



Fresno County Department of Public Health

Policy and Procedure Guideline

Administration

Chapter Number:		Issued Date:	6/12/2015
Item: 100	Nurses for Cool and Healthy Homes (NCHH)	Revision Date:	

Policy:

All clients opened for case management services will receive a home environmental assessment and findings shall be documented in client record.

Purpose:

To fulfill the mission of Nurses for Cool and Healthy Homes (NCHH), a program that equips public health nurses with knowledge and tools to empower their home visit clients to stay cool and healthy at home in the face of extreme heat while also minimizing their environmental footprint.

NCHH aims to address heat-related illness, which disproportionately affects children, the elderly, people living alone, people with certain medical conditions, people living in poor housing conditions, and people without access to air conditioning.

Supervising Public Health Nurses (SPHN) and Public Health Nurses (PHN) will conduct home environmental assessments for the purpose of identifying home-visit clients' actual or potential vulnerabilities to heat-related illness.

Attachment(s):

Home Heat Vulnerability Assessment Form (Attachment A)

PHN Heat-Related Illness and Carbon Monoxide Health Risks Fact Sheet (Attachment B)

Referral Form to Energy Assistance Programs and Services (Attachment C)

Stay Cool During the Summer Heat Flyer (Attachment D)

Procedure:

- I. Assessment sheet shall be completed on each client enrolled in Public Health Nursing services.
- II. Assessment sheet documentation shall be concise, complete, legible, uniform, and maintained in a confidential manner. Complete areas as follows:
 - A. Complete client identification area by entering client's ID number, name, and home visit date.
 - B. Complete Questions 1 and 2 to determine if the assessment is taking place at the client's primary residence and if the client owns or rents the place of residence.
 - C. Complete Questions 3 and 4 to assess the client's ability to afford utility payments and need for utility payment assistance.
 - D. Complete Question 5 by asking clients to state methods of cooling and heating. **Do not lead the client's response by stating methods listed in the form.** Document if client states any of the

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high-risk cooling and heating methods listed in the form or “None of the above.” Provide health and safety instruction if client states any of the listed options.

1. *PHN should be concerned if the client states that he/she relies mainly on any of the listed cooling methods because this is an indication that the client does not have access to more effective cooling methods, like air conditioning, due to the air conditioner being broken, unavailable, or being unable to afford utilities.*
2. *PHN should be concerned if the client states that he/she relies mainly on any of the listed heating methods because this is an indication that the client does not have access to more effective heating methods, like central heating, or is unable to afford utilities. Reliance on listed methods also indicates greater emphasis on Question 11 because of higher risk for faulty heat sources that could lead to carbon monoxide poisoning.*

- E. Complete Questions 6 and 7 based on PHN observation and client response to assess the condition of the home and potential for home energy improvements.
- F. Complete Question 8 to assess health risk and the client’s perception of comfort.
- G. Complete Question 9 to assess cooling center awareness and the client’s ability to act on extreme heat days.
- H. Complete Question 10 to assess ability to detect Carbon Monoxide (CO) risk.
 1. *If client indicates “No” or “Don’t know,” PHN should provide instruction on the health risks of CO and legal requirement for a carbon monoxide alarm in all houses and apartments (whether rented or owned). See PHN fact sheet on CO Health Risks (Attachment B).*
- I. Complete Question 11 based on client description or PHN observation of symptoms associated with CO leaks (Attachment B).

III. Complete Referral Form for client who is found to be in need of energy assistance program services, cooling center information, or carbon monoxide inspection (Attachment C). Check all programs and services that apply to the clients’ needs. Table 1 below is a reference for the different programs and services provided through PG&E and is intended to guide PHNs in making appropriate referrals.

