



NYSNA Extreme Heat Condition Action Protocol

Temperature extremes result in a far greater loss of life than natural disasters such as hurricanes, tornadoes and earthquakes. In fact, according to the Centers for Disease Control (CDC), extreme heat now causes more deaths in U.S. cities than all other weather events combined. Heat-related mortality disproportionately affects lower socioeconomic status individuals, those without access to air conditioning and those with chronic health conditions such as multiple sclerosis and diabetes.

The physiological effects of working in excessive heat environments are well documented. For staff excessive heat makes it more difficult to provide quality care. For patients hot environments can result in negative health outcomes. Hot environments also make infection control more difficult.

Is there an area of your healthcare facility where the cooling system frequently breaks down or consistently has subpar performance? Is your facility ready for a partial or full-scale breakdown of its air cooling system during a heat emergency?

Regulations, Guidelines and Recommended Practices

New York State Health Code

According to the New York Codes, Rules and Regulations (NYCRR) Title 10 Section 712-1.72, healthcare facilities in the State of New York are required to maintain the following range of temperature and relative humidity:

Function of Space	Temperature (°F)	Relative Humidity (%)
Operating Rooms	70-76	50-60
Recovery Rooms	75	50-60
Intensive Care Rooms	75-80	30-60
Delivery Rooms	71-75	50
Nurseries	75-80	30-60

ASHRAE

The American Society of Heating, Refrigeration and Air Conditioning Engineers (ASHRAE) Standard 170 sets the following temperature/relative humidity parameters for healthcare environments:

Function of Space	Temperature (°F)	Relative Humidity (%)
Surgery	68-75	30-60
Recovery Rooms	70-75	30-60
Critical and Intensive Care	70-75	30-60
ER Waiting Rooms	70-75	max 65
In-patient Rooms	70-75	max 60
Newborn Nursery	72-78	30-60
Positive Pressure Room	70-75	max 60
Negative Pressure Room	70-75	max 60
L&D/Recovery/Postpartum	70-75	max 60

OSHA

OSHA requires that employers maintain workplaces free of recognized hazards. More information on occupational exposure to heat can be found at:

<https://www.osha.gov/SLTC/heatstress/>

Joint Commission

The Joint Commission (JC) has numerous standards that relate to an unhealthy work environment. JC Environment of Care and Emergency Management standards require healthcare facilities to maintain a safe care environment and be prepared for a variety of emergency situations. Relevant JC standards include:

Environment of Care

- EC.01.01.01 EP 4 Written plan for managing environmental safety
- EC.02.01.01 EP 1 Process to identify safety and security risks associated with the environment of care
- EC.02.05.01 Management of risks associated with its utility systems
- EC.02.06.01 EP 13 Ventilations systems
- EC.04.01.01 EP 1 Process for monitoring, reporting and investigating utility systems problems, failures, errors
- EC.04.01.01 EP 3 Reporting and investigating injuries to patients or others

Emergency Management

- EM.02.01.01 EP 12 Continuity of operations during an emergency
- EM.02.02.09 Utilities management
- EM.02.02.11 EP 3 Evacuation when the environment cannot support care, treatment, services

CMS

The Centers for Medicaid and Medicare Services (CMS) requires that healthcare facilities be prepared for a variety of emergencies, both natural and manmade. This includes having plans in place to address the loss of key utilities.

Taking Action

Nurses play a key role in protecting the healthcare environment for both patients and colleagues. According to the Code of Ethics for Nurses, nurses have a responsibility to advocate for a safe healthcare environment through individual and collective effort. NYSNA members can advocate for safer environments by taking the following actions:

- Document the problem. Use thermometers to document the temperature in different areas at different times and days. Show the pattern. Identify problem areas.
- Meet with representatives from your facility's emergency management, facilities and nursing management to discuss preparedness plans including:
 - Activation of the incident command center, with NYSNA inclusion
 - Policies and procedures for staff who, due to medical conditions, cannot work in overheated environments
 - Shortened work shifts
 - Added staffing levels to allow for frequent staff breaks
 - Alternative work areas
 - Access to portable air conditioners
 - HVAC system preventive maintenance
 - Ability to maintain positive or negative pressure as needed
 - Patient diversion
 - Large quantities of ice and drinking water for patients and staff readily available
 - Sufficient supply of cooling blankets and vests
 - Training for staff on all related emergency protocols
- If management is not responsive to these issues, escalate concerns and demands to a higher level, and consult with your NYSNA representatives and the NYSNA Health & Safety staff to consider further action.

For More Assistance

As with all emergency situations, it is far better to be prepared and have a plan in place than to scramble during a crisis. For more information or to notify the union of a heat emergency, contact the NYSNA Health & Safety staff at healthandsafety@nysna.org and your facility's NYSNA representatives.