Assessment: Identify those at risk

CAMH patients are vulnerable to heat extremes due to a number of considerations. In advance of heat extremes, clinicians should assess and flag the vulnerable patients on their caseloads. Key considerations in this assessment should include:

Age	☐ Older adults (60+ years) ☐ Children ☐ Youth	• In older adults, significant heat stress happens at lower temperatures due to changes in thermoregulation (i.e., how the body maintains its internal temperature) • Older adults (60+ years) with age-related mental health issues will often face heightened risk due to isolation • Older adults with a history of falls also face heighted risks • Children and youth are at risk of experiencing greater anxiety and hopelessness (climate distress) than older populations
Pregnancy status	☐ Pregnant	• Pregnant people are also at a higher risk, with implications for parental and fetal health and preterm birth
Past psychiatric history	☐ Severe mental illness	• Patients with severe mental illness are more isolated and will have more challenges with problem solving and reducing the risks of heat exposure
Health status	☐ Asthma ☐ Diabetes ☐ Heart disease ☐ Previous heat injury ☐ Poor fitness	• Comorbid chronic physical illnesses (e.g., asthma, diabetes, coronary artery disease), previous heat injury, current or acute illness, poor physical fitness and impaired or reduced mobility can greatly increase heat risks
Medication	☐ Antipsychotics ☐ Anticholinergics ☐ Stimulants ☐ Lithium ☐ Other medications	• Psychotropic medications can affect thermoregulation, can represent risks for dehydrated patients and may be impacted when stored in overheated conditions • Antipsychotic, anticholinergic and stimulant medications may place individuals at higher risk of more severe heat-related symptoms • Dehydration can increase the risk of lithium toxicity
Substance use	☐ Intoxicated ☐ Alcohol ☐ Stimulants	• Individuals in intoxicated states may have decreased awareness of and responsiveness to heat-related illnesses • Alcohol use increases the risk of dehydration • Sympathomimetic substances (e.g., cocaine, methamphetamines, MDMA) elevate body temperature and heart rate
People with disabilities	☐ Physical ☐ Psychiatric	• People with disabilities face unique challenges in adapting to heat extremes • They are more likely to have increased risks due to poverty • They are often overlooked in response plans
Social and physical environment	☐ Unhoused ☐ Reduced access to water ☐ Reduced access to cool spaces ☐ Racialized communities	• CAMH patients are more likely to live in exposed conditions (e.g., lack of housing, housing without air conditioning or adequate ventilation and insulation, or urban environments with little shade, water access and free access to cool spaces) • Racialized communities are more exposed and face poorer access to resources

Response

1 Take action if you suspect a medical emergency!

If someone is showing signs of disorientation, light-headedness, episodes of fainting, extreme fatigue, and/or vomiting, take immediate action and follow these steps:

1. **Call 911** or your region's emergency health care provider.
2. Have the individual lie down in a safe and comfortable position in a cool location if possible.
3. Remove extra clothing.
4. Apply cool, wet towels or ice packs around the body, especially on the neck, armpits and groin.
5. Stay with the individual while you wait for medical attention.

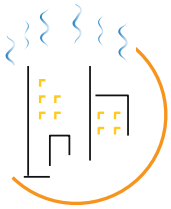
2

Provide guidance to patients, their supports and other care team members on the strategies detailed below in the **"Heat wave action plan."** Create tools (e.g., signs, messages, weather monitoring practices) to remind patients and supports of these response strategies and the symptoms of hyperthermia, which require emergency response. See also Appendix A: Personal heat preparedness plan for resources to help you and your patients stay safe.

3

Conduct in-person or remote wellness checks for those at risk (see Appendix B: Conducting in-person or remote wellness checks).

4



Advocate for access to air conditioning (Ontario Disability Support Program [ODSP] and Ontario Works [OW] have paths to assist).

5

Be aware of medication classes that affect thermoregulation. Recognize signs of dehydration and medication-related side-effects and toxicity. See "**Medications and climate change**" section below for side-effects worsened by heat and counselling points.

When planning for discharge and the intensity of outpatient support, education and advocacy, consider the vulnerability of the patient, as well as weather conditions (e.g., recommend increased supports when heat conditions present greater risk).