Table 1: Referral Key

PG&E Program	Ownership/ Rentership	Eligibility requirements	Services Provided
California Alternate Rates for Energy (CARE) Family Electric Rate Assistance (FERA)	Owner or Renter	Income eligibility	Utility payment assistance
Energy Savings Assistance Program (ESAP)	Owner or Renter	Income eligibility	Home energy improvements
Medical Baseline Allowance	Owner or Renter	Medical eligibility	Utility payment assistance
Home Energy Tune Up (HETU)	Owner	None	Home energy improvements

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A. Refer client to:

1. California Alternate Rates for Energy (CARE) OR Family Electric Rate Assistance (FERA) if:
 - a. Client answers “Yes” or “Don’t Know” to Question 4 AND
 - b. Client meets Income Eligibility requirements listed in the Income Eligibility table on the back of the Assessment Form.
2. Energy Savings Assistance Program (ESAP) if:
 - a. Client states any high-risk cooling or heating methods in response to Question 5 OR
 - b. PHN observes or client states “Yes” to Question 6 about obvious cracks in windows/doors/house OR
 - c. PHN observes or client states “Not well” to Question 7 about how well the home keeps its indoor temperature OR
 - d. Client states “Very uncomfortable” to Question 8 about comfort in the home on very hot and very cold days.
3. Medical Baseline Allowance if:
 - a. Client states “Somewhat uncomfortable to Question 8 about comfort in the home on very hot and very cold days AND
 - b. Client meets any of the medical condition(s) listed in the Medical Eligibility table on the back of the assessment form
4. Home Energy Tune-Up (HETU) if:
 - a. Client states that they own the home in response to Question 2 AND
 - b. Client states any high-risk cooling or heating methods in response to Question 5 OR
 - c. PHN observes or client states “Yes” to Question 6 about obvious cracks in windows/doors/house OR
 - d. PHN observes or client states “Not well” to Question 7 about how well the home keeps its indoor temperature OR
 - e. Client states “Very uncomfortable” to Question 8 about comfort in the home on very hot and very cold days.
5. Cooling centers if:
 - a. Client is unaware of cooling center locations and/or hours. Cooling center locations and hours are listed on the Referral Form.
6. Calling 911 if:
 - a. Client indicates “Yes” to any signs/symptoms of CO exposure (Attachment B), Call 911 and refer client to a CO Inspection
7. Carbon Monoxide Inspection if:
 - a. PHN finds or client indicates “Yes” to any signs/symptoms of CO exposure (Attachment B) in Question 11 OR
 - b. PHN finds risk for faulty heating methods in Question 5 AND
 - c. Client states “No” to Question 10 about having a CO alarm

B. Complete “Reason for Referral” according to risk factors identified in the assessment form. This includes but is not limited to: cooling/heating methods present in the home, severity of cracks in windows/doors, ability to maintain temperature and keep comfortable in the home, and suspicion of CO exposure.

1. *This information is for the client to use when communicating to PG&E assistance representatives.*

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- C. Give client the Referral Form and instruct client to call the appropriate program(s) or service(s). Contact information for each program and service are provided on the referral sheet.

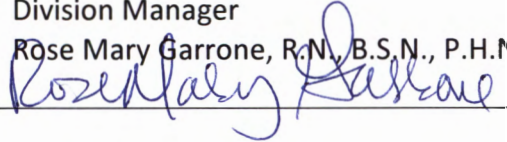
IV. Complete areas as follows:

- A. PHN shall educate clients at risk of heat-related illness using the “PHN Heat-Related Illness and Carbon Monoxide Health Risks Fact Sheet” (Attachment B).
- B. PHN shall provide the “Stay Cool During the Summer Heat” flyer to the client after each assessment (Attachment D).
- C. Follow up with client within one month to assess if client acted on referral. Complete date of follow-up and reason client did not act on referral if applicable.

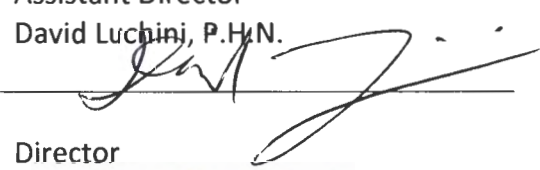
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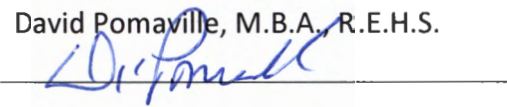
Approval:

In accordance with Fresno County Department of Public Health protocol, if this Policy and Procedure Guideline was developed by staff from one or more Divisions, the participants in that process are identified below*:

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Signature:  **Date:** 6/30/15

*If this Policy and Procedure Guideline undergoes substantive revisions the above individuals and/or staff positions should be involved in the revision/review process.

