

Plan: Heatwave

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Plan Version and advice on document history, availability and storage

This is version 4 of the Heatwave Plan. It builds upon the Emergency Preparedness, Resilience and Response Policy and reflects guidance from NHS England and NHS Improvement.

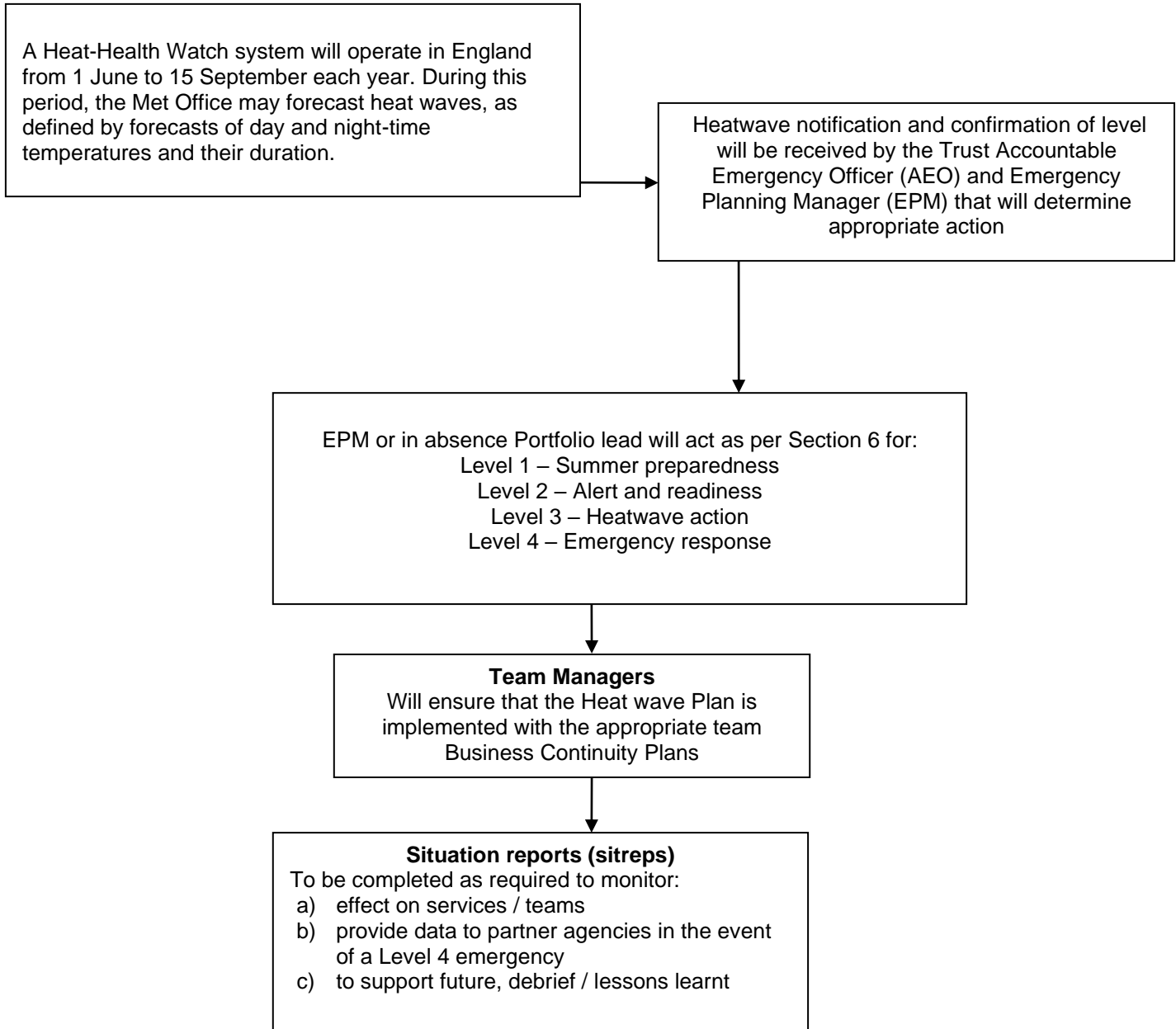
This plan will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Extranet platform JARVIS. The previous version will be removed and archived.

Any printed copies of the previous version (V3 May 2019) should be destroyed and if a hard copy is required, it should be replaced with this version.

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Flowchart



1. Introduction

This plan sits within our Trusts Emergency Preparedness, Resilience and Response (EPRR) Policy, forming a series of plans as required within NHS England's EPRR Core Standards.

