COLORADO
Department of Public Health & Environment

Health Alert Network Broadcast
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From: CO-CDPHE
Subject: HAN Alert – Preparing for extreme heat this weekend
Recipients: Local Public Health Agencies /IPs/Clinical Labs / EDs / Licensed healthcare providers / Coroners

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Health Advisory Alert | Preparing for extreme heat this weekend | July 11, 2024

Health care providers: Distribute widely in your office

This information is for the public health and health care community. Do not post this document on a public web or social media site.

Key points

- For the first time this heat season, all four National Weather Service (NWS) regions in Colorado will be in Heat Risk category red (major) for three consecutive days: July 12 - 14. In addition to extreme heat, smoke from fires across the western US could degrade air quality starting Thursday and into the upcoming weekend.
- This heat level affects **everyone** without effective cooling and/or adequate hydration. Fans and opening windows will not be effective to stay cool. According to NWS, power interruptions may occur.
- Multiple days in a row at extreme heat temperatures can increase the risk for heat-related illness (HRI). Additionally, extreme heat events at the beginning of the season can be particularly dangerous for health due to a lack of acclimatization early on in the season. As of July 6, Colorado has had 353 heat-related medical visits in areas where syndromic surveillance occurs (currently Colorado's syndromic surveillance data represents approximately 84% of statewide ED visits) and three heat-related deaths statewide.
- Prepare patients for extreme heat by screening for heat risk, developing and implementing a heat action plan, and reviewing any conditions or medications that put them at increased risk for heat-related illness and other secondary heat illnesses. This includes cardiovascular

(e.g., myocardial infarction, cerebrovascular accident), respiratory (e.g., COPD/asthma exacerbations), and renal (e.g., acute kidney injury, electrolyte abnormalities) complications.

- Use the HeatRisk tool and Air Quality index to develop day-to-day care plans and guidance for patients. On days when it is Heat Risk category red (major), NWS recommends canceling outdoor activities during the heat of the day (usually 10 a.m. to 5 p.m.), and moving activities to the coolest parts of the day. CDC guidance for Heat Risk red recommends, if possible, moving outdoor activities to a cooler day.
- Understand signs and medical management of heat-related illness and secondary complications of extreme heat. Heat stroke is a life-threatening emergency that requires prompt identification and treatment. Prepare staff for potential upsurges in emergency department visits.
- Electronic medical record triggers can assist with safe discharge planning during extreme heat.
    - Include information on how to find cooling centers and air quality centers using the 211 resource (see below). Local jurisdictions should update 211 when opening centers. In addition, community members can contact their local government about cooling center locations and other cooling center information.
    - When the NWS heat risk category is 3 (major) or 4 (extreme), providers should provide extreme heat discharge instructions for all patients. Populations who may need assistance with finding cool spaces include people experiencing homelessness (PEH) and people who use drugs (PWUD).

Background information

For the first time this season, all four National Weather Service (NWS) regions in Colorado will be in Heat Risk category red (major) for three consecutive days (July 12-14).

As of July 6, Colorado has had 353 heat-related medical visits in areas where syndromic surveillance occurs (currently Colorado's syndromic surveillance data represents 84% of statewide ED visits) and three heat-related deaths statewide. Syndromic data (near real-time, prediagnostic reporting of ED visits, hospitalizations, and outpatient visits from contributing medical facilities in 13 counties) show that the cumulative rate of heat-related illness so far this season is higher than that for the same time period in previous seasons. Heat-related illnesses and deaths are not

reportable to public health, which means that the effects of extreme heat may be underestimated. CDPHE's Heat-Related Illness Dashboard displays heat-related illness data. CDPHE updates the dashboard weekly through September.

Clinical Recognition

Extreme heat can cause heat-related illnesses, such as heat exhaustion and heat stroke. A heat stroke is a medical emergency. Rapid recognition and aggressive early treatment are essential to reduce morbidity and mortality. Extreme heat is also known to increase secondary adverse outcomes, such as cardiovascular (e.g., myocardial infarction, cerebrovascular accident), respiratory (e.g., COPD/asthma exacerbations), and renal (e.g., acute kidney injury (AKI), electrolyte abnormalities) complications. Traditionally, disproportionately affected groups included people aged 65 years and older, those with chronic medical conditions, people who are pregnant, infants and children, outdoor workers, athletes, and people without access to air conditioning, which may include people experiencing homelessness, people who use drugs and low-income households. The New England Journal of Medicine has guidance on the treatment and prevention of heat-related illness.

Response during extreme heat event

Suggested responses for NWS Heat Risk category red (major) include:

- **Instruct patients to implement their individualized Heat Action Plan.**
    - CDC and Americares have toolkits for patients and providers with clear instructions on conditions or medications that may put someone at increased risk, action steps to stay safe during extreme heat, and guidance on when to seek emergency care.
    - Additionally, licensed home health care providers should be aware of CMS requirements for individualized emergency plans that may apply to at-risk patients.
    - Review medications that can increase a patient's risk for heat related illness, such as antidepressants, central nervous system stimulants, anticholinergics, antipsychotics, insulin, heart medications, and substances commonly used by people who use drugs.
- **Promote the use of the "check on your neighbor" program.** It can ensure patients in more isolated settings have access to community members who can help with their safety during extreme heat (e.g. rural settings, older individuals living alone, those with disabilities).