Nurses for Cool and Healthy Homes Assessment Form

Client ID# _____ Name: _____ Assessment Date: ____/____/____

1. Where do you and your dependents currently live most of the time?	<input type="checkbox"/> At current visit location <input type="checkbox"/> Not at current visit location* <i>*Focus remainder of interview on primary place of residence</i>	
2. Do you own or rent your home?	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lives with owner <input type="checkbox"/> Lives with renter <input type="checkbox"/> Other _____	
3. Does this household receive any utility assistance?	<input type="checkbox"/> Yes (program name) _____ <input type="checkbox"/> No/Don't Know	
4. In the past year, has the head of your household missed or had difficulty paying a utility bill due to inability to pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
5. What do you rely on to keep your home cool in the summer and heated in the winter? <i>If client responds with any of the following for heating and cooling, provide additional health instruction.</i>	Cooling Methods	Heating Methods
	<input type="checkbox"/> Refrigerator <input type="checkbox"/> Fan only <input type="checkbox"/> Window only <input type="checkbox"/> None of the above	<input type="checkbox"/> Portable heater <input type="checkbox"/> Oven <input type="checkbox"/> None of the above
6. Are there any obvious cracks in the windows/doors/house?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?
7. How well does your home keep its indoor temperature?	<input type="checkbox"/> Not Well <input type="checkbox"/> Somewhat Well <input type="checkbox"/> Well	
8. How comfortable are you in your home during very hot and very cold days?	<input type="checkbox"/> Very Uncomfortable <input type="checkbox"/> Somewhat Uncomfortable <input type="checkbox"/> Not Uncomfortable	
9. Are you aware that there are cooling centers open during high heat days?	<input type="checkbox"/> Yes and client knows location and hours <input type="checkbox"/> Yes, but client does NOT know location or hours <input type="checkbox"/> No	
10. Does your home have a carbon monoxide (CO) alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No/Don't Know	
11. Do you experience symptoms (nausea, dizziness, shortness of breath, confusion, headaches) that could be the result of a CO leak?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, CALL 911</i>

Referrals and follow-ups (use Referral Key on backside)

PHN follow up within one month of referral

Date of PHN follow-up with client: ____/____/____

PHN Referred	Client Followed-Up	Program
<input type="checkbox"/>	<input type="checkbox"/>	California Alternate Rates for Energy (CARE) Family Electric Rate Assistance (FERA)
<input type="checkbox"/>	<input type="checkbox"/>	Energy Savings Assistance Program
<input type="checkbox"/>	<input type="checkbox"/>	Medical Baseline Allowance
<input type="checkbox"/>	<input type="checkbox"/>	Home Energy Tune Up (HETU)
<input type="checkbox"/>	<input type="checkbox"/>	Nearest cooling center location and hours
<input type="checkbox"/>	<input type="checkbox"/>	Carbon Monoxide Inspection
If client did not follow up, why?		

Comments: _____

PHN SIGNATURE _____



Nurses for Cool and Healthy Homes Referral Key

PG&E Program	Ownership/ Rentership	Eligibility requirements	Services Provided
California Alternate Rates for Energy (CARE) Family Electric Rate Assistance (FERA)	Owner or Renter	¹ Income eligibility	Utility payment assistance
Energy Savings Assistance Program (ESAP)	Owner or Renter	¹ Income eligibility	Home energy improvements
Medical Baseline Allowance	Owner or Renter	² Medical eligibility	Utility payment assistance
Home Energy Tune Up (HETU)	Owner	None	Home energy improvements

¹Income Eligibility for CARE, FERA, ESAP	
Number of Persons in Household	Total Gross Annual Household Income**
1-2	\$31,460 or less
3	\$39,580 or less
4	\$47,700 or less
5	\$55,820 or less
6	\$63,940 or less
7	\$72,060 or less
8	\$80,180 or less
Each additional person, add	\$8,120
Valid through May 31, 2015.	
**Before taxes based on current income sources	