Heat waves are forecast to increase in frequency in the coming years as climate change is acknowledged to be a serious threat to population health.

The Climate Change Act 2008 makes it a requirement for all statutory sectors, including the health sector, to have robust plans in place to deal with the impact the climate change may have.

During a heatwave, temperatures which remain abnormally high over several days can prove fatal. The rise in mortality, especially amongst older and vulnerable people follows sharply after the rise in temperature, which contrasts with deaths associated with cold snaps in winter. By the time a heatwave starts, the window of opportunity for effective action is very short, therefore preparedness is essential.

The aim of this plan is to put in place procedures to reduce risks to health from severe heat and works in conjunction with team business continuity plans. The plan is underpinned by a system of heatwave alerts, developed by the Met Office that are issued between 1 June and 15 September each year.

2. Scope

This plan applies to all Trust staff and services.

3. Definitions

3.1 Heatwave

The Heat-Health Watch is based on threshold day and night-time temperatures as defined by the Met Office. These vary from region to region.

A heatwave for Yorkshire and Humber is triggered as soon as the Met Office forecasts that there is a 60 per cent chance of temperatures being 29°C during the day and 15°C at night, on at least two consecutive days, which will have significant effects on health. This forecast will ordinarily be made 2-3 days before the event is expected.

Whilst Heat-Health Watch is in operation, the UK Health Security Agency (UKHSA) will monitor the number of calls people make to NHS Direct and the number of visits made to a sample of GP practices. Daily NHS Direct call rates and weekly GP consultation rates will be reported to the Department of Health, to assess how people's health is affected by the weather and to give some insights into how well services are responding.

The Heat wave Plan for England is updated annually and can be found on the GOV.UK website.

4. Duties

Trust staff have a duty of care to ensure that service users are supported to stay safe in a period of heat wave.

5. NHS England and NHS Improvement / UKHSA Guidance

The following information is taken from the Heatwave Plan for England 2015, revised June 2021.

Upon issue of a heatwave alert from the Met Office, NHS England, working collaboratively with Integrated Care Systems (ICS) cascade the alert to providers. The alert levels are shown in the table below:

Level 0	Long-term planning <i>All year</i>
Level 1	Heatwave and Summer preparedness programme <i>1 June – 15 September</i>
Level 2	Heatwave is forecast – Alert and readiness <i>60% risk of heatwave in the next 2-3 days</i>
Level 3	Heatwave Action <i>Temperature reached in one or more Met Office national severe weather warning service regions</i>
Level 4	Major Incident – Emergency response <i>Central Government will declare a Level 4 alert in the event of severe or prolonged heatwave affecting sectors other than health</i>

Level 1: Heatwave and Summer Preparedness

UKHSA will make advice available to the public and health and social care professionals in affected regions, in preparation for an imminent heatwave via NHS Choices and the websites of the Met Office, UKHSA and DH.

www.nhs.uk/summerhealth includes information on how to stay well in hot weather.

Level 2: Alert and readiness

The Emergency Planning Manager and Directors will be notified if level 2 is triggered and will initiate any required actions (see Section 6). It is the responsibility of Service leads to ensure that actions detailed at level 2 in this section are completed.

Level 3: Heatwave action

Actions to take at level 3 are described in Section 6.

Level 4: Emergency response

This is reached when a heatwave is so severe and/or prolonged that its effects extend outside health and social care, such as power or water shortages and/or where the integrity of health and social care systems is threatened. At this level, illness and death may occur among the fit and healthy and not just at high-risk groups and will require a multi-sector response at national and regional levels.

Actions to take in the event of a level 4 emergency are described in section 6.

6. Trust Heatwave action plan

The Emergency Planning Manager (EPM) is directly notified of heatwave alert levels via email from the Met Office. Further notification and confirmation is then received by the EPM and Accountable Emergency Officer (AEO/Executive Director of Nursing, professions

and Quality) from NHS England and/or South Yorkshire and Bassetlaw Integrated Care System (SYBICS).

The following action will be undertaken, dependent upon the level notified. In the absence of the EPM, the EPM actions will be the responsibility of portfolio leads.

Level 1 – Summer Preparedness

Business Continuity Plan authors to check Business Continuity Plans (BCP's) have contingencies in place for heatwave. EPM will issue a reminder to patient facing staff via Communications to refresh knowledge of heatwave contingencies in BCP and heatwave Plan. Reminder to services to ensure they have sufficient equipment (indoor thermometers etc.) in place for summer.

