



# Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

**DAL:** DAL 19-13  
**SUBJECT:** Warm Weather Advisory

Dear Administrator/Operator:

During periods of warm temperatures, you are expected to provide your residents with a comfortable and safe environment throughout the summer months and to take the necessary precautions to prevent heat related conditions. Section 461-q of Social Services Law requires the Department to set allowable temperatures for resident-occupied areas of the facility. Compliance with this regulation requires you to maintain your facility at a safe and comfortable temperature level.

During the summer months residents may be at risk for heat-related conditions. Elderly residents and those with chronic medical conditions such as cardiopulmonary conditions, high blood pressure and residents with mental illness are at increased risk for heat exhaustion, heat stroke and heat cramps. The following information summarizes these conditions.

## **Heat-Related Conditions:**

**Heat Exhaustion:** Heat exhaustion is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids. Those most prone to heat exhaustion are elderly people and those with high blood pressure.

**Symptoms:** Heavy sweating, paleness, muscle cramps, tiredness, weakness, dizziness, headache, nausea, vomiting and fainting. The skin may be cool and moist. The pulse rate will be fast and weak, and breathing will be fast and shallow. If heat exhaustion is untreated, it may progress to heat stroke.

**Management:** Move the person to an air-conditioned environment and offer cool, nonalcoholic beverages. Have the person rest or provide them with a cool shower, bath, or sponge bath. Ensure they are wearing lightweight clothing. Seek medical attention if symptoms worsen or last longer than one hour.

**Heat Stroke:** Heat stroke is the most serious heat-related illness. It occurs when the body becomes unable to control its temperature: the body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. Body temperature may rise to 106°F or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not provided.

**Symptoms:** An extremely high body temperature (above 103°F), red, hot, and dry skin (no sweating), rapid, strong pulse, throbbing headache, dizziness, nausea, confusion and unconsciousness.

**Management:** Call for immediate medical assistance while you begin cooling the victim. Do the following:

- Move the person to a shady area.
- Cool the person rapidly, using whatever methods you can. For example, immerse them in a tub of cool water; place the person in a cool shower; spray them with cool water from a garden hose; sponge the person with cool water; or if the humidity is low, wrap them in a cool, wet sheet and fan him or her vigorously.
- Do not give alcohol to drink.

**Heat Cramps:** People who sweat a lot during strenuous activity are prone to heat cramps. Heat cramps may also be a symptom of heat exhaustion. People with heart problems or those on a low-sodium diet should seek medical attention for heat cramps.

**Symptoms:** Muscle pain or spasms – usually in the abdomen, arms or legs.

**Management:** Seek medical attention for heat cramps if they do not subside in 1 hour. If medical attention is not necessary, take the following steps:

- Stop all activity and have the person sit quietly in a cool place.
- Offer clear juice or a sports beverage.
- Inform the person not to return to strenuous activity until after a few hours after the cramps subside because further exertion may lead to heat exhaustion or heat stroke.

### **General Information:**

**Medications:** The risk for heat-related illness and death may increase among people using the following drugs: (1) psychotropics, which affect psychic function, behavior, or experience (e.g. haloperidol or chlorpromazine); (2) medications for Parkinson's disease, because they can inhibit perspiration; (3) tranquilizers such as phenothiazines, butyrophenones, and thiozanthenes; and (4) diuretic medications or "water pills" that affect fluid balance in the body.

**Electric Fans:** Electric fans may provide comfort, but when the temperature is in the high 90s, fans will not prevent heat-related illness. Taking a cool shower or bath or moving to an air-conditioned place is a much better way to cool off. Air conditioning is the strongest protective factor against heat-related illness. Exposure to air conditioning for even a few hours a day will reduce the risk for heat-related illness.

Adult Care Facility 487.11(m), Residences for Adults 490.11(n) and Enriched Housing Program 488.11(i) Regulations require the operator to perform the following when the outside temperature exceeds 85 degrees (30 degrees Celsius):

- Take measures to maintain a comfortable environment
- Monitor resident exposure and reactions to heat
- Arrange for health care, if needed
- Arrange for the temporary relocation of residents, if needed.
- One common room in such adult home, enriched housing program and residence for adults shall be required to be air conditioned.

The Department recommends that the common room(s) accommodate as many residents as possible. Facilities are expected to turn on the air conditioning in the common room(s) and monitor the air temperature hourly in all common areas as well as in the non-air-conditioned rooms at various locations on each floor of the facility. 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.

Additional information regarding steps to be taken by adult care facilities in warm weather, steps to prevent and manage heat-related conditions and medications that may make a resident more sensitive to heat are enclosed. **This information is to be posted in a conspicuous area in your facility that is accessible to both staff and residents.** Please be advised that this letter and its enclosures will be available on the Department's website at:

[http://www.health.ny.gov/facilities/adult\\_care/dear\\_administrator\\_letters/](http://www.health.ny.gov/facilities/adult_care/dear_administrator_letters/)

Thank you in advance for your efforts to provide our residents with a safe environment that allows them to enjoy a meaningful and satisfying quality of life. If you have any questions regarding the information in this letter or its attachments, please contact your appropriate regional office.

Sincerely,

Heidi Hayes, Acting Director  
Division of Adult Care Facility and  
Assisted Living Surveillance

Enclosure

cc: B. Barrington  
P. Hasan  
N. Nickason  
J. Pinto  
J. VanDyke

## **STEPS TO BE TAKEN BY ADULT CARE FACILITIES IN WARM WEATHER**

1. Observe and monitor residents to ensure both their comfort and safety.
2. Assure, through active encouragement and assistance when necessary, that residents maintain adequate fluid intake (e.g., water and fruit juices should be available). Avoid alcohol.
3. Encourage residents to wear appropriate clothing while indoors and outdoors (lightweight, light-colored, loose-fitting clothing and hats).
4. Encourage residents not to lie or sit in direct sunlight, e.g., if outside, encourage residents to sit in shaded areas.
5. Monitor residents engaging in physical activities. Discourage strenuous physical activity as appropriate.
6. Alert staff to the signs, symptoms and consequences of heat exhaustion, heat stroke and heat cramps.
7. Instruct staff to monitor residents for signs and symptoms of heat related conditions. Notify the resident's physician and obtain medical services if necessary.
8. Provide information to both residents and staff on medications (sample list enclosed) that may cause residents to be more susceptible to heat-related conditions.
9. Assure that facility policies and procedures for heat emergency situations are current, complete, known to staff, and carried out.
10. 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.
11. 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.
12. Adjust menus as needed, incorporating items such as cold plates, salads, etc. Consult with your dietician.

### SYMPTOMS OF HEAT-RELATED CONDITIONS AND MANAGEMENT

Heat-Related Illness	Signs & Symptoms	Management
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 Supplements	K Dur, Micro K
Steroids	Decadron, Prednisone
Cardiotonics	Lanoxin (Digoxin)
Antispasmodics	Dicyclomine

**ANTIDEPRESSANT DRUGS**

<b>Generic</b>	<b>Brand</b>
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
Tranlycypromine	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	Benzotropine Diphenhydramine Trihexyphenidyl	Cogentin Benadryl Artane
Benzodiazepines	Clonazepam Lorazepam	Klonopin Ativan
Beta Blockers	Atenolol Metoprolol Nadolol Propranolol	Tenormin Lopressor Corgard 20,40 Inderal 10
Dopamine agonist	Amantadine	Symmetrel
Thyroid preparations	Thyroid dessicated Thyroid extract Levothyroxine	Levothroid Levoxyl Synthroid

Note: 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.