



Helping Patients Establish a Wildfire/ Wildfire Smoke Action Plan

For Providers

Wildfire frequency and intensity is increasing, with more wide-reaching health impacts from the smoke, including increases in respiratory disease, emergency department visits, and hospitalizations, particularly for populations most at-risk from exposure.

*Below is anticipatory guidance to help you prepare for conversations with your patients that will inform completion of the **Wildfire Action Plan and Tip Sheet** and the **Wildfire Smoke Action Plan and Tip Sheet** included in this toolkit.*

Before a wildfire

Make sure they know the risks of wildfires and wildfire smoke

Ask: Do you know the risks to your health from wildfires and wildfire smoke?

Discuss with your patient how wildfires may affect their health. You can find information to discuss in the **Wildfires and Health** document and local risks here: <https://wildfirerisk.org/explore>

Assess if and how they access weather, wildfire, wildfire smoke and air quality index (AQI) reports

Ask: Do you know how to learn whether there is a fire or smoke near where you live?

If patients do not know how to access wildfire and wildfire smoke information, you can suggest their phone weather app, their local news television station or fire.airnow.gov. If able, you can show them how to access forecast visualization data at NOAA-HRRR (click the eye icon next to Near Surface Smoke, then click the play button at the bottom of the screen).

There are now **low-cost sensors** that allow people to monitor air in their homes and communities. The EPA has resources available here on low-cost sensors <https://www.epa.gov/air-sensor-toolbox> and examples of use in communities are here: <https://www.cleanairmethow.org/get-involved>.

For more detailed instructions, you can provide the **Wildfire Action Plan and Tip Sheet** handout.

Assess the home environment for indoor air pollution sources

In guidance about actions to take in the event of wildfire smoke or elevated AQI, consider whether a patient may be exposed to high levels of indoor air pollution such as through tobacco smoke, wood fires, candles, incense, or cleaning products as well as vacuuming. Cooking can also release air pollutants, especially cooking with a gas stove top. Exhaust hoods for stoves should be used if available.

If a patient's home has a **forced air system** (i.e., air gets blown into rooms through vents), this may increase the delivery of outdoor air pollution indoors, even with air filtration. If the AQI is over 50, closing windows may help prevent outdoor air pollution getting inside, but this may also increase heat exposure, especially if no air conditioning is available.

Some patients may have **portable air cleaners**. If there is a medical necessity, a provider may be able to prescribe an air cleaner and potentially have it reimbursed by insurance. Portable air cleaners have a wide range of capabilities in removing air pollutants. The unit should be the right size for the square footage of the room it operates in.

Air cleaners typically come with either a MERV (minimum efficiency reporting value) rating or are HEPA certified. Ideally, patients will have an air filter with a MERV rating of at least 13, which should remove at least 60% of particulate matter 2.5 microns in diameter or smaller. HEPA filters should remove even more. You can also assess the Clean Air Delivery Rate (CADR), a measure of the efficiency of cleaning the air, with higher indicating more efficient cleaning.

Patients can also create improvised air cleaners suitable for short-term use with materials available at local hardware stores.

Patients can also create a **clean air room** by keeping windows and doors closed in a room and using an air cleaner. These are all described further on the **All About Air Purifiers** sheet.

Ask: Do you use an air cleaner in your home? If so, what kind is it and where does it sit?

Ask: Have you signed up for emergency alerts?

One option is to sign up for <https://local.nixle.com/register/> or you can advise on other local alert options.

During a wildfire

Make a plan for each AQI level based on a patient's health status and indoor air quality

You can review the **Wildfire Action Plan and Tip Sheet** together with your patients and complete section 2 based upon the patient's health status and life circumstances.

Here is additional information on activities for different groups based on the AQI: <https://www.airquality.org/Communications/Documents/AB%20661%20AQI%20Chart%20General%20Public%20Rebrand%20-%20FINAL.pdf>

Options for a provider to select for a patient on the action plan include:

- safe to be outdoors (for AQI<50)
- limit time outdoors to no more than a few hours per day
- try to stay indoors until the air is safer
- keep windows and doors closed
- use an indoor air filter
- wear an N95, or P100 mask, especially outdoors
- stay in a clean air room
- evacuate to a location with better air quality

On the action plan, for each AQI range (e.g., 0-50, 51-100, etc.), you can select the actions you deem most appropriate based upon your knowledge of an individual patients' medical conditions, access to a clean air room, ability to evacuate, and other factors. More guidance on choosing appropriate actions can be found in the accompanying toolkit document titled **Wildfires and Health**.

Determine their likelihood of following an evacuation order and help them develop an evacuation plan

Ask: If there was an evacuation order, how likely would you be to evacuate?

For individuals who are unwilling to evacuate, especially individuals with chronic medical conditions or who rely on oxygen at home, reviewing the risks from wildfire and wildfire smoke (see **Wildfire Action Plan and Tip Sheet**) may help motivate them to evacuate when necessary.

Establishing a plan before an imminent threat from fire occurs can be lifesaving, especially if a patient requires assistance to evacuate. We encourage you to complete the **Wildfire Action Plan and Tip Sheet** with patients. You can find resources available at [ready.gov](https://www.ready.gov) to help establish plans.

Ask: If you need to evacuate, where will you go?

Ask: If you need to evacuate, how will you do so? Will you need help to evacuate? If so, who will you call?

If a high-risk patient will not have the needed assistance to evacuate, a provider can ask permission to share the patient's contact information with local emergency managers.

After a wildfire

Advise them to make sure their home is safe to enter, and patients know the health risks after wildfires

Ask: Do you know the risks to your health after a wildfire?

Help your patient identify their health risks after wildfires. You can find information to discuss in the **Wildfires and Health** document.

Check in with your patients about control of long-term medical conditions and any mental health concerns after wildfires

The time after a wildfire can be particularly stressful, with patients experiencing exacerbations of chronic disease and issues accessing clean food, water, and shelter. Particularly for your higher risk patients with medical comorbidities or living with mobility issues, proactively check in on patients.

Ask: How is your health doing after the wildfire? Do you have access to all the things you need- like food, water, shelter?

There can also be significant mental health stresses after a wildfire, and it is important to bring it up and offer any local resources.

Ask: How is your mental health after the wildfire? Do you have all the resources you need?

