



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, M.D., M.P.H.**  
Commissioner

**JOHANNE E. MORNE, M.S.**  
Executive Deputy Commissioner

March 19, 2024

DAL: DACF #24-03  
Subject: Warm Weather Advisory

Dear Adult Care Facility Administrator/Operator:

You are expected to provide your residents with a comfortable and safe environment throughout the warm weather months and to take the necessary precautions to prevent heat-related conditions. Section 461-q of New York State Social Services Law requires the Department of Health (“Department”) to set allowable temperatures for resident-occupied areas of the facility. Compliance with this law requires you to maintain your facility at a safe and comfortable temperature. New York State regulation at Title 18 of New York Code of Rules and Regulations (“18 NYCRR”) §§ 487.11(m), 490.11(n) and 488.11(i) 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; and
- One common room in such adult home, enriched housing program and residence for adults shall be required to be air conditioned.

During the summer months residents may be at risk for heat-related conditions. Elderly residents and those with chronic medical conditions including 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 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.

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 while the central air is turned on.

Many adult care facilities have added standby power generators as a measure to maintain operations during outage periods. Please ensure that generators are properly maintained to function as designed as their ability to generate temperature control devices may make a difference in resident comfort.

Please be reminded that heat stress issues can affect facility staff especially when wearing required personal protective equipment. Adult care facility operators and administrators should ensure facility staff have opportunities for required breaks and for hydration. Please educate staff about first aid and emergency procedures for heat related illness.

Enclosed is 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. **This information must be posted conspicuously within your facility, to be accessible by both staff and residents.**

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 this correspondence, please email [acinfo@health.ny.gov](mailto:acinfo@health.ny.gov).

Sincerely,

KellyAnn Anderson, Director  
Division of Adult Care Facility  
and Assisted Living Surveillance

Enclosure

cc: A. Herbst  
V. Deetz  
C. Rodat  
H. Hayes  
K. Walker  
T. Graney  
B. Parente  
D. Pulver  
J. Van Dyke

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

1. Maintain situational awareness of potential weather fronts.

National Weather Service Links for Local Hazardous Weather Outlooks

[Binghamton, NY Forecast Office: https://www.weather.gov/bgm/ehwo](https://www.weather.gov/bgm/ehwo)

[Albany, NY Forecast Office: https://www.weather.gov/aly/ehwo](https://www.weather.gov/aly/ehwo)

[Buffalo, NY Forecast Office: https://www.weather.gov/buf/ehwo](https://www.weather.gov/buf/ehwo)

[New York, NY Forecast Office: https://www.weather.gov/okx/ehwo](https://www.weather.gov/okx/ehwo)

[Burlington, VT Forecast Office: https://www.weather.gov/btv/ehwo](https://www.weather.gov/btv/ehwo)

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

| <b>Heat-Related Illness</b>                   | <b>Signs &amp; Symptoms</b>   | <b>Management</b>  |
|---|---|--|
| 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<br><b>(Serious<br/>Emergency)</b> | 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.  |

| <b>RESIDENTS TAKING THE FOLLOWING MEDICATIONS MAY HAVE ADDED SENSITIVITY TO HEAT AND OTHER CONDITIONS (Not all inclusive)</b> |   |
|---|---|
| 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**

| Generic               | Brand                     |
|-----------------------|---------------------------|
| 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<br>Eskalith<br>Eskalith CR                        |
| Lithium Citrate   | Cibalith – S   |
| Valproic Acid     | Depakene   |
| Divalproex sodium | Depakote (dr)<br>Depakote (ER)<br>Depakote Sprinkles       |
| Carbamazepine     | Tegretol<br>Tegretol XR<br>Tegretol chew<br>Carbatrol (er) |
| Gabapentin        | Neurontin  |
| Lamotrigine       | Lamictal   |
| Topiramate        | Topamax  |

### **CONVENTIONAL ANTIPSYCHOTIC DRUGS**

| Generic          | Brand (mg/ml)               |
|------------------|-----------------------------|
| 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   |
|--------------|---|
| Aripiprazole | Abilify                                       |
| Clozapine    | Clozaril                                      |
| Olanzapine   | Zyprexa, Zyprexa Zydis, Zyprexa intramuscular |
| Quetiapine   | Seroquel                                      |
| Risperidone  | Risperdal, Risperdal Consta, Risperdal M-Tab  |
| Ziprasidone  | Geodon  |

### AGENTS FOR MANAGEMENT OF ANTIPSYCHOTIC MOTOR SIDE EFFECTS

| Generic              | Brand  |
|----------------------|--|
| Anticholinergics     | Benzotropine<br>Diphenhydramine<br>Trihexyphenidyl     |
| Benzodiazepines      | Clonazepam<br>Lorazepam                                |
| Beta Blockers        | Atenolol<br>Metoprolol<br>Nadolol<br>Propranolol       |
| Dopamine agonist     | Amantadine   |
| Thyroid preparations | Thyroid dessicated<br>Thyroid extract<br>Levothyroxine |

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.