

The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Department of Public Health  
 250 Washington Street, Boston, MA 02108-4619

**Model Extreme Heat Management Plan for State and County Correctional Facilities**

<b>Facility Name:</b>
<b>Address:</b>
<b>Environmental Health and Safety Officer (EHSO) Name:</b>

This Model Extreme Heat Management Plan will help prepare for and manage extreme heat events and document your facilities' mitigation efforts. The plan focuses on best practices including:

- 1) documenting and calibrating air testing equipment;
- 2) maintaining and tracking mechanical ventilation systems for each area/housing unit;
- 3) monitoring the indoor air temperature and relative humidity for each housing unit;
- 4) implementing and tracking efforts used to improve ventilation and/or cooling of the facility and individuals
- 5) forecasting the extreme heat; and
- 6) monitoring and tracking cooling efforts for individuals with pre-existing health conditions which put them at greatest risk for heat related illness.

How to use this plan and template forms:

Parts of the plan are meant to have multiple pages for each area/unit. Other parts of this management plan, like the temperature template, should be used repeatedly for each heat event. Directions at the top of each section provide completion guidance. **Keep all completed templates together and provide them to CSP staff during inspections, surveys, or audits to show the steps your facility has taken to address extreme heat and health concerns.**

1. Does your facility have formal policies and procedures in place to mitigate the effects of extreme heat?  
 YES  NO
2. Does your facility have air testing equipment capable of testing air temperature and relative humidity?  
 YES  NO
3. Are there any housing units that have partial or complete air conditioning? If so, document them on the Mitigation Efforts documentation page.  
 YES  NO
4. When was the last ventilation survey from the MA Division of Resource Management:  


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5. What was the result of that survey? Is the ventilation system at your facility working in accordance with the manufacturer's specifications?  


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## Air Testing Equipment

1. Complete the boxes below, use one box for each piece of air testing equipment used to measure the air temperature and relative humidity at your facility. If you only have one piece of equipment, complete one box.
2. The following are examples of low cost and user-friendly options for air testing equipment, that are under \$100 and have limited calibration requirements. These are possible options and not an exhaustive list of products available. The MA Department of Public Health does not endorse any specific equipment or company:
  - a. [Pen Type Thermo- Hygrometer 8709](#)
  - b. [Sper Scientific – 800127, Pen Style Thermo-Hygrometer with Wet Bulb and Dew Point](#)
  - c. [Mastercool 52230](#)
3. Make additional copies if needed.

Air Testing Equipment	
<b>Date of Purchase:</b>	
<b>Manufacturer:</b>	
<b>Model:</b>	
<b>Type of Equipment:</b>	
<b>Manufacturer Calibration Specifications:</b>	

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## Calibration Log

1. Complete the boxes below, use one box to document when each piece of air testing equipment used to measure the air temperature and relative humidity at your facility is calibrated, in accordance with manufacturer's specifications.
2. The cost of required air testing calibration equipment is separate and is usually available for less than \$50.
3. Make additional copies if needed.

<b>Calibration Information</b>	
<b>Equipment:</b>	
<b>Date of Calibration:</b>	
<b>Name of Person Conducting Calibration:</b>	

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## Ventilation

1. Complete (at least) one page for **each** housing area.
2. Make additional copies if needed.

<b>Housing Area:</b> (ex: Pod #, Block #, Unit #, Dorm #)	
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Describe the primary ventilation system design within this housing area (**check all that apply**):

- Mechanical   
  Openable windows   
  Transoms   
  Wall Mounted Fans   
  Ceiling Fans   
  Other

Include design specifications and details:

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### Mechanical Ventilation Maintenance and Service

Date of Last Service:	
Description of Service Provided: (changed filters, changed belts, etc...)	
Results from Service:	
Follow-Up:	
Name of Company or Internal Facility Staff Performing Service:	
Address:	
Contact Person:	
Phone Number:	

### Location and Number of Additional Fans

Type of fan (wall, ceiling, industrial, window, standing)	Describe the location (floor, tier, wall)	Number of fans