Level 2 – Alert and readiness

EPM will request that staff are alerted to the forecast rise in temperatures and the significant effects this may have on health and the subsequent need to consult BCP's and Heatwave Plan. EPM will liaise with Communications to ensure latest NHS England/UKHSA advice on the heatwave is shared via JARVIS and all staff email updates/social media. Clinical/Nursing staff to follow contingency procedures set out in appendix B of the Heatwave Plan and their team BCP.

Level 3 – Heatwave action

EPM to continue to keep staff updated and to issue reminders to staff to follow contingency procedures set out in the heatwave Plan and BCP's via Communications. EPM in conjunction with AEO to maintain contact with Portfolio leads who may provide situation reports as required in response to the heatwave. Possible move to Critical Incident or 'standby' situation (see Major and Critical Incident Plan) if heatwave set to last for a significant period.

Level 4 – Emergency response

In the event of a major incident being declared the AEO or deputy will implement appropriate emergency policies and procedures e.g. Major and Critical Incident Plan and reporting structure. AEO or deputy will provide sitreps and briefing to SYBICS/UKHSA/ NHS England as required.

Example core public health messages and accompanying internal messages can be seen in Appendix E. During a heatwave it will be necessary for Portfolio leads to gather information from their individual teams about how they are coping. The template at Appendix F may be used for this purpose.

The AEO or deputy may require the completion of situation reports (sitreps) at any point during a heatwave to gain an overview of how Trust services are responding.

In the event of a critical or major incident being declared for a level 4 heatwave, the AEO or deputy who is co-ordinating the Trust response (Incident Director) will:

- Explain the rationale to portfolio leads for collecting sitreps from each of their teams
- Set out a clear timetable for when completed sitreps are required
- Give clear instructions as to where completed sitreps should be sent
- Be mindful where possible of allowing a reasonable timescale for information to be collected and recorded on the sitrep template.

- Be mindful of the demands for information from external organisations and ensure sitrep deadlines are met.
- Agree a Trust wide communication strategy with the Communications Team to ensure all staff are aware of our Trust response.

Portfolio leads will:

- Identify a person in each team to be responsible for completing the sitrep.
- Check completed sitreps for accuracy before sending them to the Director coordinating the response.
- Ensure all completed sitreps are saved on the teams shared drive.

Following a level 4 heatwave an incident debrief and lessons learned exercise may be held using completed sitreps as a guide to how the response was undertaken.

7. Heatwave contingencies

7.1 Who is at risk?

Some people may be particularly at risk during hot weather because of their general health, where they live and the amount of support they have. Health and Social Care staff are in a good position to assess individual levels of risk.

The below information has been taken from the Department of Health publication: Heat related illnesses and groups at risk 2012.

Heat related illnesses

The main causes of illness and death during a heatwave are respiratory and cardiovascular diseases. Additionally, there are specific heat related illnesses including:

- Heat cramps – caused by dehydration and loss of electrolytes, often following exercise.
- Heat rash – small, red, itchy papules.
- Heat oedema – mainly in the ankles, due to vasodilation and retention of fluid.
- Heat syncope – dizziness and fainting, due to dehydration, vasodilation, cardiovascular disease and certain medications.
- Heat exhaustion – is more common. It occurs because of water or sodium depletion, with non-specific features of malaise, vomiting and circulatory collapse and is present when the core temperature is between 37 and 40°C. Left untreated, heat exhaustion may evolve into heatstroke.
- Heat stroke – can become a point of no return whereby the body's thermoregulation mechanism fails. This leads to a medical emergency, with symptoms of confusion; disorientation; convulsions; unconsciousness; hot dry skin; and core temperature exceeding 40°C for between 45 minutes and eight hours. It can result in cell death, organ failure, brain damage or death. Heatstroke can be either classical or exertional (e.g. in athletes).

7.2 At risk groups include:

- Older people, especially those over 75 and/or living on their own or in a care home

- People suffering from mental ill health, those with dementia and those who rely on help from other people to manage day-to-day activities.
- People who are bed-bound.
- People taking certain types of medication.
- People suffering from chronic ill health.
- People suffering from:
 - i) Cardiovascular and cerebrovascular conditions
 - ii) Obesity
 - iii) Malnutrition
 - iv) Diabetes
 - v) Parkinson's Disease
 - vi) Respiratory insufficiency
 - vii) Renal insufficiency
 - viii) Peripheral vascular conditions
 - ix) Alzheimer's or related diseases
 - x) Too much alcohol
 - xi) Coronavirus

Heatwaves can happen suddenly and rapid rises in temperature affect vulnerable people very rapidly.