²Medical Eligibility for Medical Baseline Allowance
Client is dependent on home life support equipment: <ul style="list-style-type: none"> Respirator, iron lungs, hemodialysis machines, suction machines, electric nerve stimulator, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, intermittent positive pressure breathing (IPPB) machines, motorized wheelchairs
Client has diagnosis of: <ul style="list-style-type: none"> Paraplegia, hemiplegia, quadriplegia, scleroderma, or multiple sclerosis with special heating/cooling needs A life-threatening illness or compromised immune system with special heating and/or cooling requirements to sustain the client's life or prevent deterioration of the client's medical condition

Referrals to Home Cooling/Heating/Safety Programs

Nurses for Cool and Healthy Homes

Client Name: _____

Date: _____

Referred by (PHN name): _____

Referral	Program
<input type="checkbox"/>	California Alternate Rates for Energy (CARE) Family Electric Rate Assistance (FERA) (1-800-743-5000)
<input type="checkbox"/>	Energy Savings Assistance Program (1-800-989-9744)
<input type="checkbox"/>	Medical Baseline Allowance (1-800-743-5000)
<input type="checkbox"/>	Home Energy Tune Up (1-855-621-3733)
<input type="checkbox"/>	Cooling Centers (Information Below)
<input type="checkbox"/>	Carbon Monoxide Inspection (1-800-743-5000)

Reason for Referral: _____

When you call PG&E, have the following available:

- PG&E account number
- Name on PG&E utility bill
- Number of adults and children in household
- Household Income or state if participate in Public Assistance Program

Cooling Centers

City of Fresno

Open 12pm-8pm when temperature is 105 degrees or higher

1. Frank H. Ball Community Center, 760 Mayor Street, Fresno, CA 93706; (559) 488-1502
 2. Ted C. Wills Community Center, 770 N. San Pablo, Fresno, CA 93728; (559) 621-6720
 3. Mosqueda Community Center, 4670 E. Butler, Fresno, CA 93702; (559) 621-6600
 4. Pinedale Community Center, 7170 N. San Pablo, Fresno, CA 93650; (559) 431-4531
- Free city FAX Buses along normal routes to and from Cooling Centers, tell bus driver that you are going to a Cooling Center

City of Clovis

- Open Monday-Friday 10am-9pm, Saturday 10am-7pm, and Sunday 11am-6pm

1. Sierra Vista Mall, 1050 Shaw Ave., Clovis, CA 93612; (559) 299-0660

Clovis Stageline (559) 324-2760

- Monday-Friday 6:15am-6:30pm, limited Saturday service
- Free: Seniors 65 and over, persons with disability, and children under 6 with fare paying adult; \$1.25: one-way fare for 6-64-year-olds

Clovis Round Up (559) 324-2760

- Provides rides to disabled residents of Clovis; must submit an Americans with Disabilities Act form
- Monday-Friday 6:15am-6:15pm, Saturday and Sunday 7:30am-3pm; Must call to schedule a ride
- \$1.25: one-way fare to Cooling Center





Department of Public Health
www.fcdph.org

PHN Heat-Related Illnesses Fact Sheet

Nurses for Cool and Healthy Homes

[For PHN Use-Only]



Heat-Related Illness	Signs	What to Do
Heat rash	<ul style="list-style-type: none"> Red bumps on skin (more likely to occur on neck and upper chest, in groin, under breasts, and in elbow creases) A feeling of prickly or itchy skin 	<ul style="list-style-type: none"> Keep affected area dry Adults may use dusting powder to increase comfort, but powder is NOT used on infants unless suggested by MD Move to cooler, less humid environment Instruct to follow-up with MD if rash does not resolve
Heat cramps	<ul style="list-style-type: none"> Significant sweating Involuntary spasms of the muscles in the body most often affecting the legs 	<ul style="list-style-type: none"> Stop all activity and sit in cool place Drink cool, non-alcoholic beverages Do not return to strenuous work for a few hours after cramps subside Seek medical attention if: <ul style="list-style-type: none"> Individual has heart problems On a low-sodium diet, or If cramps do not subside within one (1) hour
Heat syncope	<ul style="list-style-type: none"> Dizziness or lightheadedness especially upon rising Fainting 	<ul style="list-style-type: none"> Sit or lie down in a cool place when begin to feel symptoms Slowly drink cool, non-alcoholic beverages Seek medical care if symptoms persist or progress toward heat exhaustion or heat stroke
Heat exhaustion	<ul style="list-style-type: none"> Nausea and vomiting Headache Muscle cramps Weakness Profuse sweating 	<ul style="list-style-type: none"> Drink cool, non-alcoholic beverages Rest in shade or in an air-conditioned environment Take a cool shower or bath Loosen or remove restrictive clothing Seek immediate medical attention if: <ul style="list-style-type: none"> Symptoms become severe, worsen, or persist Individual has serious underlying health problems (ex. heart disease, diabetes)
Heat stroke MEDICAL EMERGENCY!	<ul style="list-style-type: none"> Dizziness Skin that is red, hot, moist or dry Absence of sweating Slurred speech Difficulty breathing Body temperature ≥ 104 °F Muscle cramps and aches Nausea and vomiting Fatigue Throbbing headache Weakness Confusion 	<ul style="list-style-type: none"> Call or have someone call 911 immediately Move person to a cool indoor/outdoor area and remove restrictive clothing Cool the person rapidly using available method <ul style="list-style-type: none"> Ex: immerse person in tub of cool water, place in cool shower, spray with lukewarm water and blow cool air from fan towards them, place ice or cold packs to armpits, neck and groin Monitor body temperature and continue cooling efforts until body temperature drops to ~ 102°F If awake and alert, give cool fluids to drink; otherwise do NOT attempt to give oral fluids

