



## POLICY ON HEATWAVE

### 1. PURPOSE AND SCOPE

This document is a policy of the ACEM and relates to the preparation, readiness and responsiveness of emergency departments and emergency medicine systems to environmental heatwaves and extreme heat events. It also relates to the ACEM Policy Document on Disaster Medical Services.

The policy is applicable to all Australasian emergency departments and emergency department clinicians.

### 2. POLICY

- 2.1 A heatwave is an extended period of abnormally and uncomfortably hot weather that could impact on human health, community infrastructure and services.
- 2.2 Global climate change science predicts that extreme weather events will occur with increasing frequency, in addition to an overall warming of the environment. Therefore heatwave events are likely to become more common and severe over time.
- 2.3 Certain temperature thresholds are linked with significant increases in mortality and morbidity for a community, and will differ across regions. Factors such as overnight temperatures, humidity, pollution, demographics, urban and rural design and acclimatisation are some factors which determine the severity and impact of a heatwave.
- 2.4 Heatwave associated with community infrastructure and service dysfunction (such as power outage and transport breakdown) can lead to a surge demand on emergency medical systems and therefore require a disaster management response.
- 2.5 Health effects of heatwave encompass direct and (more commonly) indirect heat-related illness, alteration of medication action and efficacy, psychological distress and infectious diseases outbreaks (often due to changes in vector distribution).
- 2.6 Population groups at greater risk of adverse health effects from heatwave commonly attend emergency departments and include; people at extremes of age (>65 yrs, infants and small children), obese and overweight, people with chronic medical illnesses, physical or cognitive disabilities, people with mental illness, social isolation and homelessness, and pregnant and breastfeeding mothers.
- 2.7 It is the responsibility of respective jurisdictional health and disaster planning authorities to manage the effects of heat wave periods. However, emergency departments are well placed to assist in pre-heatwave preparedness by identifying at-risk patients and providing education and interventions as appropriate. Emergency departments also play an important role in the emergency medicine system response to a heatwave induced surge demand.

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### 3. PROCEDURE AND ACTIONS

- 3.1 Emergency departments should actively participate in heatwave preparedness both throughout the warmer months and also when extreme heat weather events are forecast. Additional resources to manage both the increase in demand and the range of clinical presentations associated with heat exposure should be provided to emergency departments by the relevant organisations.
  - 3.1.1 Emergency clinicians should know the extensive direct and indirect health effects of heatwave and be aware of the population groups that are particularly vulnerable.
  - 3.1.2 Emergency clinicians should use clinical opportunities during care delivery or at discharge from the ED to educate and inform patients and their carers about mitigation of adverse health effects from heatwave, including advice about medication alteration and storage, fluid intake and maintaining a cool and safe environment.
  - 3.1.3 Educational and informative material regarding maintaining health and safety during a heatwave should be made accessible to patients and their carers attending the ED, including poster displays and take-home pamphlets.
  - 3.1.4 Emergency departments should keep accurate records of the impact of heatwave events on ED and resource utilisation, including short stay and observation ward admissions in order to assist in planning for, and management of future heat related events.
  - 3.1.5 Emergency physicians should be involved in public health planning for heatwave and work collaboratively with other stakeholders such as government services, community healthcare providers, pre-hospital services and general practitioners. Planning should incorporate educational public health interventions as well as action plans for demand surge responses during heatwave.
- 3.2 Emergency departments should play a central role in the clinical and systems response to a demand surge for acute medical care as a result of heatwave.
  - 3.2.1 Emergency departments should be cool and safe environments for staff and patients.
  - 3.2.2 Emergency physician expertise in clinical care, prioritising treatment and managing and organising medical services should be recognised and reflected in hospital-wide and health system-wide responses to heatwave.
  - 3.2.3 As heatwave can affect multiple emergency departments (e.g.; whole cities, whole regions or states), emergency physicians should take a pivotal role in communication with colleagues, in other emergency departments, hospitals and with central coordinating bodies to provide information on activity, demand, capacity and resource requirements in order to ensure a functional system-wide response.
- 3.3 Hospitals should have a heatwave response plan that reflects the increased capacity requirements as well as the multidisciplinary and multiagency service response requirements that occur during a heatwave. This plan should be integrated with existing emergency and disaster response planning arrangements.

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## 4. DATES AND NOTES

*Approved by Council:*                      *November 2010*

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