Whatever the underlying cause of heat-related symptoms, the treatment is always the same – move the person to somewhere cooler and cool them down.

7.3 Managing the risk

The following preparations should be made:

- Cool rooms/areas to be identified maintaining a temperature of 26°C or below. High risk groups, who are vulnerable to the effects of heat, may be physiologically unable to cool themselves efficiently once temperatures rise above this. Keep service users sufficiently hydrated at all times (see Appendix A)
- Identification of particularly vulnerable service users (those with chronic/severe illness, on multiple medications), who may require prioritisation for time in a cool room.
- Any room being used in a patient facing setting should be risk assessed with heatwave in mind to ensure it is suitable and not too hot.

Be aware of our Trust's clinical policies and procedures before using fans to keep the environment cool. For service user facing staff it is acceptable to use fans if in a consultative role only. The blades of the fan must always be clean. If not, the fan must not be used until it has been appropriately cleaned. Fans have limited benefit in temperatures of 35 degrees or over.

If you are undertaking clinical procedures such as dressing changes, blood sampling or administering injections in a clinical/treatment room, fans must be turned off for at least 30 minutes before the procedure is undertaken. If you are undertaking clinical procedures in the service user's own home then the fan must be turned off for the duration of the procedure.

- Indoor thermometers to be installed in each room where vulnerable service users spend substantial amounts of time e.g., bedrooms, living and eating areas and,

- during a heatwave, indoor temperatures should be monitored and recorded at least four times per day.
- Detailed information on the storage of medicines on wards can be sought through Pharmacy. However, the salient details are as follows:
 - i) Medicines that require refrigeration should be stored in an approved medicines fridge, which must be used solely for the storage of such medicines.
 - ii) The fridge must be connected to the electricity supply in such a manner that does not allow accidental disconnection e.g., attached to a spur to the mains electricity supply.
 - iii) The medicines fridge temperature must be checked daily and recorded on the Trust's fridge temperature monitoring form. The temperature should be between 2°C - 8°C
 - iv) Pharmacy or Facilities must be contacted if there is a problem (area specific). If a medicine query out of hours contact the drug manufacturers for guidance.
 - v) A document is available on the Specialist Pharmacy Service website – Which medicines could cause problems for patients during excessive heat exposure. <https://www.sps.nhs.uk> enter heatwave to download it.
 - vi) Repeat messages to be delivered to staff on risk and protective measures ensuring visits or phone calls are made to advise high risk service users living on their own or without regular contact with a carer.
 - vii) Seek early medical help if an individual starts to become unwell.
 - viii) Ensure that discharge planning considers the temperature of accommodation and level of daily care during the heatwave period.

7.4 Protective Factors

The key messages are:

- Stay out of the heat- keep out of the sun between 11.00am and 3.00pm
- If you have to go out in the heat, walk in the shade, apply sunscreen and wear a hat and light scarf.
- Avoid extreme physical exertion.
- Wear light, loose-fitting cotton clothes.
- Have plenty of cold drinks, and avoid excess alcohol, caffeine, and hot drinks.
- Eat cold foods, particularly salads and fruit with a high-water content.
- Cool yourself down by sprinkling water over the skin or clothing or keep a damp cloth on the back of your neck. Take a cool shower, bath, or body wash.

7.5. Keep your environment cool:

- Place a thermometer in your main living room and bedroom to keep a check on the temperature.
- Keep windows that are exposed to the sun closed during the day, and open windows at night when the temperature has dropped.
- Care should be taken with metal blinds and dark curtains, as these can absorb heat – consider replacing or putting reflective material in-between them and the window space.
- Consider putting up external shading outside windows.
- Have your loft and cavity walls insulated -this keeps the heat in when it is cold and out when it is hot.
- Use pale, reflective external paints.
- Turn off non-essential lights and electrical equipment – they generate heat.
- Grow trees and leafy plants near windows to act as natural air-conditioners
- Keep indoor plants and bowls of water in the house as evaporation helps cool the air.

- If possible, move into a cooler room, especially for sleeping.

