IRISH STREET MEDICINE SYMPOSIUM

4th Irish Street Medicine Symposium

Improving care for Rough sleepers during extreme weather

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What is extreme weather? *Definitions and considerations*

Health and weather related emergencies: *Overview*

Practice example 1: *British Columbia, Canada*

Practice example 2: *London*

Practice example 3: *Dublin*

Workshop:

Improving outcomes, systems and responses

Ireland weather warning criteria

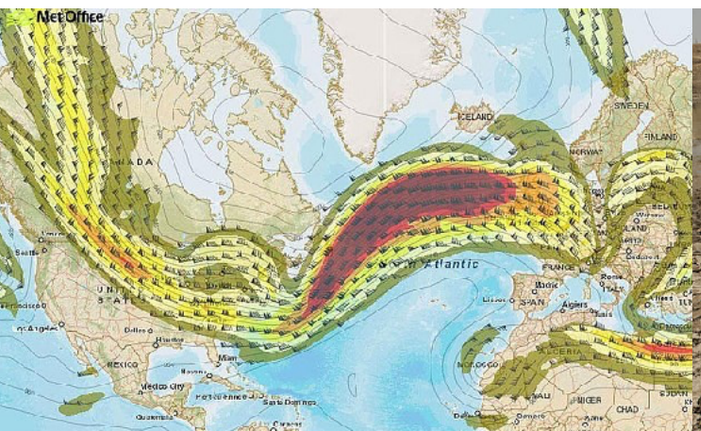
1. **STATUS YELLOW – Weather Alert – Be Aware**The concept behind YELLOW level weather alerts is to notify those who are at risk because of their location and/or activity, and to allow them to take preventative action. It is implicit that YELLOW level weather alerts are for weather conditions that do not pose an immediate threat to the general population, but only to those exposed to risk by nature of their location and/or activity.

4. **STATUS ORANGE – Weather Warning – Be Prepared**This category of ORANGE level weather warnings is for weather conditions which have the capacity to impact significantly on people in the affected areas. The issue of an Orange level weather warning implies that all recipients in the affected areas should prepare themselves in an appropriate way for the anticipated conditions.

7. **STATUS RED – Severe Weather Warning – Take Action**The issue of RED level severe weather warnings should be a comparatively rare event and implies that recipients take action to protect themselves and/or their properties; this could be by moving their families out of the danger zone temporarily; by staying indoors; or by other specific actions aimed at mitigating the effects of the weather conditions.

***Consideration**:*

The severity of the impacts of extreme and severe weather and climate events depends strongly on the level of vulnerability and exposure to these events





