Heatwave Plan

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A) SUMMARY POINTS
• Sets out what needs to happen before and during a severe heatwave in England. It includes specific measures to protect at risk groups.
• Has the following core element: a Heat Health Watch system operating from 1 June to 15 September, based on Met Office forecasts, which will trigger levels of response from UKHSA and NHS England as required.
B) ASSOCIATED DOCUMENTS
• Heatwave Plan for England

C) DOCUMENT DETAILS	
Author:	Libby Swann Beesley
Job title:	Head of EPRR
Directorate:	Operations
Version no:	1
Target audience:	All staff
Approving committee / group:	Emergency Planning Group
Chairperson:	Mark Mould
Review Date:	June 2023

D) VERSION CONTROL						
Date of Issue	**Version No.**	**Date of Review**	**Nature of Change**	**Approval Date**	**Approval Committee**	**Author**
June 2021	1	June22	Heatwave Link updated		EPG	Libby Beesley
May 2022	2	May 2022	Removal of Covid-19 information in line with UKHSA and Ramadan information.	May2022	EPG	Libby Beesley

E) CONSULTATION PROCESS			
Version No.	**Review Date**	**Author**	**Level of Consultation**
1	June 22	Libby Beesley	Deputy COO, Head of Operations, Heads of Department, Nurses. Emergency Planning Group

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1. INTRODUCTION

The Heatwave Plan for England remains a central part of the Department of Health's support to the NHS, social care and local authorities. It is intended to protect the population from heat related harm to health. It aims to prepare for, alert people to, and prevent, the major avoidable effects on health during periods of severe heat in England.

Heatwaves are forecast to increase in frequency in the coming years – this plan provides important guidance on how to reduce the impact they will have upon health and in doing so, will save lives. These impacts are highlighted in the updated NHS Heatwave Plan (2022):

[Heatwave Plan for England]

The plan itself remains unchanged as in previous years with references to Covid-19 now removed.

Resources available on this website include:

- Heatwave Plan for England – easy read version;
- Beat the Heat poster: an infographic for the public with key advice for staying safe in hot weather;
- Beat the Heat supporting leaflet: detailed information for the public about how to stay safe in hot weather;
- Beat the Heat: keep cool at home – checklist': a checklist to help people identify situations where overheating in the home may cause harm to health, the actions to take, and how to access further help and support. This resource is aimed at members of the public as well as frontline workers (for example, health and social care staff).

These documents are available on the above website.

When effective action is taken early, it can reduce the health impacts of exposure to excessive heat. Most of these are simple preventive measures which to be effective, need to be planned in advance of a heatwave.

2. POLICY STATEMENT

A prolonged heatwave will be an extremely significant event which could have a substantial effect on the number of patients expected in hospitals and the additional workload around caring for patients. This document guides the Trust's response to a heatwave.

This plan has been developed in conjunction with the UKHSA Heatwave Plan (2022) to ensure uniformity and consistency of heatwave planning within the Trust.

This plan will continue to be updated to reflect the changing nature of such weather patterns. It is, however, an operational response document and will be implemented should a heatwave occur.

A heatwave is when a region's threshold temperature reaches a previously identified level for two or more days. **In South West England, the threshold temperatures are 30°C during the day and 15°C during the night.**

1.1 Local Threshold Temperatures

Threshold maximum day and night temperatures defined by the Met Office National Severe Weather Warning Service (NSWWS) region are set out below.

Maximum temperatures (°C)

NSWWS

Region	Day	Night
London	32	18
South East	31	16
South West	30	15
Eastern	30	15
West Midlands	30	15
East Midlands	30	15
North West	30	15
Yorkshire and Humber	29	15
North East	28	15

This is triggered as soon as the Met Office forecasts that there is a 60 per cent chance of temperatures being high enough on at least two consecutive days to have significant effects on health. This will normally occur 2–3 days before the event is expected.

3. PLAN SUMMARY

The core elements of the plan are: A Heat Health Watch system operating from 1 June to 15 September, based on Met Office forecasts, which will trigger levels of response from UKHSA and NHS England as required.

Specific guidance for health and social care agencies will be outlined under each alert level. Hospitals to provide cool areas and monitor indoor temperatures to reduce the risk of heat related illness and death in the most vulnerable populations.

Extra help, where available, from health and social care services, the voluntary sector, families and others to care for those most at risk, mainly isolated older people and those with a serious illness or disability in the community is essential in a heatwave. This will be determined locally as part of individual care plans, and will be based on existing relationships between statutory and voluntary bodies.

Using the media to get advice to people quickly both before and during a heatwave is the best means of prevention.