7.6 Community Team manager considerations

- Identify individuals who are at particular risk from extreme heat (see 7.2 above). These people are likely to be already receiving care.
- Identifying any changes to individual care plans for those in high-risk groups, including those with chronic illness or severe mental illness, which might be necessary in the event of a heat wave, including initiating daily visits by formal or informal carers to check on people living on their own. Staff should arrange, where appropriate, for a daily visit/phone call by a formal or informal carer, family, neighbour, friend, voluntary and community sector workers during the heat wave period. Visits should be considered especially for those living on their own and without the contact of a daily carer.
- Working with the families and informal carers of at-risk individuals to ensure awareness of the dangers of heat and how to keep cool and to put simple protective measures in place, such as installing proper ventilation and ensuring that fans and fridges are available and in working order.
- Reviewing surge capacity and the need for, and availability of staff support in the event of a heat wave, especially if it lasts for more than a few days. During the summer months, sufficient staff must be available so that appropriate action can be taken in the event of a heat wave.
- Where individual households are identified as being at particular risk from hot weather, making a request to Environmental Health to do an assessment using the Housing Health and Safety Rating System (HHSRS). If residents find their home uncomfortably hot and there are concerns about the heat negatively affecting their health, seek advice from the Environmental Health Department within the local authority, who can undertake a Housing Health and Safety Rating System assessment.

Detailed action cards for community, corporate and inpatient settings are included as appendices A to C to this plan, together with a Heatwave patient check sheet, Appendix D.

8. Associated policies and plans

Emergency Preparedness Resilience and Response (EPRR) Policy
Major and Critical Incident Plan

9. Related documents and references

Climate Change Act 2008

NHS England EPRR Core Standards 2015

Heatwave Plan for England 2015 (revised 2021)

Department of Health Publication 2012 – Heat related illnesses and groups at risk

www.nhs.uk/summerhealth

Specialist Pharmacy Service website – Wessex Drug and Medicines Information Centre
2010

10. Monitoring and review

This plan will be audited by review as part of the governance and reporting procedures included in it. Any failure to complete or update the plan within the timescales will be addressed as it occurs.

Furthermore, monitoring of related documents and references will be conducted by the Emergency Planning Manager to ensure the plan remains up to date, irrespective of its normal review dates.

11. Equality Impact Assessment

The Trust management are committed to providing equality of opportunity, not only in its employment practices but also in the services for this plan for which it is responsible. The Equality Impact Assessment of the plan is neutral.

The Trust values and respects the diversity of their respective employees and the communities they service. In applying this plan, they will have due regard for the need to:


- Eliminate unlawful discrimination
- Promote equality of opportunity
- Provide for good relations between people of diverse groups

12. Version Control

Version No.	Type of Change	Date	Description of change(s)
1.0	New Policy created	August 2016	New policy commissioned by EDG
1.1	Ratification and issue	September 2016	Amendments made during consultation, prior to ratification. Aligned with NHS England EPRR core standards
2.0	Review, ratification, issue	September 2016	Early review undertaken to update the policy
3.0	Review undertaken	May 2019	Change from Policy to Plan, re-formatted in line with other Trust Plans and Policies. Aligned with NHS England EPRR core standards.
4.0	Review and update of plan	April 2022	Changes in terminology to include UKHSA, ICS, together with incorporating guidance from the Coronavirus pandemic and heatwave incidents in new Action cards.

13. Contact details

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Terry Geraghty	Emergency Planning Manager	0114 226 3147	Terry.Geraghty@shsc.nhs.uk

ACTION CARD – Heatwave – Community teams	
<p><u>Actions to be taken by all staff</u></p>	
<p>During a Level 4 Heatwave (and possibly in a long term at Level 3) anyone in a high risk category living alone is likely to need at least daily contact either in person or via telephone, whether by care workers, volunteers or informal carers.</p> <p>Regularly review who may be at high risk.</p> <ul style="list-style-type: none"> • Where possible, identify a cool area (where possible <26°C) and encourage service users to reside in this part of their home. • In clinics where possible identify the coolest area for service users to be seen. • Ensure social distancing is in place in waiting areas • Close curtains/blinds/windows that receive morning and afternoon sun. If possible open at night or during cooler periods of the day. • For mental health consultations in people’s homes staff may make a polite request for any fans to be turned off. Staff PPE is sufficient to reduce risk. • Away from the service user home fans may only be used in single occupancy offices where there are fewer staff movements and consequently a lower risk of infection, with the exception below. • Where fitted, Bladed fans can be used where no suspected or confirmed Covid19 service users are located. However, these must be on an annual cleaning regime and removed from service until cleaned post infection.” Non bladed ‘Dyson’ type fans are not to be used due to the risk of the spread of infection as they cannot be cleaned • For further guidance on the use of fans contact the Infection Prevention and Control Team. • Advise on turning off non-essential electrical equipment where practical. • Any indoor thermometers in a service user’s home should be checked by the nurse on each visit. • A document is available on the Specialist Pharmacy Service website which details what medicines could cause problems for service users during a heatwave https://www.sps.nhs.uk/. For further advice speak to pharmacy. • See bullet point above in relation to fans. Ensure any Physio /OT sessions are carried out in cooler hours of the day. • Identify vulnerable individuals (those with chronic/severe illness, on multiple medications or who are bed bound) for visit prioritisation. • Check service users body temperature and weight regularly. • Observe service users for changes in behaviour that may be caused by excess heat. • Watch for signs of headache, unusual tiredness, weakness, disorientation or sleeping problems. At risk groups are identified in the Trust Heatwave Plan. Watch for signs of heat rash, dehydration, heat exhaustion and heat stroke. • Encourage service users to drink cold drinks such as water and diluted fruit juice regularly but avoid caffeine (tea, coffee, coca cola), or very sweet drinks. Ice lollies are another way of 	

