

Huntington Community First Aid Squad

Review Training **June 2026**

Summer Emergencies

By Jake Levinsky

Suggested Time: 2 hours

Overview

As we enter into the Summer season, the weather starts to warm and people become more active and recreational. Average temperatures during the day get to around 70°F₂ and as of this year (2026) we have seen temperatures rise to up to 90°. People go out more such as going on hikes or walking around parks, going swimming in pools or public bodies of water, and are typically outside more often.

With people being out more and doing Summertime activities, there are an increase in Summer related emergencies. Some examples of different emergencies that can happen are heat, water, and traumatic related injuries.

Heat-related injuries

On Long Island, the average temperature for the month of June, the start of the Summer season, is around 70-78°F during the day with ~5° change in variety₂ and as we've already seen the temperature can even rise to 80°F above. With these temperatures increasing and people going out more, there is a higher chance of heat emergencies happening.

Heat emergencies can happen to anyone, especially those who stay outside more often. As the temperature rises, so do the 911 calls and emergency room visits which can reach between 5 to 35 calls a day₃.

Environmental: Heat Emergencies

Applies to adult and pediatric patients

CFR AND ALL PROVIDER LEVELS

EMT

- ABCs and vital signs
- Loosen or remove outer clothing
- For patients presenting with normal to cool skin temperature:
 - If the patient is not nauseated and able to drink water without assistance, have the patient drink water
- For patients presenting with elevated skin temperature:
 - Apply cold packs to patient's palms, soles, neck, groin, or armpits as able
 - Keep the patient's skin wet by applying wet sponges or towels



CFR AND EMT STOP

ADVANCED

CC

PARAMEDIC

- Vascular access, as needed
- For adult patients only, consider Normal Saline 500 cc IV bolus; may repeat up to 2 liters as needed if there are no signs of pulmonary edema

● ADVANCED, CC AND PARAMEDIC STOP

MEDICAL CONTROL CONSIDERATIONS

- Additional IV fluid hydration or IV fluid hydration in children

Key Points/Considerations

- If the means to effectively cool patients with a heat emergency are available on the scene, the intervention should be initiated without delay and transport may be delayed if active cooling can be provided; if the means to cool a patient are not available, do not delay transport
- Stable patients with normal mental status may only require oral rehydration and cooling
- Tympanic and oral temperatures may read 1-2 degrees cooler than the patient's core temperature

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When treating patients that are experiencing a heat emergency, it is important to recognize and identify the main cause and the severity of the patient. There are 4 levels of heat related illness: Heat Rash, Heat Cramps, Heat Exhaustion, and Heat Stroke. As a patient's exposure to heat increases, so does severity and treatment

Heat Rash and Heat Cramps are simple illnesses that can be easily resolved but can develop into more serious and life-threatening illnesses. Heat rash can present as "this red, stinging rash develops when you're hot and sweaty"⁴ and will "show up in areas where sweat gets trapped, like inside your elbows and behind your knees". Heat cramps are muscle spasms that can "develop when you sweat so much that your body loses salts and fluids"⁴. Treatment for both can be simple as removing the patient from the heat source and providing fluids.

Heat exhaustion is more serious and occurs when the "body can't cool itself through sweating"⁴. Patient's will present looking diaphoretic, thirsty, weak, decreased urine output, and an elevated body temperature⁵. If a patient continues to have exposure or isn't treated fast enough, heat exhaustion will progress into heat stroke. Heat stroke is the most severe and life-threatening heat related illness where the patient's "body temperature climbs quickly to dangerous levels"⁴ and "can no

longer control its temperature”⁵. Patient’s who start to experience heat stroke will present with AMS, slurred speech, seizures, and even loss of consciousness⁵. Heat stroke occurs when “the body temperature can rise to 106°F or higher within 10 to 15 minutes”⁵ and if not treated fast enough, there can be permanent disability or even death.

When treating patients at any level of severity, it is best to make sure you keep the ambulance environment at an optimal temperature and cool the patient appropriately. Keeping the ambulance cool is an ideal treatment BUT it is important to note that it should not be too cold. If a patient is cooled down too rapidly when they are experiencing a heat stroke, it can cause more damage such as causing seizures.

Water based injuries

As temperatures increase and people want to find more ways to cool off, more people tend to go to the water. Many people will go to lakes, bays, beaches, and pools to cool themselves off. One of the biggest risk factors as more people go to the water to cool themselves off is drowning. In the past 10 years up until 2023, “there have been 35,056 drownings in the United States”⁶ and “approximately 21% occurred in Pools, 26% in Lakes, 27% in Rivers, and 10% in Oceans”⁶.

