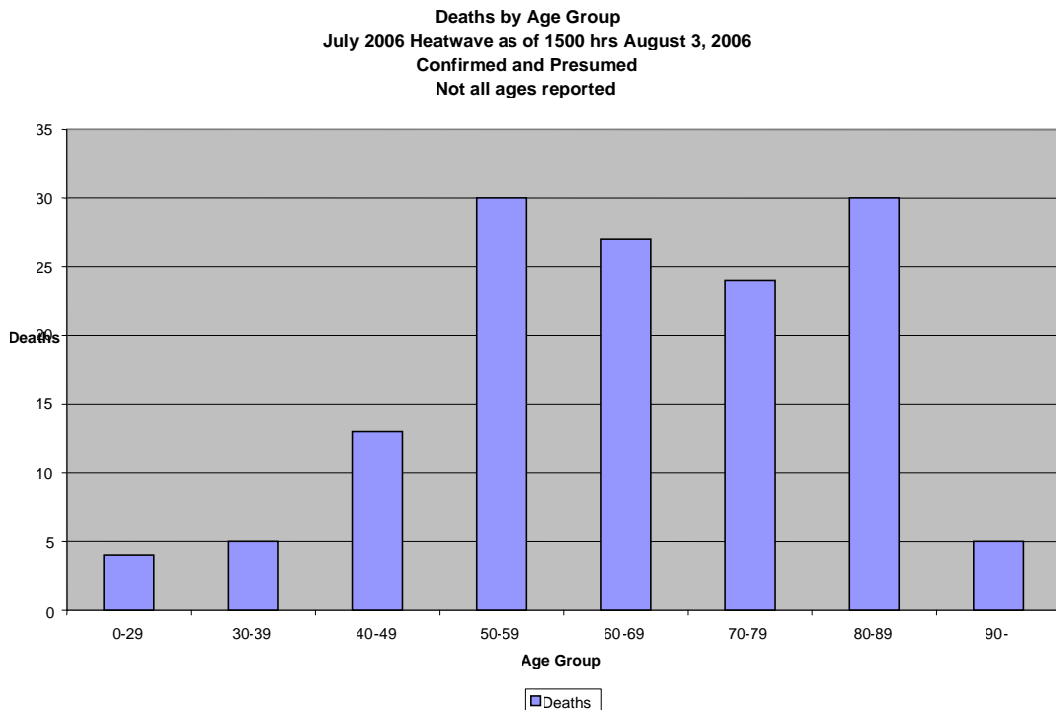
This plan is Appendix 10 to the HHSА Concept of Operation Base Plan, Annex H to Napa County Emergency Operations Plan. It provides information and structure for HHSА support in heat related emergencies.

2. BACKGROUND

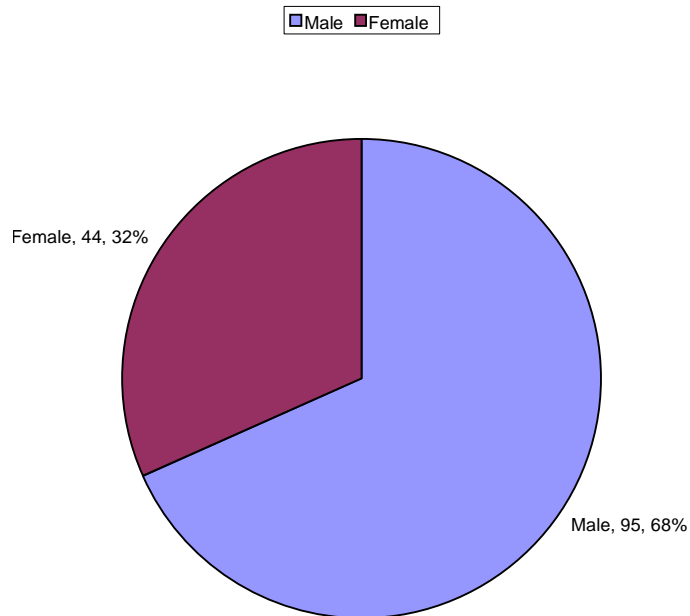
Heat waves do not elicit the same immediate response as floods, fires, earthquakes and typical disaster scenarios. They destroy less but have claimed more lives over the past fifteen years than all other declared disaster events combined. Heat waves are obviously less dramatic and more deadly.

