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| **HEATWAVE MANAGEMENT POLICY for {Insert Facility Name}** | | | |
| **Background** | | | **Mission statement** |
| Heatwaves can affect human health, emergency services and community infrastructure. Specific groups of people are more vulnerable to effects of heatwaves, including:   * older people * people with a disability or chronic illness * people taking certain medications.   Residents of aged care facilities are likely to fall into these categories. | | | **{Insert facility name}** will provide residents, employees, volunteers and visitors with a safe and healthy environment in which to live, work and visit. |
| **Objectives and strategies** | | | |
| **{Insert facility name}** will: {add and delete as appropriate}   * minimise the risk of heat stress to residents, employees, volunteers and visitors * activate the heatwave incident action plan when a heatwave alert is received from the Department of Health and Human Services, the relevant Commonwealth body or Aged and Community Services Tasmania * implement the procedure listed in this policy. | | | |
| **Responsibility and accountability** | | | |
| This policy applies to all residents, employees, volunteers and visitors to **{insert facility name}**. | | | |
| **Procedure** | | | |
| When a heatwave alert is received, employees and volunteers (where appropriate) activate the *Heatwave Incident Action Plan.* | | | |
| **Communication** | | | |
| **{Insert facility name}** will ensure that {add and delete as appropriate}:   * all residents, employees and volunteers {receive a copy of this policy/are aware of this policy} * this policy is easy to find * residents, employees and volunteers are informed when a particular activity aligns with this policy * residents, employees and volunteers can actively contribute and provide feedback to this policy * residents, employees and volunteers are notified of all changes to this policy. | | | |
| **Monitoring and review** | | | |
| **{Insert facility name}** will review this policy {six/twelve} months after implementation and then every year. Effectiveness of the policy will be assessed through:   * feedback from residents, employees, volunteers and visitors * review of the policy by management to determine if all objectives have been met. | | | |
| Name: {e.g. Care Coordinator} | | Manager: {e.g. CEO, General Manager} | |
| Signature: | | Signature: | |
| Date: | | Date: | |
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| *Version 0.A* | *Date of next review: xx/xx/xxxx* | | |