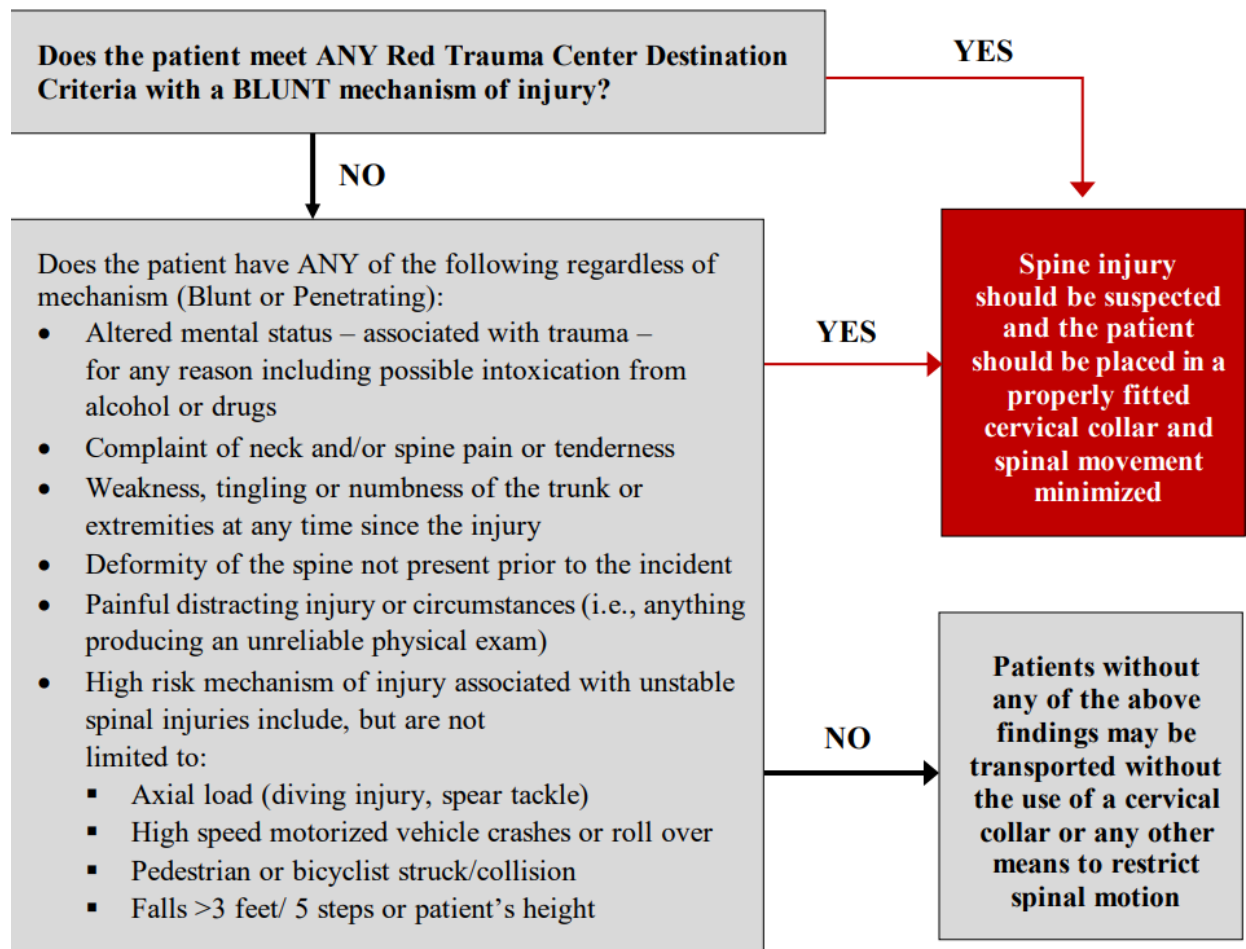
In 2024, New York has had “84 total drownings, 8 were children ages 1-4”⁶ and is the “4th leading state in the US for deaths due to drowning”⁶. In Suffolk County there is a 60% increase year over year of drownings and “two-thirds (66%) of fatal drownings since 2024 occurred in swimming pools”⁶. Suffolk County also “accounted for 70% of all fatal swimming pool drownings”⁶ in New York.

If a patient is found in a pool and is unconscious, there is a [comprehensive video for a water rescue](#) but the basic steps are: 1 provider enters the pool and maintains head stabilization in the water, 2nd provider at the edge of the pool grabs the patients arms to help raise them out, the patient is placed on a backboard while in the water and the board is used to pull them out⁷. Once the patient is out and the patient is not breathing, perform CPR and if the patient needs an AED make sure the body is dry.

Other injuries can be due to people diving into swimming areas and hitting their head. Patients who hit their head while diving can cause serious spinal injuries and may not be noticeable immediately. If a patient has head and neck pain, it is important that they are immediately restrained and stabilized to prevent further injury.

Suspected Spinal Injuries

Applies to adult and pediatric patients



Scenarios

Scenario One:

You arrive to find a 51-year old male slumped over a picnic table in the direct sun. The patient is slurring his words and is appearing confused and is wearing jeans and a flannel shirt. Your initial assessment shows that the

patient's clothes are wet but the patient is not sweating, skin is red and hot to the touch, and the patient is going in and out of consciousness.

In this scenario, the patient is experiencing the signs of a heat stroke and is progressing. The best course of action is to maintain the ambulance back to a cool temperature around 70°F and to remove any bulky clothing. Also using cold packs on areas such as the armpits, groin, behind the knees, and head help with heat transfer.

Scenario One:

You arrive to find a 15 year-old female in a swimming pool, prone, and not moving. Bystanders around the pool stated that they witnessed the patient diving into the pool and not surface for approximately 30 seconds and has been in the water prone for about 2 minutes.

When gaining access and treating the patient, you should use the patients' arms to be used as a head stabilizer while flipping the patient into the supine position. When the patient is flipped and taken out of the pool via a backboard, you notice that she has a pulse but is not breathing. A C-Collar is placed around her neck and CPR is administered in which the patient coughs up water and begins to have slow labored breathing.

In this scenario, the patient presented both with a neck injury and near drowning experience. With the patient's head and neck immobilized, performing CPR, and transferring them to a level 1 trauma center, they have the best case chance for minimal injury.

References

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3. "New York State Heat Risk and Illness Dashboard." *New York State Department of Health*, 2026, www.health.ny.gov/statistics/environmental/heat_dashboard/.
4. "Heat Stroke vs. Heat Exhaustion: Key Differences." *Health Essentials*, Cleveland Clinic, 21 Jun. 2023, health.clevelandclinic.org/heat-exhaustion-vs-heat-stroke
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