Heat emergencies are often slower to develop. It may take a number of days of oppressive heat for a heat wave to have a significant or quantifiable impact. Heat waves do not strike victims immediately, but rather their cumulative effects slowly take the lives of vulnerable populations.

During the events of July 2006, the deaths resulting from heat as reported by Coroner(s) are depicted on the following chart.



**Deaths by Gender
July 2006 Heatwave as of 1500 hrs August 3, 2006
Confirmed and Presumed**



3. SCOPE

The scope of this document is to identify how HHSA resources will be made available in support of operational area preparedness and response efforts related to excessive heat emergencies in accordance with SEMS/NIMS.

4. ACTIVATION THRESHOLDS

Regardless of the method used, increased readiness efforts must begin when high temperatures are forecast rather than when they arrive.

Local governments are the first responders in emergencies and request aid through a hierarchical mutual aid process under SEMS/NIMS when necessary. Different climates exist among the various areas in the state and persons are acclimated best to the climate in which they live. For these reasons, State OES will rely on the Operational Areas (OAs) through their county health departments to determine the thresholds at which specific activities will be undertaken.

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Thresholds for implementation of actions by HHSA will be determined in coordination with the county and cities when there is evidence of two or more of the following factors:

- Data showing weather thresholds associated with increased morbidity (illness) and mortality.
- Heat index (heat and humidity) and synoptic air mass method (see below).
- Abnormal animal mortality rates.
- CALISO Stage 3 Electrical Emergency.
- High heat accompanied by electrical blackouts.
- Predicted high daytime temperatures accompanied with night temperatures of 75° or more.
- Number of consecutive days over 90° F.

The Public Health Officer, through notices provided through the National Weather Service Warning Center, will monitor weather and power situations locally. When it is projected that thresholds established in this plan may be reached, this information will be documented on an "Advance Planning Report" for determination of appropriate action. Additionally, the procedures to activate and manage risk communication and materials used in risk communication are described in the Napa County HHSA/Public Health Division Crisis Emergency Risk Communication Plan (CERC).

5. HEAT INDEX READINGS & ASSOCIATED HEALTH RISKS

The heat index (see charts 1 & 2) is how hot the heat-humidity combination makes it feel. As relative humidity increases, the air seems warmer than it actually is because the body is less able to cool itself via evaporation of perspiration.

As the heat index rises, so do health risks. When the heat index is 90°F, heat exhaustion is possible with prolonged exposure and/or physical activity. When it is 90°-105°F, it is probable with the possibility of sunstroke, heat cramps or heat exhaustion with prolonged exposure and/or physical activity. When it is above 105°F, sunstroke, heat cramps or heat exhaustion is likely, and heatstroke is possible with prolonged exposure and/or physical activity. When it is 130°F and above, heatstroke and sunstroke are highly likely with continued exposure. Physical activity and prolonged exposure to the heat increase the risks.

6. HEALTH INFORMATION

Heat Exhaustion occurs when the body is dehydrated.

- Symptoms -- headache, nausea, dizziness, cool and clammy skin, pale face, cramps, weakness, profuse perspiration.
- First Aid -- move to a cooler spot, drink water with a small amount of salt added (one teaspoon per quart).
- Without Intervention -- it can lead to collapse and heatstroke.

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Heatstroke occurs when perspiration cannot occur and the body overheats.

- Symptoms -- headache, nausea, face flushed, hot and dry skin, no perspiration, body temperature over 101°F, chills, rapid pulse.
- First Aid -- cool person immediately, move to shade or indoors, wrap in a cool, wet sheet, get medical assistance.
- **Without Intervention -- it can lead to confusion, coma, and death.**

6.1 THE HEAT INDEX

The following charts show the health risks as temperature and relative humidity increase:

Chart #1

The Heat Index													
Air Temp (° F)	Relative Humidity												
	40	45	50	55	60	65	70	75	80	85	90	95	100
110 °	136	143	152										
105°	123	129	135	141	148								
100°	111	115	119	124	129	135	141	147					
95°	101	104	107	110	114	117	122	126	131	136	141		
90°	92	94	96	98	100	103	106	109	112	115	119	127	132
85°	84	85	86	88	89	91	93	95	97	99	102	104	107
80°	80	80	81	81	82	82	83	84	84	85	86	86	87

Exposure to full sunshine can increase Heat Index values by up to 15° F.

