

Summer heatwaves can be deadly – Be prepared!

Following the Victorian statewide heatwave in the summer of 2009, there was an unprecedented 62% increase in Victorian deaths recorded for that week, particularly in those aged over 75. The Chief Health Officer estimated that 374 Victorians died from heat related illnesses. Temperatures were above 43°C for 3 consecutive days.

It can take as little as just 2 consecutive hot days in the mid 40's °C with one overnight period (where temperatures do not fall below 25°C) to precipitate a major heat emergency - causing mass heat deaths.

Excessive heat, coupled with high humidity, physical activity and/or inadequate hydration, overwhelm temperature regulating mechanisms.

The elderly are particularly vulnerable to non exertional heat diseases.

The resulting diseases include heat cramps, heat exhaustion and heat stroke.

To prepare for the upcoming summer, identify the 'at risk' vulnerable in your practice. This includes:

- Ø The poor and homeless
- Ø Infants and small children under age five;
- Ø Women who are pregnant;
- Ø Elderly people (age 65 and older);
- Ø Persons who have obesity;
- Ø Persons who are bedridden;
- Ø Persons with mental illness/disabilities
- Ø Persons with medical conditions (e.g., heart disease, diabetes, hypertension);
- Ø Persons requiring life-saving medications (e.g., for hypertension, depression, insomnia) ;
- Ø Individuals with drug or alcohol addictions ;
- Ø Those with sensory impairments (blind/visually impaired or deaf/hard of hearing) ;
- Ø Persons who are under extreme working conditions;
- Ø Persons who are socially isolated, speak no English or have no access to information.

The response to heat wave conditions, particularly in nursing homes, include:

- Ø Cooling strategies consider tepid baths as well as more active cooling for the most sick. Transfer to cooler rooms if available for the most at risk
- Ø Environmental Strategies – use airconditioning wisely. Utilise screens, blinds, and window management. Avoid unnecessary cold dissipations – eg fire doors etc.
- Ø Monitor the well being of the 'at risk' vulnerable. Review local ambient temperature conditions. Review medication and fluid requirements of at risk in-patients.
- Ø Management Plans for vulnerable nursing home patients. Consider increase fluid intake, and medication review such as cessation of diuretics. Suggest closer monitoring of urine output and vital signs (BP & pulse and core Temp).