hydrating patients and keeping cool.

- Monitor service user daily fluid intake, particularly if they are not always able to drink unaided.
- Advise on eating salads/cold meals as an alternative to hot meals.
- Ensure constant supplies of cool drinking water are available.
- Regularly sprinkle or spray cool water on exposed parts of the body.
- Encourage service users to take tepid/cool showers or baths.
- Encourage service users to wear light, loose fitting preferably cotton clothing.
- Discourage service users from physical activity during the hottest part of the day (11 am-3pm)
- Where installed, chilled air con systems that come on automatically are ok to use
- All service users and staff to maintain 2m social distancing measures where possible

Staff:


- Hydrate with cool water.
- Wear light, loose fitting preferably cotton clothing. Uniformed clinical staff may wear black or blue smart cropped trousers or shorts (to the knee) with the tunic top. Full shoes must be worn not sandals/flipflops.
- Hand held fans should not be used in patient areas. In staff areas staff must consider the risk of spreading infection before using them.
- Ensure staffing levels are sufficient to cover the heat wave period.
- Any situation report requests must be completed and returned on time


Storage of medicines.

Medicines should be stored at or below the temperature stated on the Summary of Product Characteristics (SPC). For most medications this is 25°C, with the exception of those requiring cold storage such as vaccines or insulin (store between 2°C and 8°C).

General guidance:

- Store medicines away from sources of heat, such as fridges and radiators.
- Store away from direct light, consider the use of blinds on windows.
- Turn off the lights when not the room not in use.
- Ensure the room can be ventilated, taking in to account the security of the room.
- Where air conditioning is installed, it should be in use. Review settings if the room temperature is running consistently high.
- When transporting medication in cars, be aware of the extreme temperatures they may be exposed to.
- The room temperature where medicines are stored should be monitored on a daily basis (minimum and maximum), where staff are present.
- If the temperature is recorded as over 25°C; staff should contact pharmacy services on 0114 271 8635 for advice with regards to medication stability.
- If the temperature stays above 25°C for 2 days, an Incident report on Ulysses must be completed and estates should be contacted for advice with regards to methods to reduce the temperature.
- Pharmacy services should be contacted who will advise on the stability and shelf life of the medication. This will be based on the temperature and the duration of the elevated temperatures

ACTION CARD – Heatwave – Corporate Teams	
<p><u>Actions to be taken by Senior Staff Member</u></p>	
<ul style="list-style-type: none"> • Where possible, identify a cool area (where possible <26°C) where staff can work whilst maintaining social distancing guidelines. • Keep windows exposed to the sun closed. • Close curtains/blinds to windows that receive morning and afternoon sun. • Portable bladed fans may only be used in single occupancy offices and consequently a lower risk of infection. • Portable aircon units will not ordinarily be used in corporate areas, the priority being bed based and community clinical. • Handheld fans for personal use should not be used in service user areas. In staff areas staff must not use them when other staff members are present. • Turn off non-essential electrical equipment where practical. • Identify vulnerable staff members (e.g., those with underlying health conditions on multiple medications) – consider other options such as a different work location or working from home. At risk groups are identified in the Trust Heatwave Plan. Hydrate with cool water/fluids. • Wear light, loose fitting preferably cotton clothing. Full shoes must be worn not sandals/flipflops. • Ensure staffing levels are sufficient to cover the heat wave period. • All staff to always maintain 2m social distancing measure • Corporate staff who are required to work outdoors as part of their role e.g., gardens staff, maintenance staff – will be provided with appropriate PPE such as suncream and protective clothing. In periods of excessive heat, they will be diverted to work differently or elsewhere 	