Chart #2

Heat Index	Category	Possible heat disorders for people in high risk groups
130°F or higher	Extreme Danger	Heatstroke risk extremely high with continued exposure.
105° - 129°F	Danger	Sunstroke, Heat Cramps and Heat Exhaustion likely, Heatstroke possible with prolonged exposure and/or physical activity.
90° - 105°F	Extreme Caution	Sunstroke, Heat Cramps and Heat Exhaustion possible with prolonged exposure and/or physical activity.
80° - 90 °F	Caution	Fatigue possible with prolonged exposure and/or physical activity.

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The National Weather Service will initiate its Heat Index Program Alert procedures when the high is expected to exceed 105° - 110° (depending on local climate) for at least two consecutive days.

The alert procedures include:

- Adding heat index (HI) values in zone and city forecasts;
- Issuing Special Weather Statements and/or Public Information Statements presenting a detailed discussion of (1) the extent of the hazard including HI values, (2) who is most at risk, (3) safety rules for reducing the risk;
- Assisting state and local health officials in preparing Heat Emergency Messages in severe heat waves (meteorological information from Special Weather Statements will be included as well as more detailed medical information, advice, and names and telephone numbers of health officials); and,
- Release to the media and over National Oceanic and Atmospheric Administration's (NOAA) own Weather Radio all of the above information.

7. PHASES

Heat emergency response will be carried out, in consultation with the cities and County using the following phases and thresholds as guidelines to determine the most appropriate level of HHSA response:

- Readiness
- Phase 1 - Heat Alert
- Phase 2 - Heat Emergency

Readiness

Public Health will monitor weather forecasts. If the National Weather Service or other credible weather forecast agency predicts excessive hot weather lasting two or more days in the upcoming week the following actions will be taken:

- HHSA divisions will collaborate to identify any anticipated needs or problems.
- HHSA will collaborate with the County and cities to determine the readiness and availability of resources.
- HHSA will monitor information from the State and initiate and maintain communications with surrounding counties.
- Public Health Heat Information Line will be activated.
- Coordinated or Joint Press statements increasing awareness of the risk from heat for vulnerable populations and the general public will be released.

Phase 1 - Heat Alert

Issued when a local heat index is forecast to reach 105°F for three consecutive days, this corresponds to the NWS Heat Advisory.

The following activities will take place when a Heat Alert is issued:

- County and City Public Information Officers (PIOs) are notified by the HHSA PIO
- HHSA and County issue joint press release.
- Press release is forwarded to surrounding counties
- HHSA requests from Regional Administrators pre-scripted information specific to the heat event at hand.

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- Cities and County should begin activating pre-identified cooling centers and working with volunteer groups to identify additional cooling centers that may be needed.

Phase 2 - Heat Emergency

Issued when a local heat index is forecast to reach 130°F, when the temperature does not drop below 85°F at night, or when, in best estimate of Public Health Officer, the cumulative effect is of emergency proportions. This corresponds to the NWS Heat Warning:

- *All of the above actions are undertaken with posting of tips in notices at grocery stores, hospitals, community centers, doctors' offices and homeless shelters.*
- *Identification of the locations of cool places (cooling centers and/or cooling stations), including senior centers, community centers, shopping malls, churches, possible ice skating rinks, and other potential cooling centers.*
- *Develop criteria for cooling facilities that consider accommodations for pets and possible 24 hour operations.*
- *Suggest cancellation of government sponsored and/or outside school sponsored sporting events with advisories given to those participating in outdoor activities.*
- *Continue to encourage wellness checks on vulnerable populations.*
- *Implement plans for dealing with vulnerable populations.*
- *IHSS, Public Health, public safety and community organizations will check on those most at risk including seniors living alone and those in single room occupancy buildings and SNFs.*

The following additional activities will take place when a Heat Emergency occurs:

- Activate HHSA DOC to monitor situation and stand ready to support County response efforts as requested through SEMS.
- HHSA issues press release which is also provided to surrounding counties
- HHSA PIO notifies city and County PIOs and distributes heat emergency pre-scripted educational materials to the media.
- HHSA DOC requests from OES Regional Administrators pre-scripted state information specific to the heat event at hand.
- Open cooling centers in accordance with heat emergency plan.
- HHSA DOC posts "Cooling Center" availability on OES' website, and issues press releases containing this information to local news agencies.
- Participate in conference calls and/or CAHAN notifications from CDPH.

