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| **HEATWAVE MANAGEMENT POLICYfor {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.
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| **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.
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| **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.
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| 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* |