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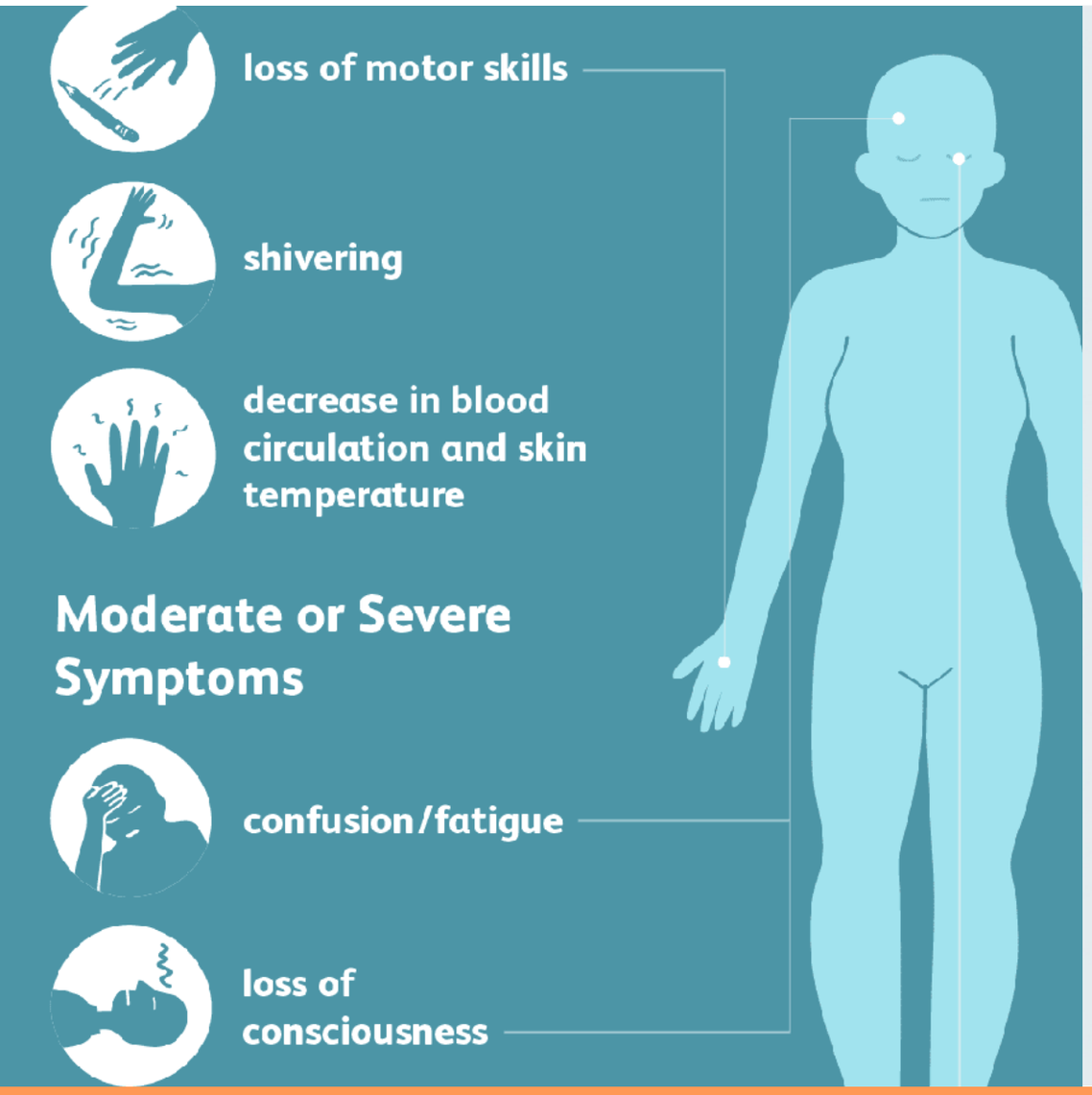
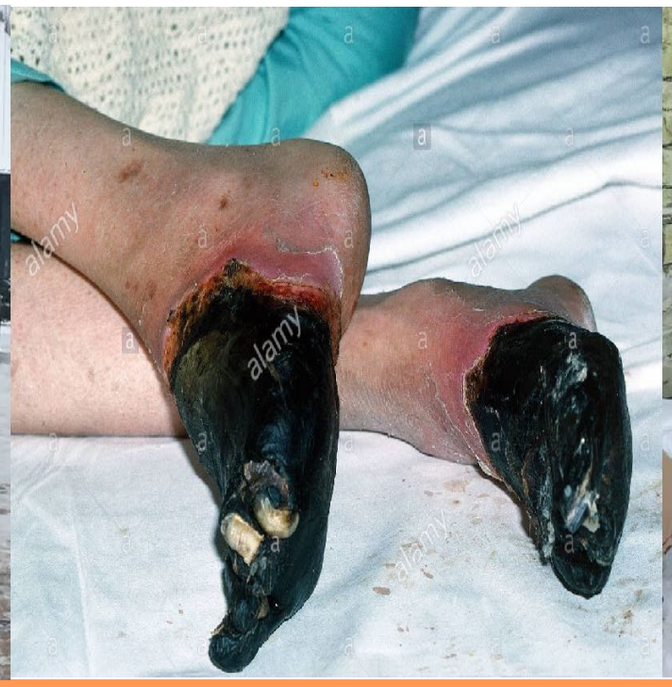


Table 1. Comparison of Wilderness Medical Society staging and Swiss hypothermia classification with clinical signs and management recommendations