8. VULNERABLE POPULATIONS

Situational and physical characteristics help to identify vulnerable populations that may not comfortably or safely access and use disaster resources. Specifically, when discussing heat related emergency preparedness, the following groups could be considered vulnerable or at greater risk in a heat emergency:

- infants and small children under age three
- women who are pregnant
- older adults (age 65 and older)
- the obese
- the bedridden
- mentally ill

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- those with cognitive disorders
- those with medical conditions (e.g., heart disease, diabetes, high blood pressure)
- those requiring life-saving medications (e.g., for high blood pressure, depression, insomnia)
- individuals with drug or alcohol addictions
- those with mobility constraints
- non-ambulatory
- those under extreme working conditions
- the poor
- socially isolated
- non-English speakers who may not have access to information.

9. PETS

Dogs and cats are designed to conserve heat and are less efficient at cooling than humans. They are in danger of heat stroke at 110° Fahrenheit. Pets' sweat glands are located on the nose and footpads, which are inadequate for cooling on hot days. Panting and drinking water help cooling, but if the air temperature is overheated, brain and organ damage can occur in 15 minutes. Risk factors for heat stress include body size, age (young and old), breed (short nosed breeds, such as bulldogs), obesity, and existing metabolic, cardiovascular or respiratory disease.

Facts

Car with window rolled down slightly + windows collecting light, trapping heat inside = pressure cooker effect:

Outside air = 85° Fahrenheit

- After 10 minutes: inside car = 102°F
- After 30 minutes: inside car = 120°F

Outside air = 72° Fahrenheit + humidity

- After 30 minutes: inside car = 104°F
- After 60 minutes: inside car = 112°F

Prevention

- Never leave pets in a car on warm days.
- Be alert for any sign of heat stress: heavy panting, glazed eyes, a rapid pulse, unsteadiness, a staggering gait, vomiting, deep red or purple tongue.
- Never leave pets tied up without shade, air circulation, and fresh water.
- Offer a cool place to rest when temperatures are uncomfortable.
- Call animal control or police immediately if an animal is in distress in a car.

Treatment:

- Overheated pets must be cooled immediately.
- Move pet to shade.
- Apply cool water all over body.
- Apply ice packs to neck and chest area.
- Allow licking ice and small amount of water (large amount will cause vomiting).
- Take to veterinarian immediately for evaluation.

10. ATTACHMENT 1: COOLING CENTER CRITERIA

Critical Criteria	Suggested Criteria
Air conditioning	24 hour, 7days a week operation.
Disability accessible	Large capacity.
Seating for ten or more persons	Personnel Assistance Services for people with disabilities
Available drinking water	Toys and small furniture for children
Continuous Staffing (registration, coordination 1-2 persons per facility)	Sleeping capability to include raised cots for accessibility.
Area for pets	Available televisions, books, games.
Publicly advertised	Back-up generators
Secure, facility has security service	Parking
Communications, phone, computer, sign-language interpreters	Proximity to public transit.
Child friendly with materials for children to play with	Transportation for those lacking their own.
Public restrooms accessible to disabled and continuously maintained.	Follow-up procedures for those in need of additional services (health care, social services, etc.)
Medical Personnel such as nurses and/or aides	
Back-up generators	

11. ATTACHMENT 2: CHECKLISTS

Background:

Heat waves do not elicit the same immediate response as floods, fires, earthquakes and typical disaster scenarios. They destroy less but have claimed more lives over the past fifteen years than all other declared disaster events combined. Heat waves are obviously less dramatic and more deadly.

Heat emergencies are often slower to develop. It may take a number of days of oppressive heat for a heat wave to have a significant or quantifiable impact. Heat waves do not strike victims immediately, but rather their cumulative effects slowly take the lives of vulnerable populations.