This plan sets out what needs to happen before and during a severe heatwave in England. It includes specific measures to protect at risk groups.

4. SCOPE

Treatment and admission criteria should remain clinically based and hospital admission criteria should be applied in a transparent, consistent and equitable way that uses the capacity available for those who are most seriously ill and most likely to benefit.

5. HEAT HEALTH WATCH ALERTS

The Met Office operates a **Heat-Health Watch** alert system in England from **1 June to 15 September** each year. During this period the Met Office may forecast heatwaves, as defined by forecasts of day and night-time temperatures and their duration. Key members of staff including the Head of EPRR and the Operations Team receive communication at each level of alert throughout the heat health watch season and will ensure these alerts are communicated to the Trust as necessary.

Heatwave warnings will be colour coded to indicate more easily the National Severe Weather Warning Service (NSWWS) regions affected by a change from one Heatwave Warning level to another. This will help responders to clarify what actions in turn need to be taken. The Heat-Heath Watch system comprises five main levels (Levels 0-4) and is outlined below

LEVEL 0 – Long term planning.

All year ready joint working to reduce the impact of climate change

LEVEL 1 - Heatwave and summer preparedness programme

Summer preparedness (1 June – 15 Sept)

- Identify high risk individuals
- Install thermometers
- Identify cool areas
- Increase awareness in staff

LEVEL 2 – Heatwave is forecast – Alert and readiness

This is triggered as soon as the Met Office forecasts that there is a 60 per cent chance of temperatures being high enough on at least two consecutive days to have significant effects on health. This will normally occur 2-3 days before the event is expected. As death rates rise soon after temperature increases, with many deaths occurring in the first two days, this is an important stage to ensure readiness and swift action to reduce harm from a potential heatwave.

- Monitor indoor temperatures four times a day
- Prepare cool areas
- Ensure sufficient staffing
- Identify high risk people
- Sufficient cold water

LEVEL 3 - Heatwave action

This is triggered as soon as the Met Office confirms that threshold temperatures have been reached in any one region or more. This stage requires specific actions targeted at high risk groups.

- Monitor indoor temperatures four times
- Maximise external shading and night time ventilation
- Ensure cool areas do not exceed 26ºC
- Provide regular cool drinks

LEVEL 4: Emergency

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 in high risk groups and will require a multi-agency response at national and regional levels.

The decision to go to Level 4 is made at national level and will be taken in light of a cross-government assessment of the weather conditions, co-ordinated by the Civil Contingencies Secretariat (Cabinet Office).

This will trigger the activation of the Trust Incident Response Plan.

6. ACTIONS

LEVEL 1 – Summer Preparedness – 1 June to 15 September
Preparation at this level will be the overall responsibility of the Department of Health, in collaboration with the Met Office, Public Health England, NHS bodies (including NHS 111) and Local Authorities.

Status	Actions to be undertaken	Lead
• Monitor NHS England / Met Office reports.	• Disseminate, as appropriate.	• Chief Operating Officer • Associate Directors • Head of EPRR
• Liaise with Community Teams if any at-risk patients are likely to be discharged into the community.	• Update numbers at regular bed meetings. • Raise awareness of patients to the potential dangers of heat on health.	• Clinical Site Team • Onward Care Team
• Monitor admissions, particularly those with conditions that may be exacerbated by the increase in temperature.	• Update numbers at regular bed meetings	• Clinical Site Team
• Be aware of reports relating to equipment, or other system failures, that can be related to overheating. • Aim is to keep ambient temperature below threshold of 26°C. • Identify or create cool rooms/areas (able to be maintained below 26°C).	• Inform Estates and Facilities. • Install and check thermometers where vulnerable individuals spend substantial time. • Ensure refrigeration units (including portable) are serviced • Ensure all electrical purchases have acceptable operating temperature range.	• Associate Directors • Ward and Departmental Managers • Estates Department • Procurement
• Review equipment/supply chain requirements in relation to patient and staff comfort, e.g. fans, portable air conditioning units, bottled water.	• Reports to Care Group Managers (NB: portable air conditioning units must be approved by Estates and Infection Control	• AD's/Divisional Managers • Ward and Departmental Managers • Supplies Department • Estates Department
• Identify high-risk areas with respect to poor ventilation, which may adversely affect patients and staff.	• Report to Care Group Managers.	• Ward and Departmental Managers