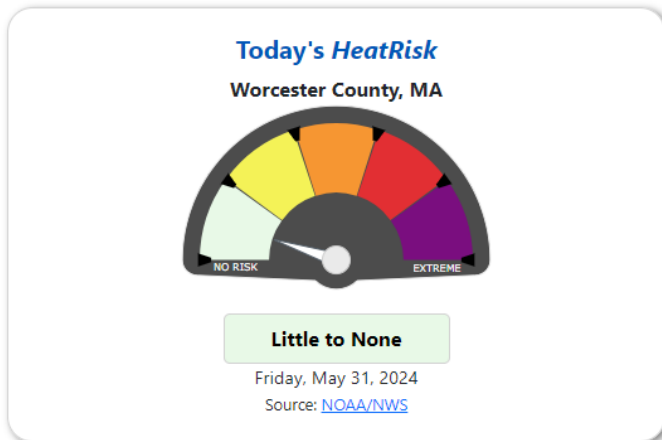
Are Personal Fans supplied to indigent inmates? YES or NO	Can windows open in the cells? YES or NO	Are transoms open? YES, NO, N/A	Is the Housing Unit Air Conditioned? YES or NO





## Forecasting Extreme Heat

The Centers for Disease Control and Prevention (CDC), in partnership with the National Oceanic and Atmospheric Administration’s (NOAA) National Weather Service (NWS), has developed a [HeatRisk Dashboard](#) to provide a nationwide seven-day heat forecast model. The CSP will use this tool and will send out extreme heat alerts to facilities based on predicted weather. The CSP recommends that at least once a week, your facility log into the dashboard to check the forecast and prepare for the days and week ahead. Save a copy of the weekly forecast dashboard to document your forecasting efforts.



Today's *HeatRisk* is **Little to None**.

It might not be hot today, but you can get ready for warmer weather by learning about [heat and your health](#).

Check the [air quality](#) in your area before heading out.

**HeatRisk Forecast**  
Worcester County, MA

Saturday June 1	Sunday June 2	Monday June 3	Tuesday June 4	Wednesday June 5	Thursday June 6
Minor	Minor	Minor	Little to None	Minor	Minor

Review Date	Weekly Dates 2024	Copy attached
	6/23–6/29	
	6/30 – 7/6	
	7/7 – 7/13	
	7/14 – 7/20	
	7/21 – 7/27	
	7/28 – 8/3	
	8/4 – 8/10	
	8/11 – 8/17	
	8/18 – 8/24	
	8/25 – 8/31	

Review Date	Weekly Dates 2024	Copy attached
	9/1 – 9/7	
	9/8 – 9/14	
	9/15 – 9/21	
	9/22 – 9/28	
	9/29 – 10/5	
	10/6 – 10/12	
	10/13 – 10/19	
	10/20 – 10/26	
	10/27 – 11/2	

## Areas identified for cooler temporary re-location

1. Complete this template to identify each designated area(s) within the institution that may be used to temporarily house vulnerable incarcerated individuals during extreme heat events.
2. Document the number of individuals that can be safely and securely housed in that area.
3. Document the benefit of the area that makes this space cooler (level of the building, air conditioning, additional fans, etc...)
4. Identify any specific requirements needed to use the space (moving tables/chairs, increased oversight, etc...)

Area	Capacity	Benefit of the Area	Requirements to Utilize the Space
_____	_____		

Area	Capacity	Benefit of the Area	Requirements to Utilize the Space
_____	_____		

Area	Capacity	Benefit of the Area	Requirements to Utilize the Space
_____	_____		

Area	Capacity	Benefit of the Area	Requirements to Utilize the Space
_____	_____		



## Monitor Vulnerable Individuals:

1. The facility staff should work with the Health Services Unit (HSU) to identify and designate an area(s) suitable for safely housing the most vulnerable population during worst-case extreme heat conditions. HSU should complete, maintain and store the following template which includes personal medical information to help identify high-risk incarcerated individuals prior to extreme heat events. This template should be used to identify and document high-risk individuals who have been temporarily relocated to mitigate the effects of extreme heat.
2. Make copies if needed.

Individual Identified as High Risk for Extreme Heat Concerns  Name: _____	Pre-existing Condition/High Risk Category (indicate all that apply) <input type="checkbox"/> Age 65 or older <input type="checkbox"/> Diabetes <input type="checkbox"/> Obesity <input type="checkbox"/> Disability/Impaired mobility <input type="checkbox"/> Heart, Lung, Liver or Kidney Disease <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other _____	Temporary Re-Location Area  Area: _____
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