Activation Thresholds

Regardless of the method used, increased readiness efforts must begin when high temperatures are forecast rather than when they arrive.

Local governments are the first responders in emergencies and request aid through a hierarchical mutual aid process under SEMS when necessary. Different climates exist among the various areas in the state and persons are acclimated best to the climate in which they live. For these reasons, State OES will rely on the Operational Areas (OAs) through their county health departments to determine the thresholds at which specific activities will be undertaken.

Thresholds for implementation of actions by HHSa will be determined in coordination with the County and cities when there is evidence of two or more of the following factors:

- Data showing weather thresholds associated with increased morbidity (illness) and mortality.
- Heat index (heat and humidity) and synoptic air mass method (see below).
- Abnormal animal mortality rates.
- CALISO Stage 3 Electrical Emergency.
- High heat accompanied by electrical blackouts.
- Predicted high daytime temperatures accompanied with night temperatures of 75°F or more.
- Number of consecutive days over 90°F.

Phases

Heat emergency response will be carried out, in consultation and coordination with the OES Regions and operational areas (OAs) impacted using the following phases and thresholds as guidelines to determine the most appropriate level of state response:

- Readiness: Occurs when the National Weather Service or other credible weather forecast agency predicts excessive hot weather lasting two or more days in the upcoming week
- Phase 1 - Heat Alert: Issued when a local heat index is forecast to reach 105°F for three consecutive days, this corresponds to the NWS Heat Advisory.
- Phase 2 - Heat Emergency: Issued when a local heat index is forecast to reach 130°F, when the temperature does not drop below 85°F at night, or when, in best estimate of Public Health Officer, the cumulative effect is of emergency proportions. This corresponds to the NWS Heat Warning.

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HHSA CHECKLIST

Readiness

- HHSA divisions will collaborate to identify any anticipated needs or problems.
- HHSA will collaborate with the County and cities to determine the readiness and availability of resources.
- Public Health Heat Information Line will be activated & staff kept updated.
- Coordinated or Joint Press statements increasing awareness of the risk from heat for vulnerable populations and the general public will be released.
- Receive and follow guidance from CDPH, CDSS and Cal OES as indicated.

Phase 1 - Heat Alert

- County and City Public Information Officers (PIOs) are notified by the HHSA PIO
- HHSA and County issue joint issue joint press release.
- HHSA requests from Regional Administrators pre-scripted information specific to the heat event at hand.
- Cities and County should begin activating pre-identified cooling centers and working with volunteer groups to identify additional cooling centers that may be needed.
 - o Identification of the locations of cool places (cooling centers and/or cooling stations), including senior centers, community centers, shopping malls, churches, possible ice skating rinks, and other potential cooling centers
 - o Develop criteria for cooling facilities that consider accommodations for pets and possible 24 hour operations

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Phase 2 - Heat Emergency

- Continue above activities
- Activate HHSА DOC to monitor situation and stand ready to support County response efforts as requested through SEMS.
- HHSА issues press release.
- HHSА PIO notifies city and County PIOs and distributes heat emergency pre-scripted educational materials to the media.
- Collaborate with County and cities to open cooling centers in accordance with heat emergency plan.
- Post tips and notices at grocery stores, hospitals, community centers, doctors' offices and homeless shelters
- Implement wellness checks for vulnerable populations and coordinate with the county Operations Area Emergency Operations Center (Op Area EOC) to provide necessary supplies
 - IHSS clients
 - SRO buildings
 - SNFs and group homes for the disabled
- Consider and coordinate evacuation as necessary
- HHSА DOC requests from OES Regional Administrators pre-scripted state information specific to the heat event at hand.
- Distribute information to their local jurisdictions.
- HHSА DOC posts "Cooling Center" availability on OES' heat website database, and issue press releases to local news agencies.
- Participate in conference calls and/or CAHAN notifications from CHPH.
- Consider cancellation of government sponsored and/or outside school sponsored sporting events with advisories given to those participating in outdoor activities.

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MEDICAL BRANCH CHECKLIST

Readiness

- Notify health care facilities of potential for emergency, confirm contact information, determine status:
 - Hospitals and skilled nursing facilities.
 - Ambulance provider

Phase 1 - Heat Alert

- Medical Branch requests from Regional Administrator pre-scripted information specific to the heat event at hand.
- Medical Branch monitors status of health care facilities and coordinates provision of necessary supplies.
- Coordinate with cities and County for provision of transportation services and evacuation plans.

