## Clinicians

Checklists: The checklist translates the Bree guidelines into action steps for that sector (i.e., clinician, health delivery site, public health, etc.). The action items have been arranged into levels 1, 2, and 3 to correspond to the difficulty level of implementing the action into the sectors’ setting. Bree staff co-created the checklists with report workgroup members and topic experts.

* Level 1 actions (introductory): activities that provide a starting place to improve care including advancing audience knowledge and self-efficacy in addressing the health topic. These activities may be able to be incorporated into existing workflows.
  + Note: These actions are to be encouraging for individuals to begin treating the chosen health topic.
* Level 2 actions (intermediate): activities that may require collaboration, new workflows, and resources to accomplish.
* Level 3 actions (advanced): activities that may require higher collaboration, resources, funding, and time to accomplish.

Level 1

#### Education

* Understand and learn how to communicate with patients about climate’s impact on health and health equity. See resources in[**Appendix D.**](#_Appendix_D._Guideline)
* Understand heat risk severity scale ([NWS HeatRisk](https://www.wpc.ncep.noaa.gov/heatrisk/)) and air quality index scale ([AQI](https://www.airnow.gov/)) and impacts on health

#### Planning & Preparedness

* **Ask all patients about their risk factors for vulnerability to heat and wildfire smoke as part of social history during clinical encounters.** 
  + Use a tool such as the CDC’s [CHILL’D OUT](https://www.cdc.gov/heat-health/hcp/clinical-guidance/chill-d-out-screening-questionnaire.html) or Americare’s toolkit for [Wildfire Smoke](https://www.americares.org/wp-content/uploads/WildfiresandHealth_Final.pdf) and Health to identify risk factors for heat and wildfire smoke.
  + **For patients with outdoor air heat and wildfire exposure due to occupation,** identify and document key factors such as the patient’s industry and occupation, whether new to the job, work clothing/personal protective equipment, workload, environmental conditions, and any workplace controls such as hydration, shade, air-conditioning, rest breaks, respirators, or adjustments to work pace or hours.
* **Discuss how heat and wildfire smoke can be harmful to health using** [**plain language**](https://www.ahrq.gov/sites/default/files/publications2/files/health-literacy-toolkit-third-edition.pdf)**.** Provide anticipatory guidance and specific guidance related to their specific health conditions and risk factors. (Resource: [Heat](https://www.americares.org/wp-content/uploads/ExtremeHeat_RiskHealthConditions_Final.pdf) and [Wildfire Smoke)](https://www.americares.org/wp-content/uploads/WildfiresandHealth_Final.pdf)
  + Explain that poor air quality can exacerbate risk from heat.
  + Discuss with patient and support system the signs and symptoms to watch for, and when and how to seek help
  + Consider using tools such as the [HeatRisk](https://ephtracking.cdc.gov/Applications/HeatRisk/) tool, [Air Quality Index](https://www.airnow.gov/aqi/), and [WA Guide for Particle Pollution](https://doh.wa.gov/sites/default/files/2024-06/821-174.pdf.) .

#### Equity

* **Refer patients to programs/staff** (e.g., social worker, case manager, community health worker) that assist with health-related social needs. Follow the Foundation for Health Care Quality’s reports and guidelines on [Social Need Screening](https://www.qualityhealth.org/equity/comm/social-need-screening/) and [Social Need Intervention](https://www.qualityhealth.org/equity/comm/social-need-interventions/).
* If patient has FSA/HSA, consider writing note of medical eligibility for an air conditioning unit as needed.

Level 2

#### Planning & Preparedness

* **Co-develop an individualized action plan with the patient and their support system to prevent exposure to heat and wildfire smoke.** Example action plans can be found [here](https://www.americares.org/what-we-do/community-health/climate-resilient-health-clinics/#toolkit).
  + As appropriate, delegate counseling to most appropriate members of the interdisciplinary team*. (E.g., if available, involve community health workers/promotoras for patients who primarily speak Spanish)*
  + Involve the patient’s support system in planning as able with patient consent.
  + Make a plan for patients who live alone or with cognitive impairment to have someone to check on them.
  + Make a plan for if the power goes out, especially for patients using electricity dependent DME.
  + **For patients with chronic conditions, (such as heart disease, diabetes, kidney disease, stroke, dementia, asthma, COPD)** consider condition specific considerations for action planning such as medication management and adjusting fluid intake. See **Appendix D** for resources.
  + Make a plan for safe attendance at dialysis sessions for patients with kidney disease or other necessary appointments.
  + Parents of young children should know signs and symptoms to watch for in heat and wildfire smoke and how reduce exposure. Determine when to restrict [outdoor activities](https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/334-332.pdf).
  + Ensure pregnant patients or patients who may become pregnant understand their risk
* Pharmacists or prescribers**: As part of their individualized action plan, discuss with patients and support system how to manage medications in extreme heat.** See [here](https://www.cdc.gov/heat-health/hcp/clinical-guidance/heat-and-medications-guidance-for-clinicians.html).
  + Counsel patients and/or their family on increased risk and, as applicable, symptoms that may indicate drug interaction with heat.
  + Consider adjustments to doses for medications most likely to interact with heat, especially for older patients taking multiple medications, patients on diuretics and patients on psychiatric medications.
  + If taking medications that may lead to dehydration or affect electrolyte balance, consider evaluation of baseline hydration status, discuss monitoring at home (blood pressure, weight, hydration) and adjustment to fluid restriction or intake during periods of extreme heat.
  + Counsel patients on storing heat-sensitive medications properly and planning for how heat waves or other climate events may impact storage of medications, like insulin.
* **Document action plan in medical record and make copy easily accessible for patients and their support system** using appropriate language and reading level.
  + **When screening performed,** consider using code G0136 when screening for social needs to document screening

Level 3

#### Education

* Understand and learn how to communicate with patients about climate’s impact on health and health equity. See resources in[**Appendix D.**](#_Appendix_D._Guideline)
* Understand heat risk severity scale ([NWS HeatRisk](https://www.wpc.ncep.noaa.gov/heatrisk/)) and air quality index scale ([AQI](https://www.airnow.gov/)) and impacts on health

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