- **Teach patients how to use the HeatRisk tool for day-to-day planning.** The HeatRisk tool is a public-facing dashboard which patients can use to evaluate their day-to-day heat risk and plan accordingly. The dashboard is searchable by ZIP code or geolocation (if ZIP code is unknown) and provides the heat risk for the day according to the categories above, seven-day HeatRisk forecast, air quality risk for the day, and actions patients can take to protect their health.
- **Consider canceling outdoor events and activities during this prolonged extreme heat.** NWS Heat Risk red represents a major risk to anyone exposed to the sun and active or are in a heat-sensitive group. This level of heat is dangerous to anyone without proper hydration or adequate cooling. Workers in outdoor and indoor heat environments may have additional considerations at this time.
- **Prepare for potential upsurge in emergency department visits.** Health systems are likely to see increased demand with significant increases in ER visits. These increased visits may be primary HRI related complaints (e.g heat stroke, heat exhaustion) or from complaints that can increase at times of extreme heat (e.g. myocardial infarction, CVA, AKI, COPD/asthma exacerbations).
- **Determine safe discharge planning during an extreme heat event. Electronic medical record triggers and templates can be used to facilitate extreme heat discharge planning.**
    - Include heat-related illness information on discharge paperwork, including signs and symptoms of HRI, when to seek emergency care, and HRI resources (e.g., cooling centers, prevention strategies, when to call 911).
    - 211 is a phone resource that should be shared with patients to assist with finding cooling centers when opened by local jurisdictions, including location, address, and operating hours. CDPHE encourages local jurisdictions to update 211 when opening cooling centers during this extreme heat event. The 211 database can be updated online, or by contacting 211 for assistance. In addition, community members can contact their local government about cooling center locations and other cooling center information.
    - Assist populations as needed in finding cool spaces upon discharge planning. This could include people experiencing homelessness (PEH) and people who use drugs (PWUD).

Recommendations/guidance

- Understand signs and medical management of heat-related illness and secondary complications of extreme heat.
- Implement a heat action plan with patients during this extreme heat event, action steps to stay safe during extreme heat, and guidance on when to seek emergency care.
- Use and teach patients to use CDC's HeatRisk Dashboard to aid in personal decision making, decision making for cancellation of outdoor activities (e.g. sports, outdoor work, special events), and guidance for at-risk populations.
- Practice safe discharge planning during extreme heat. Assist populations in identification and transport to cooled spaces, as indicated.
- Prepare hospital systems for this extreme heat event including staffing upsurge and specialist capabilities for secondary complications (e.g. respiratory equipment, cooling equipment such as fans and ice, cath lab, stroke center, dialysis equipment). Resources for facility preparedness and response are available, including a Heat Alert Plan for the facility. Long term care facilities should review evacuation plans and implement strategies to mitigate extreme heat health impacts. Mitigation actions and additional resources are available on CDPHE's Extreme Heat Resources for Facilities and specific guidance for administrators is also available through Americares.

More information

Colorado Heat Related Illness Data Dashboard: https://coepht.colorado.gov/heat-data

CDPHE Extreme Heat Resources and References for Providers:
https://cdphe.colorado.gov/extreme-heat/providers

CDPHE How to protect your health in extreme heat:
https://cdphe.colorado.gov/extreme-heat/protect-your-health

CDPHE Extreme Heat Resources for Facilities:
https://cdphe.colorado.gov/extreme-heat/facilities

CHILL'D-OUT Heat and Health Risk Factor Screening Questionnaire:
https://www.cdc.gov/heat-health/hcp/CHILL-D-Out-screening-questionnaire.html

CDC HeatRisk Dashboard: https://ephtracking.cdc.gov/Applications/HeatRisk/

CDC Patient Toolkits: https://www.cdc.gov/heat-health/hcp/toolkit/toolkit.html

Americares heat action plans:
https://www.americares.org/what-we-do/community-health/climate-resilient-health-clinics

Heat and Medications Guide for Clinicians:
https://www.cdc.gov/heat-health/hcp/heat-and-medications-guidance-for-clinicians.html

Facility/Administrator Resources

Extreme Heat Facility Preparedness Guideline:
https://www.americares.org/wp-content/uploads/2.-ADMIN.Heat_Facility_Preparedness_Guidance_2023Final.pdf

Extreme Heat Immediate Response Checklist:
https://www.americares.org/wp-content/uploads/ADMIN.Heat_Immediate_Response_Checklist_2023Final.pdf

Heat Alert Plan Guidance and Checklist:
https://www.americares.org/wp-content/uploads/1.-ADMIN.Heat_Alert_Plan_2023Final.pdf

CDPHE Disease Reporting Line: 303-692-2700 or 303-370-9395 (after hours)