Core temperature	Clinical signs	Wilderness Medical Society guidelines[9]	Swiss hypothermia grading[13]	Management recommendations
>36°C	Normal	Normal	Normal	Reduce heat loss by shelter or clothing; increase heat production with exercise or food
>35°C	Feeling cold	Cold stressed, not hypothermic	Cold stressed, not hypothermic	
35°C	Shivering commences	Mild HT (32 - 35°C)	HT I: clear consciousness with shivering	Prevent further loss; measure core temperature; encourage passive warming by caloric replacement; warm actively if possible
34°C	Loss of fine motor co-ordination			
33°C	Behaviour changes, dysarthria			
32°C	Lethargy			
31°C	Ataxia and impaired consciousness	Moderate HT (28 - 32°C)	HT II: impaired consciousness with shivering	As above, plus active warming in all cases: warm fluids, heat packs, forced air warmers; intravenous or intraosseous access, protection from trauma, afterdrop and shocks
30°C				
29°C	Shivering stops			
28°C	Decreased fibrillation threshold			
27°C	Loss of consciousness	Severe HT (<28°C) Profound HT (<24°C or <20°C)	HT III: unconscious	As above, plus protect airway (SGA or careful intubation); supplemental O_2; ventilation; oesophageal temperature probe; CPR if no signs of life; warm invasively and aggressively; terminate if serum potassium >12 mmol/L or injuries incompatible with life
26°C				
25°C	Loss of reflexes and pain response			
24°C				
<24°C	Hypotension and bradycardia		HT IV: apparent death	
<13°C	Undetectable vital signs; asystole likely below 18°C		HT V: irreversible hypothermic death	

HT = hypothermia; CPR = cardiopulmonary resusitation; SGA = supraglottic airway.

Case study 1: *Remained outdoors during storm*	A 75 year old man who had lived in the phoenix park for 30+ years. Visited by GP and outreach teams – refused accommodation. No known dx of mental illness.
Case study 2: *Willing to go to shelter but specific need not available*	A young couple in a tent. No couples beds available. Medication collected and brought to them
Case study 3: *Unwilling to take up shelter and mental health diagnosis confirmed*	A young man sleeping out in a park. Admitted to hospital with assistance of Ambulance and Gardaí under the Mental Act 2001. Discharged after a 7 day admission and assertively followed up by HFIT/Safetynet



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Responce example: British Columbia, Canada




The Extreme Weather Response (EWR) program
Centralised coordination team
Annual local area plans submitted
Assistance to Shelter Act (2009)

Response example: London



Severe Weather Emergency Protocol (SWEP)
Streetlink App
Co-ordinated training and engagement of volunteers
provision for specific cohorts: couples, elderly, pets, female only shelters
commitment to finding move-on accommodation for all service users before asking them to leave their SWEP provision
Inclusion of peer workers to assist in engagement and isolated individuals

Response example: Dublin

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Opening doors for homeless people

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Dublin Simon Community

cross care

DEPAUL IRELAND

MQI
Merchants Quay Ireland

DRHE coordinated and implemented contingency plans in partnership with sector

Extreme weather response enacted: **105+ emergency placements** specifically targeted at people sleeping rough - extension of hours to provide 24 hour support (Extending from Night only and day service provision)

DCC provided additional overflow facility, managed by PMVT and supported by Safetynet at St. Catherine's Sports Centre: 115 individuals sheltered rising to **121 people on 4th March**

Islamic Cultural Centre of Ireland, Clonskeagh provided shelter for **20** people and the Orchard Community Centre in Ballyfermot facilitated **12** people

Providers enacted emergency protocols to delver and sustain services: i.e.; 4X4 transport, civil defence support, provisions of local temporary accommodation for support staff, no rest days

Key challenges were in activating available space in the city and maintaining staffing levels due to same factors impeding transport and access. Some noted increases in sick leave took place afterwards due to impact and commitment of all staff involved

28th Feb – 2nd Mar Summary outcomes: *HF Intake led*

1. Supported by HFIT into shelter: **134**
2. Unique Individuals rough sleeping persistently during storm: **29** (*engaged with consistently during storm, with continued assessments and assertive engagement to access supports maintained*)
3. Combination of persistent engagement on street by HFIT, availability of rolling bookings and extreme weather encouraged several highly entrenched individuals to access beds

HFIT and Safetynet worked closely throughout to engage and assess individuals with critical health needs and queries around capacity

Allowed Rapid emergency GP assessments during storm. 2 highly vulnerable individuals detained under mental health act

A common response noted where slow or no uptake of support was individuals lack of understanding or experience of what a red weather event was

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Case example of providing temporary emergency shelter .

re-purposing of St. Catherine's Foyer Sports Hall for use as emergency accommodation for rough sleepers in the Dublin region.

A total of 177 unique individuals were accommodated in the facility during the period of operation. The occupancy of the Sports Hall peaked at 121 at the height of the extreme weather on 3rd March.

