Relevance: Heatwaves are increasing in frequency, intensity and duration due to global climate change, and account for more deaths in Australia than any other natural hazard. Research has identified the aged—and those living in residential aged care facilities (ACFs)—are at increased risk of heat-related morbidity and mortality. Rural Australia experiences high summer temperatures and is home to proportionally more elderly residents than urban settings. Rural ACF buildings are more likely to be older, or not ‘purpose built’ compared to their urban counterparts.

Aims: The study aims were to:

- investigate current heatwave planning policies and heat prevention strategies in rural ACFs
- identify barriers to successful implementation of adequate heatwave health care in rural ACFs in three Australian states (NSW, Queensland and South Australia).

Methods: Residential ACFs were identified across three states using Department of Health and Ageing databases, the White Pages and internet searching. After removal of duplicates, 450 rural facilities were invited to participate in the study. Each participating facility was asked to provide informed consent and invited to select one administrative and one clinical staff member to participate in a 15-minute computer-assisted telephone interview. Participants were asked to detail current plans and policies that addressed residents’ heatwave health, strategies used to keep residents well during periods of extreme heat and barriers to the implementation of heatwave health care. Data was entered into a purpose-built database and analysed using Statistical Package for the Social Sciences (SPSS) Version 19.

Results: One hundred and seventy five rural ACFs participated in the study. Ninety per cent of facilities had a current ACF emergency plan, although only 30% included heatwave emergency planning. Staff used a range of strategies to keep residents cool in extreme heat, although strategies were not consistent across all states or facilities. One-third of ACFs did not have air-conditioning, instead relying on other cooling methods such as fans and evaporative cooling. Barriers to heatwave health included poor building design, low staffing levels and poor cooling equipment.

Conclusions: This study identifies the current policies and strategies rural ACFs use to keep residents well, and highlights the barriers to maintaining wellness in the residential aged facility during periods of extreme heat. As the Australian population ages, planning for the health effects of extreme heat in elderly rural residents is critical to ensure wellness in this population group is maintained.