Phase 2 - Heat Emergency

- Monitor status of health care facilities and coordinate provision of supplies/resources:
 - Establish liaisons at facilities with marginal and/or failing status
- Consider and coordinate evacuation plans as required.

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PUBLIC HEALTH DIVISION CHECKLIST

Readiness

- Activate Public Health Heat Information Line. Develop and distribute scripts for clerical staff answering phone.
- Monitor National Weather Service forecasts.
- Send any press releases to surrounding county public health agencies.

Phase 1 - Heat Alert

- Notify cities and County of need to begin activating pre-identified cooling centers:
 - o Identification of the locations of cool places (cooling centers and/or cooling stations), including senior centers, community centers, shopping malls, churches, possible ice skating rinks, and other potential cooling centers.
 - o Develop criteria for cooling facilities that consider accommodations for pets and possible 24 hour operations.
- Monitor readiness to stand up cooling centers and work with volunteer groups to identify additional cooling centers that may be needed.
- Ensure press releases are distributed to PH agencies in surrounding counties and update staff scripts and Heat Information Line.

Phase 2 - Heat Emergency

- Above activities continue.
- Fully activate HHSА DOC to monitor situation and stand ready to support County response efforts as requested through SEMS.
- Ensure press releases are distributed to PH agencies in surrounding counties.
- Collaborate with County and cities to open cooling centers in accordance with heat emergency plan:
 - o Develop and post tips and notices at grocery stores, hospitals, community centers, doctors' offices and homeless shelters.
- Implement wellness checks for vulnerable populations:
 - o SNFs.
 - o Group homes for the disabled.

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PIO CHECKLIST

Readiness

- With PHO, draft & issue press release to increase awareness of the risk from heat for vulnerable populations, the general public and HHSА staff.

Phase 1 - Heat Alert

- PHO and County issue joint press release with links to local resources.
- Provide press releases to PH Branch for distribution to surrounding counties.
- Provide updates to HHSА staff.

Phase 2 - Heat Emergency

- PIO and PHO draft and issue press release including information on cooling centers and transportation.
- Keep HHSА staff updated as situation changes.
- Provide press releases to PH Branch for distribution to surrounding counties.
- HHSА PIO requests from OES Regional Administrator pre-scripted state information specific to the heat event at hand.
- HHSА PIO notifies city and County PIOs and distributes heat emergency pre-scripted educational materials to the media.

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PUBLIC HEALTH OFFICER CHECKLIST

Phase 1 - Heat Alert

- PHO declares Heat Alert and notifies HHSА PIO.

Phase 2 - Heat Emergency

- PHO declares Heat Emergency and notifies HHSА PIO.
- Consider cancellation of government sponsored and/or outside school sponsored sporting events with advisories given to those participating in outdoor activities.

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PLANS SECTION CHECKLIST

Phase 2 - Heat Emergency

- Post "Cooling Center" availability on OES' heat website database, and issue press releases to local news agencies.
- Participate in conference calls and/or CAHAN notifications from CDPH.
- Provide status updates to Op Area, CDPH, CDSS or other agencies as indicated.

BUSINESS CONTINUITY BRANCH CHECKLIST

Phase 1 - Heat Alert

- CSOA:
 - Contact IHSS clients determine status.
 - Coordinate provision of necessary supplies.
- Child Welfare Services:
 - Monitor status of vulnerable clients including current location and availability of care giver should situation change.
 - Establish and maintain contact with schools as indicated.
- Mental Health:
 - Provide educational materials such as “Beat the Heat” brochures to clients at the clinic and the self help center.
 - Contact residential facilities and alert them regarding appropriate safe guards during the hot weather: Avenue Progress Place, Bella House, Satellite Housing and board and care homes.
 - Monitor status of clients receiving medication known to impair response to heat.

Phase 2 - Heat Emergency

- CSOA:
 - Continue above.
 - If evacuation is required notify EMS group.
- Child Welfare Services:
 - Continue above.
- Mental Health:
 - Monitor residential facilities and coordinate evacuation as necessary.
 - Monitor status of clients receiving medication known to impair response to heat.