Cold Weather Gear supplied

Sleeping bags and foam roll mats - *Year round (3 season bags - funded) Due to weight/tog, multiple bags given each time when required - foam mats provide no water proofing*

Emergency foil blankets - *During weather warnings*

Survival bags - *During extreme weather event*

Hats, Gloves and Scarves - *During cold weather periods*

Additional gear noted on street

Tents - *primarily through volunteer provision*

Cardboard and wooden shelters - *self made*

Wind chill, wet equipment, poor insulation, accessing public spaces and fires named as challenges

Resources - Systems - Challenges

1. PASS / Assessments: vulnerability and health assessment flagging

3. Cold Weather Equipment: currently available, limitations, best practice, ethics

5. Service delivery: Capacity for additional beds / Staffing / Service provision / Sustainable outcomes and accommodation pathways beyond crisis care

7. Engagement: language, understanding of impact and worsening weather conditions

9. Access to Mental Health support: capacity assessments

11. Communication outside of frontline homeless sector services - Agency coordination

Workshop Part 1:

Four groups:

1. **Environmental considerations**: climate change, communication, media and public, public space and safety

2. **Ethics, dilemmas and considerations**: factors impacting individuals self agency and uptake of support

3. **Best practice**: what works well? resources, legislation, systems, services, training, equipment

4. **Identify priority challenges**: Health conditions, health impact, resources, legal, policy, systems

After a 20 minute discussion, we will ask all but one member of the group to move to anther table and continue discussion for 15 minutes then feedback key points

Workshop Part 2:

Working in two larger groups now, discuss potential solutions, improvements, areas to be explored or consider and identify recommendations

1. Improving health outcomes for individuals willing to engage with shelter voluntarily

2. Improving health outcomes for individuals unwilling to seek shelter

Focus on Identifying potential solutions, improved responses and recommendations for decision makers

Summary recommendations

1. Improving health outcomes for individuals willing to engage with shelter voluntarily

- Improve the types of beds available: during emergencies and year round
- Issues highlighted around eligibility and local area registrations that impede access to support long term
- Review freephone system: timing, two tier system
- Harm reductions initiatives during emergencies: methadone provision, needle exchange, primary care
- Inclusion and development of peer workers and experts by experience: outreach engagement and onsite at emergency facilities
- Heath screen on admission to facilities: flagging system for outreach teams if someone doesn’t return
- Improve access to mental health support during emergencies
- Education and information on impact of extreme / severe weather: for all
- Support teams at any temporary falsity to support move on pathways and healthcare
- Beds remain open until alternative and appropriate accommodation is secured

Summary recommendations

1. Improving health outcomes for individuals unwilling to engage with shelter voluntarily

- Training and education on survival skills, rough sleeping safely taking account of weather events
- Improved database of health needs, vulnerabilities, risks between primary care and homeless sector outreach teams
- PASS red flag system for health risks
- Education and information on impact of extreme / severe weather: for all - include visual handouts on signs and symptoms
- Review and redefining of criteria for enacting extreme and sever weather responses, including the existing Cold Weather Initiative - too narrow and led by criteria that follows Irish colour code system which presumes access to shelter
- Provision of extreme weather harm reduction packs: appropriate clothing, survival bags, waterproofing, sun exposure kits, sleeping kit improvement
- Upgrade current sleeping bags provision
- Improve access to mental health and ensure rapid access to capacity assessments
- Training for outreach teams on recognising and initially assessing capacity
- Promote Housing First programmes that prioritise inclusion and housing allocation based on vulnerability and length of time homeless - review any social housing allocation processes that impeded for isolated individuals with little administrative history

Common recommendations

- Improve on public rough sleeper alert system (DRHE) - follow street link app model and allow national access
- Supplementary training for staff/volunteers/peers on weather related injury
- Establish working group from this to develop national best practice guidelines
- Local area EWR teams: agency leads and local area representatives, annual review of plans
- Ensure inclusion of all relevant professionals: statutory, health, mental health, gardai, homeless sector, hospital networks

It is important to note that to truly prevent harm during weather events for people rough sleeping is to end rough sleeping

Promoting more inclusive housing pathways such as Housing First and Housing Led programmes that allow equitable and immediate access to stable housing can achieve this

Coupled with integrated prevention programmes that target new and returning instances

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