LEVEL 2 – Alert and Readiness		
Status	**Actions to be undertaken**	**Lead**
• Disseminate advice to all staff members.	• Advise by 'All User' e-mail and intranet	• Head of EPRR/Communications
• Met Office, UKHSA or NHS England specific advice.	• Ensure information is passed to Associate Directors so that it can be disseminated to the appropriate staff / wards and departments.	• Chief Operating Officer • Head of EPRR
• Continue to monitor admissions and discharges • Ward and Department Managers • Cool zones identified – ensure below 26ºC. • NOTE: If procuring portable air conditioning units, these must be approved by estates and Infection Control.	• Update numbers at regular bed meetings.	• Clinical Site Co-ordinators
• Ensure that all areas can be monitored for temperature control.	• Provide internal thermometer for all risk areas.	• Estates Department • Ward and Department Managers
• Cool zones identified – ensure below 26ºC. • NOTE: If procuring portable air conditioning units, these must be approved by estates	• Ensure cool water is always available. • Identify zones for most vulnerable patients. • Turn off unnecessary lights/equipment • Appropriate use of shading	• Estates Department • Ward and Department Managers • Infection Prevention and Control
• Assess potential impact of heatwave on all services and patients.	• Review Business Continuity Plans • Consider rescheduling physiotherapy to cooler hours. • Review and prioritise high risk patients. • Factor home temperature into discharge planning	• Associate Directors and Service Leads • Head of Therapies • Consultants
• Ensure hydration of patients and staff.	• Ensure sufficient access to cool water.	

LEVEL 3 – Heatwave Action		
The Trust will ensure hospital services are in a state of readiness in case there is a rise in admissions. Discharge planning should reflect local and individual circumstances so that people at risk are not discharged to unsuitable accommodation or reduced care during a heatwave.		
Status	**Actions to be undertaken**	**Lead**
• Continue to ensure advice is given out	• Ensure all staff, wards and department have heatwave advice. • Produce external communications for patients, relatives and visitors as appropriate	• Head of EPRR Communications team
• Continue to monitor admissions and discharges.	• Update numbers at regular bed meetings. • Prepare for surge in demand.	• Clinical Site Co-ordinators • Associate Directors
• Liaise closely with Community services regarding potential admissions and discharges.	• Update status at regular bed meetings.	• Interim Care Team • Clinical Site Coordinators
• Produce SITREPS, as required by NHS England.	• Daily reports produced	• Chief Operating Officer • Head of EPRR / On Call Manager
• Monitor staff absenteeism • Invoke Business Contingency Plans (loss of staff scenario)	• Daily staffing reports produced. • Review uniform to be worn by staff	• .Associate Directors • Human Resources Business Partners • Director of HR in conjunction with Medical Director/Chief Nurse
• Monitor ambient temperatures in wards/departments and report if temperature exceeds 26^{0} C	• Use Temperature Monitoring Sheet (Appendix 4) • Estates and Facilities to monitor and help to mitigate excessive temperature.	• Estates Department • Ward and Department Managers
• Reduce internal temperatures	• Turn off unnecessary lights and equipment • Use cross ventilation to cool buildings • Use the opportunity to cool buildings overnight • Consider security issues due to doors being left open • Consider infection control issues	• Estates Department (including LSMS for security related issues) • Ward and Department Managers • Infection Prevention and Control

	• Change visiting hours to avoid midday high temperatures • Close window blinds or curtains before the sun light reaches the window • Fans can be used to help with air movement but in clinical areas only bladeless fans can be used and agreement from the Infection Control team must be obtained before purchase/use. • Where air conditioning is installed keep windows and doors closed to maintain efficiency and maximise effectiveness. • Portable air conditioning units can be hired via Estates. The cost must be agreed by the division and usage approved. These will be allocated based on risk to patients from increased temperature. **Not all areas are suitable for installation of portable air conditioning and there is not an endless supply.** • Once temperature outside is lower than inside, open windows	
• Patient management	• Medical staff and Pharmacists may need to review drug regimes as theoretically some drugs may increase the risk of heat stroke • Fluid balance monitoring and regular weighing to identify dehydration • Increase TPR observations in high risk patients • Encourage fluid intake and consider IV fluids as clinically appropriate • Prioritise high risk patients for movement into cool areas within the ward • Request that cold food is served to patients	• Clinical Directors • Chief Pharmacist • Medical and nursing staff

	instead of hot food • Recommend food with high water content i.e. fruit and discourage caffeinated drinks • Ensure that high risk patients being discharged or transferred are provided with bottled water for the journey • Discourage physical activity between 11:00 and 15:00hrs • Facilitate regular cool showers, baths or washes • Encourage loose cotton clothing • Consider spraying clothing with water • Consider use of volunteers for appropriate tasks	

LEVEL 4 – NATIONAL EMERGENCY

At this stage, a heatwave is judged so severe and / or prolonged that its effects extend outside the health and social care system. It may be declared locally, regionally or nationally, according to established operating doctrines.