For more information on Heat Health and Safety go to www.bt.cdc.gov/disasters/extremeheat/



PHN Carbon Monoxide (CO) Health Risks Fact Sheet



Sources of Carbon Monoxide:

Faulty fuel-burning appliances such as heaters, fireplaces, furnaces, water heaters and attached garages are common sources of CO, a colorless and odorless gas. CO alarms are required by law to be installed in all dwelling units intended for human occupancy.

Risk Factors for CO-related illness or death:

Pregnant, have infants/children, are older than 65, have chronic condition(s), or are dependent on home life support equipment

Signs and Symptoms of CO illness:

Levels of CO Exposure	Signs/Symptoms
Low Level	<ul style="list-style-type: none"> • Shortness of breath • Mild nausea • Mild headaches • Can have longer term effects on health
Moderate and Persistent Level	<ul style="list-style-type: none"> • Severe headaches • Dizziness • Mental confusion • Nausea • Fainting • Death

Prevent CO Poisoning

If a client shows symptoms and you suspect could be from CO poisoning,

- CALL 911 or the emergency number.
- GET FRESH AIR IMMEDIATELY. Open doors and windows, turn off combustion appliances and leave the premises.
- DO NOT re-enter the premises until cleared by emergency personnel.
- GO TO AN EMERGENCY ROOM and tell the physician you suspect CO poisoning. If CO poisoning has occurred, it can often be diagnosed by a blood test done soon after exposure.



1221 Fulton Mall / P. O. Box 11867, Fresno, CA 93775
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Stay Cool During Summer Heat

Keep Yourself and Your Family Cool

- Drink plenty of water and other fluids.
- Avoid alcohol and caffeinated drinks such as coffee, soda, and tea.
- Stay indoors and limit activity between noon and 6 pm.
- Use portable and ceiling fans to circulate cool air.
- Wear light-colored, light weight and loose fitting clothing.
- Never leave a child or pets in a parked car.
- Take care of pets: Provide plenty of water, shade, and well-ventilated kennels and bring pets inside during the hottest part of the day.
- If the power fails, go to a friend's house, a local business, the library or a "cooling center."

Health and Safety Checks

During extreme conditions:

- Check twice a day on family members, friends, neighbors, and others.
- Call or visit to be sure they are comfortable and safe.
- Older adults and people with chronic health conditions are at higher risk.



Stay Cool

- Take a cool shower.
- Put a wet towel on your head, neck, or wrists.
- Mist yourself under a garden hose.

Take Action to Prevent Heat Related Illnesses

Contact your doctor regarding special precautions for older adults and for people with chronic conditions.

Heat Exhaustion

- Heavy sweating
- Muscle cramps
- Weakness
- Dizziness

If you feel ill due to heat, take immediate steps to cool off and see a doctor or call 911.

Heat Stroke

- Rapid pulse
- Nausea
- Throbbing headache
- Confusion

For More Information Visit:

www.fcdph.org/staycool



Department of Public Health
www.fcdph.org