ACTION CARD – Heatwave – In-patient areas	
<p><u>Actions to be taken by Staff Member</u></p>	
<ul style="list-style-type: none"> • Where possible, identify a cool area (<26°C) and encourage service users to reside in this area whilst maintaining social distancing. • Close curtains/blinds/windows that receive morning and afternoon sun. Open at night if possible or during cooler periods of the day. • Bladed fans can be used where no suspected or confirmed Covid19 service users are located. Fans must be on an annual cleaning regime via Estates. If post infection cleaning is required, to contact Estates to arrange this and remove the fan from service until cleaned.” Non bladed ‘Dyson’ type fans are not to be used due to the risk of the spread of infection as they cannot be cleaned • Turn off non-essential electrical equipment. • Indoor thermometers should be checked at least four times a day. • The medicine fridge temperature must be checked daily and recorded on the monitoring form. The temperature should be between 2°C and 8°C and any deviation from this range must be reported immediately to Estates and Pharmacy. • A document is available on the Specialist Pharmacy Service website which details what medicines could cause problems for service users during a heatwave https://www.sps.nhs.uk/. For further advice speak to pharmacy. • If possible, consider moving visiting hours to mornings and evenings to reduce afternoon heat from increased numbers of visitors. There are still visitor restrictions at present and any visiting is being undertaken outside (unless the service user is end of life). There should be reduced numbers of visitors for the foreseeable future. May need to consider shady spaces externally for visiting to take place. • Ensure any Physio /OT sessions are carried out in cooler hours of the day. • Identify vulnerable individuals (those with chronic/severe illness, on multiple medications or who are bed bound) for prioritisation in cool rooms. • Check service users body temperature and weight regularly. • Observe service users for changes in behaviour that may be caused by excess heat. • Watch for signs of headache, unusual tiredness, weakness, disorientation or sleeping problems. At risk groups are identified in the Trust Heatwave Plan. • Watch for signs of heat rash, dehydration, heat exhaustion and heat stroke. • Encourage service users to drink cold drinks such as water and diluted fruit juice regularly but avoid caffeine (tea, coffee, coca cola) or very sweet drinks. Ice lollies are another way of hydrating service users and keeping cool. • Monitor service user daily fluid intake, particularly if they are not always able to drink unaided. • Contact Housekeeping to suggest a choice of cold meals as an alternative to hot meals. • Ensure constant supplies of cool drinking water are available. • Regularly sprinkle or spray cool water on exposed parts of the body. • Ensure service users are offered tepid/cool showers or baths. • Encourage service users to wear light, loose fitting preferably cotton clothing. 	

- Discourage service users from physical activity during the hottest part of the day (11 am-3pm)
- if service users are using outdoor space, provide sunscreen protection and encourage the wearing of a hat (based on risk assessment)
- All service users and staff to always maintain 2m social distancing measure wherever possible

Staff:

- Hydrate with cool water/fluids (supplies of bottled water are available from Presidents Park – see Information Hub for details of how to request)
- Wear light, loose fitting preferably cotton clothing. Uniformed staff may wear black or blue smart cropped trousers or shorts (to the knee) with the tunic top. Full shoes must be worn not sandals/flipflops.
- Ensure staffing levels are sufficient to cover the heat wave period.
- Increase number of breaks for staff in areas where full PPE is required.
- Monitor PPE usage as increased amounts would be required if staff are donning and doffing more often.
- Handheld fans should not be used in service user areas. In staff areas staff must consider the risk of spreading infection before using them.

Air Conditioning

- Where installed, chilled air con systems that come on automatically are ok to use
- Portable aircon unit use – to be used in heat wave conditions for service users. They will be installed in a room with a window so a vent can extract warm air created by the unit itself outside. The room must have the door closed. These can be requested via Estates.

Storage of medicines.

Medicines should be stored at or below the temperature stated on the Summary of Product Characteristics (SPC). For most medications this is 25°C, with the exception of those requiring cold storage such as vaccines or insulin (store between 2°C and 8°C).

General guidance:

- Store medicines away from sources of heat, such as fridges and radiators.
- Store away from direct light, consider the use of blinds on windows.
- Turn off the lights when not the room not in use.
- Ensure the room can be ventilated, taking in to account the security of the room.
- Air conditioning is installed, it should be in use. Review settings if the room temperature is running consistently high.
- When transporting medication in cars, be aware of the extreme temperatures they may be exposed to.
- The room temperature where medicines are stored should be monitored on a daily basis (minimum and maximum), where staff are present.
- If the temperature is recorded as over 25°C; staff should contact pharmacy services on 0114 271 8635 for advice with regards to medication stability.
- If the temperature stays above 25°C for 2 days, an Incident report on Ulysses must be completed and estates should be contacted for advice with regards to methods to reduce the temperature.