Status	Actions to be undertaken	Lead
• All Level 3 responsibilities will continue	• Receive further advice from NHS England and PHE. • Contribute to telephone conference calls as required.	• Chief Operating Officer • Associate Directors • Estates Department • Ward and Departmental Managers • Head of EPRR • Communications
• Major Incident/Business Continuity Plan may need to be invoked.	• Set up Command & Control structures (including Incident Coordination Centre)	• Chief Operating Officer, or • On-Call Executive (Strategic Commander)

6.1 Medicines

Medication stored at higher temperatures for prolonged periods may need to have their expiry dates reduced because degradation speeds up as temperatures increase. It is essential therefore that daily clinical room and drug fridge monitoring, with correct room temperature thermometers, continues throughout the year. Ward leads should also ensure that drug fridges are sufficiently away from the wall sufficiently to allow air flow.

Actions to be taken if temperatures outside of normal range (16-25°C):

1. Inform your Line Manager
2. Report to Estates – to determine if ventilation can be improved.
3. Contact Pharmacy to determine if any drug stocks are heat sensitive.
4. Complete a LERN report.

Form in included at appendix 3.

Medications Likely to Provoke or Increase Severity of Heatstroke

<table>
<tr><td colspan="2">Those causing dehydration or electrolyte imbalance</td><td>Diuretics, especially loop diuretics. Any drug that causes diarrhoea or vomiting (colchicines, antibiotics)</td></tr>
<tr><td colspan="2">Those likely to reduce renal function</td><td>NSAIDS, sulphonamides, indinavir, cyclosporine</td></tr>
<tr><td colspan="2">Those with levels affected by dehydration</td><td>Lithium, digoxin, antiepiliptics, biguanides, statins</td></tr>
<tr><td rowspan="2">Those that interfere with thermoregulation:</td><td>by central action</td><td>Neuroleptics, serotoninergic agonists</td></tr>
<tr><td>by interfering with sweating</td><td>Anticholinergics:
- atropine, hyoscine
- tricyclics
- H1 (first generation) antihistamines
- certain antiparkinsonian drugs
- certain antispasmodics
- neuroleptics
- disopyramide</td></tr>
</table>

		- antimigraine agents
		Vasoconstrictors
		Those reducing cardiac output : - beta blockers - diuretics
	by modifying basal metabolic rate	Thyroxine
Drugs that exacerbate the effects of heat		
by reducing arterial pressure		All antihypertensives Anti-anginal drugs
Drugs that alter states of alertness (including those in section 4 (Central Nervous System) of the British National Formulary – particularly 4.1 (Hypnotics and Anxiolytics) and 4.7 (Analgesics)		

7. HEATWAVE RISK FACTORS

7.1 High Risk Factors

There are certain factors that increase an individual's risk during a heatwave. These include:

- Older age: especially women over 75 years old, or those living on their own who are socially isolated, or in a care home
- Chronic and severe illness: including heart conditions, diabetes, respiratory or renal insufficiency, Parkinson disease or severe mental illness;
- Chronic and severe illness;
- Medications that potentially affect renal function, the body's ability to sweat, thermoregulation or electrolyte balance can make this group more vulnerable to the effects of heat;
- Inability to adapt behaviour to keep cool: having Alzheimer's a disability, being bed bound, too much alcohol, babies and the very young;

In a moderate heatwave, it is mainly the high risk groups mentioned above who are affected. However, during an extreme heatwave such as the one affecting France in 2003, normally fit and healthy people can also be affected.

8. PROTECTIVE FACTORS

The key message for preventing heat related illness and death is to keep cool!

The best ways to do this include the following:

- 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.
- Cool yourself down.
- Have plenty of cold drinks, but avoid caffeine and alcohol.
- Eat cold foods, particularly salads and fruit with a high water content.
- Take a cool shower, bath or body wash.
- Sprinkle water over the skin or clothing, or keep a damp cloth on the back of the neck.

9. ROLES AND RESPONSIBILITIES

The Trust must ensure that key non-health partner organisations (including those in the private sector and social care) are involved in the planning and preparation process. This will be achieved through the Local Health Resilience Partnership and sub-groups and the Systems Resilience Group (SRG).

The Trust's Head of EPRR is accountable to the Chief Operating Officer.

