

# MEMORANDUM

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**Fort Worth**  
INDEPENDENT SCHOOL DISTRICT


**ACTION REQUIRED**

To: All Principals  
Date: August 24, 2018  
Re: Heat Advisory Guidelines

Attached are the Heat Advisory Guidelines that may be implemented in the school setting to prevent illness and injury in hot weather. These guidelines are also located in the opening of School Bulletin 2017-2018.

Additionally, a table is included presenting heat related emergencies and illnesses, their symptoms and precipitating conditions, along with first aid procedures.

  
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Michael Steinert  
Assistant Superintendent, Student Support Services

  
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Raúl Peña  
Chief of Elementary Schools

  
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Cherie Washington  
Chief of Secondary Schools

cc: Elementary Directors  
Secondary Directors

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## Guidelines for Heat Precautions

Because children are particularly vulnerable to heat injuries, there are some simple measures that can be taken to help prevent heat injury and can be easily applied to the school setting.

When the heat index or temperature reaches 100 degrees or higher, students should remain inside for recess and P.E. (Refer to [www.srh.noaa.gov](http://www.srh.noaa.gov) for daily heat index).

Heat injury may manifest itself with the onset of mild symptoms of headache and cramps to severe alterations in consciousness with loss of body temperature regulatory mechanisms. Heat injuries may fall within one of three categories:

- ◆ **Heat stress** is a result of mild disturbances in electrolyte balance thought to be caused from excessive perspiration. Headache, muscle cramps and nausea are the typical symptoms. It is completely reversible with hydration, electrolyte replacement and rest in a cool environment.
- ◆ **Heat exhaustion** is seen in persons exposed to prolonged periods (several days) of excessive heat with inadequate or partial replacement of fluids and electrolytes. This can cause more serious injury to the tissues and autonomic regulatory systems. This form of heat injury is often seen in the elderly or infirm and can precipitate cardiovascular events. Again, adequate hydration and electrolyte replacement can prevent this injury.
- ◆ **Heat stroke** is the most serious form of heat injury and has a high case of fatality. This results from overwhelming the body's ability to cool itself leading to an elevated core temperature of greater than 105 degrees F. The surface of the skin can often feel cool and dry to the touch. Initial symptoms in persons suffering heat stroke make be headache and nausea rapidly followed by confusion and coma.

**All heat injuries are preventable! Adequate hydration prior to and during heat exposure is critical.** In prolonged exposures, electrolyte replacement must be addressed. Because a mere 15 minutes in the Texas sun can lead to a heat injury, we must take prevention seriously. The following measures need to be adhered to at all times:

- ◆ Have the children drink water before going to recess. (1-2 cups if possible)
- ◆ After recess, prior to going back to class, the children should drink additional water.
- ◆ Classrooms should be cool. Fans blowing warm air can actually lead to increased numbers of heat injuries.
- ◆ Children who are medically fragile, those taking antibiotics, antihistamines or medication for attention deficit disorder are more susceptible to heat injury and extra caution should be taken with them.

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Simple instructions beforehand to the students in their homerooms and P.E. classes can increase compliance. But make your point, push water and prevent heat injuries.

Children with histories of asthma should be kept indoors on ozone alert days. Others who become symptomatic should also be kept inside. If it becomes a management problem tracking those who are sensitive versus those who are not, keep the entire class inside offering an alternative recreational activity.