12. ATTACHMENT 3: DEMOBILIZATION -- REMOBILIZATION INDICATORS

DEMOBILIZATION—REMOBILIZATION INDICATORS

The Weather Service issues a heat advisory when a daytime temperature of 105°F and a nighttime temperature of 80°F is attained. Of note, the high nighttime temperature is the major issue. This extreme heat condition will initiate convening the MAC to evaluate and determine actions.

The following indicators can be used singularly or in combination for MAC to evaluate and determine actions.

MOBILIZATION KEY INDICATORS

- Upward trend of heat-related illness in the pre-hospital and/or hospital setting.
- Upward trend of heat-related deaths in the pre-hospital and/or hospital setting.
- Any single call from healthcare facility due to environmental concerns.
- Increase in 9-1-1 or public safety agency calls for heat-related concerns.

DEMOBILIZATION KEY INDICATORS

- Decrease in heat-related illness in the pre-hospital and/or hospital setting.
- Decrease in heat-related deaths in the pre-hospital and/or hospital setting.
- Return to normal summer time weather patterns.
- Stabilization of healthcare facility environmental concerns.
- Decrease in number of people utilizing cooling centers.
- Decrease in hotline call volume.

13. ATTACHMENT 4: COOLING CENTER PRESS RELEASE



A Tradition of Stewardship
A Commitment to Service

Randolph F. Snowden
Director

Karen L. Smith, M.D., M.P.H.
Public Health Officer

2344 Old Sonoma Road
Building G
Napa, California 9455

For Immediate Release

Date:

News Release

Contact: _____
Public Information Officer
Tel: 707-259-8176

COOLING CENTERS OPENED

In response to the ongoing heat emergency cooling centers have been opened around the County for residents who need to escape the heat. Centers will be opened at the following locations:

Location 1 name
Address
Hours of operation

Location 2
Address
Hours of operations

Location 3
Address
Hours of operation

What is a cooling center?

When the heat index is predicted to be dangerously high, the city or county may open cooling centers in air conditioned facilities like community and senior centers for people seeking relief from the heat.

Who should seek a cooling center?

Anyone who can't escape the heat. Staying cool is more critical for the very young and very old who's systems do not tolerate extremes of temperature.

Why is it important to seek shelter in extreme heat?

Temperatures that hover 10 degrees or more above the average high temperature for the region and last for several weeks are defined as extreme heat.

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- Infants and children up to four years of age are sensitive to the effects of high temperatures and rely on others to regulate their environments and provide adequate liquids.
- People 65 years of age or older may not compensate for heat stress efficiently and are less likely to sense and respond to change in temperature.
- People who are overweight may be prone to heat sickness because of their tendency to retain more body heat.
- People who overexert during work or exercise may become dehydrated and susceptible to heat sickness.

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.

What can be expected at a cooling center?

Many facilities will provide a chair and water only. Things citizens should consider being responsible for:

- Medication such as aspirin/tylenol. The facility cannot give out ANY medication.
- Snacks - In some cases, cooling centers like those provided by the Red Cross will also provide food during mealtime.

How long will the center stay open?

Cooling centers will remain open as long as the heat emergency lasts and people are at risk.

***Note:** Make sure you stay hydrated. It is recommended that you drink ½ oz. of water per pound of body weight each day. This means a 150 lb. person should drink approximately 75 oz. of water each day.*

-END-

14. ATTACHMENT 5: HEAT EVENT HOTLINE SCRIPT

Welcome to the Napa County Heat Emergency Hotline. To hear this message in English please press (x) For Spanish press (x)

IF THIS IS A MEDICAL EMERGENCY PLEASE HANG UP and DIAL 9-1-1.