- Pharmacy services should be contacted who will advise on the stability and shelf life of the medication. This will be based on the temperature and the duration of the elevated temperatures

Heat wave - patient observation check sheet

Patient observation to be recorded every 30 mins.	Time	Time	Time	Time	Time	Time
Patient is alert Yes/No if no call for help immediately, escalate and Take NEWS2						
Patient looks red/flushed Yes/No if yes transfer patient indoors and assess.						
Does the patient feel hot to touch Yes/ No if yes transfer patient indoors for assessment						
Has the patient signs of sun burn Yes/No if yes transfer patient inside and assess						
Does the patient look hydrated or feel thirsty yes/ No if no offer a drink and transfer indoors for assessment						
Cold drink offered Yes/No/Patient refused						
Has the patient complained of head ached or feeling sick or dizzy Yes/No, if yes to any transfer indoors for assessment.						
Has sun cream been offered Yes/ No						
Has patient got appropriate clothing on Yes/No						
Are you concerned? Yes/No Repeat NEWS2 if concerned.						

Public Health Core Messages

Below are the core messages to be broadcast as official UKHSA warnings alongside national and regional weather forecasts. They may be expanded or otherwise refined in discussion with broadcasters and weather presenters. Trust Communications may provide links to these messages to raise awareness to staff, service users and public along with these draft messages:

Level 1: Summer preparedness and long-term planning

No warning required unless there is a 60% probability of the situation reaching level 2 somewhere in the UK within the next 3 days, then:

If this does turn out to be a heatwave, we'll try to give you as much warning as possible. But in the meantime, if you are worried about what to do, either for yourself or somebody you know who you think might be at risk, for advice go to NHS Choices at www.nhs.uk/summerhealth Alternatively ring NHS 111

Level 1: Draft all staff message

June 1st to September 15th is the period most likely to see the country affected by heatwave. All staff, particularly those who are service user facing, are encouraged to familiarise themselves with the Trust Heatwave Plan and their own team Business Continuity Plan for a heatwave. The Trust Heatwave Plan can be found on the Trust Intranet page under Policies or on the SHSC web page on the Internet.

Level 2: Alert and readiness

The Met Office, in conjunction with PHE is issuing the following heatwave warning for (regions identified)

Heatwaves can be dangerous, especially for the very young or very old or those with chronic disease. Advice on how to reduce the risk either for yourself or somebody you know can be obtained from NHS Choices at www.nhs.uk/summerhealth , NHS 111 or your local pharmacist

Level 2: Draft all staff message

A heatwave has been forecast with a 60% likelihood that it will begin in the next 2-4 days. All staff, particularly those who are service user facing, must now follow the advice within the Trust Heatwave Plan and your own team's Business Continuity Plan for a heatwave. The Trust Heatwave Plan can be found on the Trust Intranet page under Policies or on the SHSC website on the Internet.

Level 3 and 4: Heatwave action / emergency response

The Met Office, in conjunction with PHE, is issuing the following heatwave advice for (regions identified)

Stay out of the sun. Keep your home as cool as possible – shading windows and shutting them during the day may help. Open them when it is cooler at night. Keep drinking fluids. If there's anybody you know, for example an older person living on their own who might be at special risk, make sure they know what to do.

Level 3: Draft all staff message

All staff are encouraged to continue to follow the advice detailed in the trust Heatwave Plan. Requests for information may be made by Managers to ascertain how services are coping. Your co-operation with these requests is greatly appreciated.

The Trust Heatwave Plan can be found on the Trust Intranet under Policies and on the SHSC website on the Intranet

Emergency Planning Situation Report (Sit Rep)

This Situation Report is to be completed by the Team Managers. Please return this to your Service lead on a daily basis until usual service is resumed. In the event of an IT outage please use this template as a structure to phone in the information.

Note: Please complete all fields. If there is nothing to report, or the information request is not applicable, please insert NIL or N/A.

Directorate:		Date:	
Name & Role (completed by):		Time:	
Mobile Telephone number:			
Email address:			

Type of Incident	Heatwave
Have you experienced any <u>serious</u> operational difficulties e.g. travel to community service users, staff unable to attend for duty, requests for assistance.	
Impact on services and service users:	
Have you invoked Business Continuity Plans?, e.g. identifying vulnerable service users, using cool areas, providing extra care.	

Impact on other service providers		
Mitigating actions taken		
Additional comments,		
Staff Unable to attend work Please list job roles and numbers:	<i>Role</i>	<i>Number unable to attend</i>
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