9.1 Chief Executive and the Board

The Chief Executive and the Board of the Trust will take overall control of preparing for a heatwave. Whilst it may be appropriate to delegate the task of preparedness planning to the Trusts Head of EPRR, the Chief Executive and the Board should retain an active interest in progress.

9.2 Matrons, Senior Nurses and department leads

Matrons and department leads should ensure their wards are aware of this document and the instructions therein. They should also ensure that WASH audits or Governance Audit Tool (GAT) are completed in a timely manner to address any estates issues relating to heat.

Matrons and department leads should follow the process for requesting fans and temporary air conditioning units as outlined on the intranet under the heatwave section and complete risk assessments as required.

9.3 Head of EPRR

The Trust's Head of EPRR will lead on the arrangements for providing an effective response during a heatwave. The Head of EPRR is well placed to communicate effectively and diplomatically with a wide audience, in the build up to, during and in the recovery phases of a heatwave.

The Head of EPRR will send out an all user email reminding staff to complete the WASH audit and proactively check windows and air conditioning units and report any maintenance or repair issues to Estates.

The Head of EPRR is also responsible for the collation of the Trust Heatwave Situation report returns which may be required by Clinical Commissioning Groups (CCG's) or NHS England area teams.

10. TRAINING

This plan will be issued to all teams and the contents cascaded to staff with direct clinical responsibility. The plan contains a series of key actions which should be delivered according to the heatwave level. Heat wave alerts will be raised, and necessary actions discussed at the twice daily bed meetings by

the Head of EPRR, Operations Manager or Clinical Management / Clinical Site Team.

11. MONITORING OF COMPLIANCE

This plan is a live document and will be annually updated. All errors and/or changes should be made known to the document owner. The document owner is then to ensure that amendments are forwarded to all holders of this document once changes have come into effect.

The most current version of this plan is uploaded on the Trust intranet and paper copies should be discouraged unless version control is established.

To report errors, changes or amendments to this document, contact the Head of EPRR by the following means:

Telephone: 0300 019 8021
E-mail: libby.beesley@uhd.nhs.uk

12. REFERENCES

Heatwave Plan for England: UKHSA

NHS Choices (www.nhs.uk) continues to provide reliable advice and guidance throughout the year on how to keep fit and well. It includes information on how to stay well in hot weather (www.nhs.uk/summerhealth). This includes advice leaflets for health and social care professionals and for care home staff.

The following links to a leaflet produced by Age UK for patients.

www.helptheaged.org.uk/health-wellbeing/keeping-your-body-healthy/staying-cool-in-a-heatwave (further information).

13. REVIEW

This plan will be reviewed annually in line with national guidance

14. EQUALITY IMPACT ASSESSMENT

1. Title of document	Heatwave Plan
2. Date of EIA	August 2020
3. Date for review	June 2021

4. Directorate/Specialty	Operations	
5. Does the document/service affect one group less or more favorably than another on the basis of:		
	Yes/No	**Rationale**
• Age – where this is referred to, it refers to a person belonging to a particular age or range of ages.	No	
• Disability – a person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal daily activities.	No	
• Gender reassignment – the process of transitioning from one gender to another.	No	
• Marriage and civil partnership – marriage can include a union between a man and a woman and a marriage between a same-sex couple.	No	
• Pregnancy and maternity – pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavorably because she is breastfeeding.	No	
• Race – refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	No	
• Religion and belief – religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.	No	
• Sex – a man or a woman.	No	
• Sexual orientation – whether a person's	No	

sexual attraction is towards their own sex, the opposite sex or to both sexes.		
7. If you have identified potential discrimination, are the exceptions valid, legal and/or justified?	N/A	

8. If the answers to any of the above questions is ‘yes’ then:	**Tick**	**Rationale**
Demonstrate that such a disadvantage or advantage can be justified or is valid.		
Adjust the policy to remove disadvantage identified or better promote equality.		

Appendix 1

Patient Area Temperature Monitoring

Temperatures should be taken 4 x a day and once at night once a Level 2 alert is issued. Any breaches of temperature to be reported to the General Manager of that Care Group who will liaise with Estates.
Ward……………………………………………..

Date	Time	Ward Area	Action taken if temperature exceeds 26ºC	Signature

Date	Time	Ward Area	Action taken if temperature exceeds 26ºC	Signature

Appendix 2

Medication Room Temperature Record

MEDICATION ROOM TEMPERATURE RECORD						
LOCATION						
Date (DD/MM/YY)	Time (24hr)	Current temp	Max temp	Min temp	**Action taken if temperature outside range of 16-25 c**	**Temperature recorded and thermometer reset by:**

Appendix 3

Trigger Temperatures