DURING THIS TIME OF HIGH HEAT IT IS IMPORTANT STAY WELL HYDRATED AND AVOID STRENUOUS OUTDOOR ACTIVITY. THE FOLLOWING ARE SUGGESTIONS FOR ADULTS, CHILDREN AND THE ELDERLY TO PREVENT HEAT-RELATED INJURY:

1. STAY OUT OF THE SUN.
2. LIMIT OUTDOOR ACTIVITY.
3. WEAR LIGHT COLORED, LOOSE FITTING CLOTHING.
4. DRINK PLENTY OF WATER, JUICE OR SPORTS DRINKS.
5. AVOID ALCOHOLIC OR CAFFEINATED DRINKS.
6. BE AWARE YOUR PRESCRIPTION MEDICATION MAY AFFECT YOUR HEAT TOLERANCE. CHECK WITH YOUR DOCTOR.
7. EAT LIGHT MEALS.
8. WEAR WIDE-BRIMMED HATS WHEN OUTSIDE.
9. TAKE FREQUENT COOL SHOWERS OR BATHS.
10. KEEP YOUR AIR CONDITIONER WELL MAINTAINED.
11. IF YOUR INDOOR TEMPERATURE REMAINS ABOVE 90 DEGREES, SEEK SHELTER IN AN AIR-CONDITIONED BUILDING.

SYMPTOMS THAT NEED IMMEDIATE MEDICAL ATTENTION INCLUDE:

- a. PROFUSE SWEATING AND MUSCLE CRAMPING.
- b. BODY TEMPERATURE OF 105 WITH HOT DRY SKIN.
- c. CONFUSION OR UNCONSCIOUSNESS.

15. ATTACHMENT 6: FACILITY ASSESSMENT TOOL

MED/OPS BRANCH

Questions to ask:

Facility Name
Date & Time of Call
Call Taker's Name
What is ambient air temperature?
How long exposed?
Have you looked for areas within to move patients?
Have you looked at disaster plan? What does it say?
Status of HVAC system? Anticipated repair time? Equipment Failure or inefficient?
How many ambulatory?

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How many non-ambulatory?
How many have special needs and what are they?
Who will make placement?
Has Physician been notified?
Primary contact & phone for immediate contact?

16. ATTACHMENT 7: FACILITY CENSUS STATUS FORM

FacilityName	FacilityPhone	FaxNumber	Licensed Capacity	Current Patient Census - Ambulatory	Current Patient Census - Non-Ambulatory	Ambulatory Beds Available	Non-Ambulatory Beds Available

17. ATTACHMENT 8: HEALTHCARE RELOCATION REQUEST PROCEDURE

HEALTHCARE FACILITY RELOCATION PROCEDURES

Some or all of the following conditions may trigger the partial or full evacuation of patients within a healthcare facility:

- Sustained ambient room temperature at or above 90° F.
- Failure or inefficient operation of an HVAC system.
- Patient(s) exhibiting signs and/or symptoms of heat-related illness.

The following checklist will be carried out by the Medical Branch should a healthcare facility request assistance in relocation of patients affected by any or all of the above conditions:

- Make direct contact with affected facility and activate facility census status utilizing the Facility Census Status form and notify HHSA DOC Operations Chief, Ambulance and dispatch of situation and possible relocation of patients.
- Determine status of environment of facility utilizing the Facility Assessment Tool.
- Based upon information and direction from Operations Chief, determine need for on-site liaison and dispatch if deemed appropriate.
- Retrieve and compile data and information and report to Operations Chief.
- HHSA DOC Patient Transportation Group will follow Multi-casualty Incident patient transportation procedures and report status at designated or appropriate intervals.
- Continue to monitor the situation.

Duties of Liaison

- a. On site evaluation and validation of information.
- b. Relay information, determine needs of facility, and make recommendations toward the feasibility of 1) facility stabilization and/or 2) need for patient relocation.
- c. Report to HHSA DOC Patient Transportation Group at designated or appropriate intervals.
- d. Assist in the coordination of on-site relocation efforts.
- e. Perform other functions as needed.

INSTRUCTIONS TO SENDING AND RECEIVING FACILITIES

1. Sending facility is responsible for:
 - Securing a physician's order to transfer patient(s).
 - Notifying the patient's family.
 - Ensuring a 3-day supply of patient's medication accompanies patient(s) at time of transfer.
 - Ensuring the medical record face-sheet accompanies patient(s) at time of transfer.
2. Receiving facility is responsible for:
 - Notifying the patient's physician and HHSA DOC of receipt of patient(s).
 - Complying with facility admissions procedures.

18. ATTACHMENT 9: RELOCATION DECISION ALGORITHM

