



March 18, 2025

DAL: NH 25-07
Subject: Warm Weather Advisory

Dear Nursing Home Operators and Administrators:

As warmer weather approaches, this is a reminder that you are encouraged to take the necessary precautions to ensure that residents are comfortable and safe in nursing homes throughout the spring and summer months when temperatures can be expected to rise. Both New York State (10 NYCRR § 415.5) and Federal (42 CFR § 483.10) regulations require residential health care facilities to maintain comfortable and safe temperature levels within their facilities. For those residents who might be leaving the facility for any reason, including outside visits or community events, facilities must ensure that any health or safety issues associated with warm weather have been assessed and addressed.

Below is useful information related to prevention, recognition and management of heat related illness and is provided as a resource.

Residents with a history of dehydration, cardiovascular and/or pulmonary disease are particularly susceptible to heat related illnesses and complications. To assist in preventing heat illness among your residents during the hot and humid weather, it is recommended that all staff be especially alert to the signs, symptoms and consequences of heat cramps, heat exhaustion and heat stroke.

Heat-Related Conditions

Heat Cramps: Individuals who sweat during strenuous activity are prone to heat cramps, which may also be a symptom of heat exhaustion. Individuals 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 one hour. If medical attention is not necessary, take the following steps:

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

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 typically the elderly 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 individual to an air-conditioned environment and offer cool, non-alcoholic beverages. Have the individual 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 individual to a shady area.
- Cool the individual rapidly, using whatever methods you can. For example, immerse them in a tub of cool water, place the individual in a cool shower; spray them with cool water from a garden hose; sponge the individual 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.

The following measures should be taken to prevent heat related illnesses:

- Alert staff to monitor residents for the signs and symptoms of heat illness (listed above). Notify the physician of such observations and obtain medical services if needed.
- Assure that facility policies and procedures for heat emergency situations are current, complete, and known to all staff.
- Monitor temperatures on nursing units, particularly on hot, humid days.

- 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.
- Monitor choice of resident's clothing to ensure they are appropriate in extreme temperatures and are not too heavy or vapor-impermeable.
- 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 in the daytime.
- Adjust menus as needed, incorporating items such as cold plates, salads, etc. Consult with your dietician.
- Encourage residents not to lie or sit in direct sunlight, e.g., if outside, encourage residents to sit in shaded areas and to use sunscreen as necessary.
- Review resident medications and identify those that may cause residents to become more susceptible to heat and sunlight.

(Medications with known sensitivity to heat and sun - 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

Note: There is a potential for some drugs to interact with each other potentially increasing a resident's sensitivity to heat. For medication specific information, please consult with the prescriber or pharmacist.

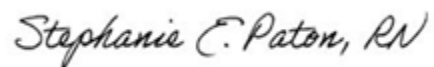
Heat stress issues can also affect facility staff especially when wearing required personal protective equipment (PPE). Nursing homes should ensure facility staff have opportunities for required breaks and for hydration. Consider providing education to staff about heat related illness first aid and emergency procedures.

In preparation for the changing temperatures, it is also a good time to assure that your facility's backup generators and air conditioners are functioning properly. Weekly inspections, monthly exercising under load for 30 minutes, and any required or manufacturer recommended servicing of the generator should continue in accordance with the Centers for Medicare and Medicaid Services (CMS) of the Standard for Emergency and Standby Power Systems of the

National Fire Protection Association; National Fire Protection Association 99 and National Fire Protection Association 110.

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, please email nhinfo@health.ny.gov.

Sincerely,

A handwritten signature in black ink that reads "Stephanie E. Paton, RN". The signature is written in a cursive style and is enclosed within a thin black rectangular border.

Stephanie E. Paton, RN
Director, Division of Nursing Home
and ICF/IID Surveillance

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