



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

# Heatwave Plan 2021

In receipt of a "Heat health alert" level 2 or above activate this plan and go the Appendices for action cards

## Document Administration

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## 1. Foreword from the 'Heatwave Plan for England

Although many of us enjoy the sunshine, as a result of climate change we are increasingly likely to experience extreme summer temperatures that may be harmful to health. For example the temperatures reached in 2003 are likely to be a 'normal' summer by 2040, and indeed globally, countries have already experienced record temperatures. We do not know whether or not there will be severe heat over the course of this summer, but we do want to make sure that everyone takes simple precautions to stay healthy during periods of hot weather and when in the sun.

The Heatwave plan for England remains a central part of the Department of Health's support to the NHS, social care and local authorities, providing guidance on how to prepare for and respond to a heatwave which can affect everybody's health, but particularly the most vulnerable people in society.

The purpose of this heatwave plan is to reduce summer deaths and illness by raising public awareness and triggering actions in the NHS, public health, social care and other community and voluntary organisations to support people who have health, housing or economic circumstances that increase their vulnerability to heat. Communities can also help their neighbours, friends and relatives to protect against avoidable harm to health this summer.

This plan builds on many years of experience of developing and improving the ability of the health sector and its partners to deal with significant periods of hot weather. It is up to each locality to consider the actions in this plan and to adapt and incorporate them in local plans as appropriate to the local situation.

We know that the Heatwave plan for England has successfully helped individuals, communities and authorities better prepare and plan for severe summer temperatures. We want people to enjoy the summer and to reduce the harm from heatwaves to those most at risk, for now and in the future.



Professor Dame Sally C Davies  
Chief Medical Officer  
Chief Scientific Adviser  
Department of Health

## 2. Why this plan is needed:

Bright, hot summer days are what many of us look forward to for the rest of the year - especially in cold, wet England!

However, while we're enjoying the balmy days of summer, we should not forget that the temperature can get too high, that it can become uncomfortably hot, and for some, it can become dangerously hot.

The evidence about the risks to health from heatwaves is very extensive from around the world. Excessive exposure to high temperatures can kill. During the summer heatwave in Northern France in August 2003, unprecedentedly high day and night-time temperatures for a period of three weeks resulted in 15,000 excess deaths. The vast majority of these were among older people.

In England that year, there were over 2,000 'excess deaths' over the 10 day heatwave period which lasted from 4-13 August 2003, compared to the previous five years over the same period.

The first Heatwave Plan for England was published in 2004 in response to this event. Since that time we have had a significant heatwave in 2006 (when it was estimated that there were about 680 excess deaths compared to similar periods in previous years). In 2009 there were approximately 300 excess summer deaths during a heatwave compared to similar periods in previous years.

Excess deaths are not just deaths of those who would have died anyway in the next few weeks or months due to illness or old age. There is strong evidence that these summer deaths are indeed 'extra' and are the result of heat-related conditions.

In contrast to deaths associated with cold snaps in winter, the rise in mortality as a result of very warm weather follows very sharply - within one or two days of the temperature rising.

This means that:

- by the time a heatwave starts, the window of opportunity for effective action is very short indeed, and therefore;
- advanced planning and preparedness is essential.

We know that effective action, taken early, 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.

## 3. Introduction and Aims

This plan has been developed to provide guidance when normal business activities have been affected by severe weather namely a Heatwave which prevents staff, patients and visitors from attending the Trust or its periphery clinics, or which creates heat related problems for staff and in patients. Additional information is available from [www.gov.uk/government/publications/heatwave-plan-for-england](http://www.gov.uk/government/publications/heatwave-plan-for-england)

This guidance is part of the Trust's Business Continuity Planning and can be used either as part of the overall plan or in isolation to deal with specific instances of inclement weather; these include Heatwave, flooding, storms causing roads to become blocked, snow and ice.

The aim of these procedures is to maintain safe staffing levels, maintain patient safety, safely manage a potential increase of patients presenting through the Emergency Departments and to rebalance the emergency and elective activity.

Actions required by all staff during a heatwave event are detailed and must be considered prior to a heatwave declaration.

## 4. Command and Control

Command and Control will be handled in two different ways depending on whether decisions around activating severe weather procedures occur in core hours or out of hours.

The Trust will be linked directly into the Met Office Severe Weather alert system. This will enable the Trust to begin to consider their plans in advance of changing weather.

In the event that a heatwave is declared and the impact on the Trust is significant, the Trust will activate the command and control structure as detailed in the Trust Incident Response Plan.

### 4.1. Core Hours

If during the day it becomes clear that weather conditions are worsening, creating difficulties in the clinical area or such that it is difficult for staff to leave or arrive for later shifts then the Ward Senior Nurse and/or Temporary Staff Bureau will alert the Clinical Site Manager who will bleep the Divisional Silvers. These members of staff will start the procedures for declaring a Severe Weather Event.

The Deputy COO or Resilience Manager will assume the role of Incident Coordinator and will follow the appropriate Action Card below, and establish the Operational Control Room (Bronze) as in a Major Incident. Switchboard will be instructed by the Incident Coordinator to contact the Severe Weather Response Team. The Incident Coordinator will brief the Severe Weather Response Team and issue Action Cards. All actions will be recorded with the support of a loggist.

The Clinical Site Manager will assume the role of Operational Liaison Lead and will follow the appropriate Action Card for this role, which involves liaising internally to support discharge and help resolve problems and externally, liaising with partner organisations to alert them to the state of the hospital.

The Incident Co-ordinator will liaise with the Executive Director on-call, Divisional representatives, Inpatient and Outpatient leads and the Communications lead to review whether normal service delivery can be achieved. These decisions will be carried forward by Divisions who will undertake the appropriate actions.

The Communications lead will ensure that consistent messages are communicated to staff, patients, public and press through the usual channels.

### 4.2. Out of Hours

It is unlikely that a heatwave severe weather incident will manifest during night time hours however at other out of hours times the Clinical Site Manager will receive and collate information with regard to difficulties staff are encountering in travelling to the hospital during severe weather conditions out of hours. The Clinical Site Manager will contact the Senior Manager on-call when the level of staff absences and/or ward/department temperature warrants establishing severe weather procedures.

In the absence of the Senior Manager on-call on site, the Clinical Site Manager will, after discussion with the Senior Manager on-call, arrange for a briefing to be held as early as possible and instruct Switchboard to contact the Severe Weather Response Team. It is likely that some members of the team will not be able to travel to the Trust and these members of the team will telephone into the meeting which will be held in the Clinical Site Management Office. Members of the Team unable to travel to the hospital will be responsible for arranging on-site deputies to assume their roles.

The Senior Manager on-call will assume the role of Incident Co-ordinator and establish the Operational Control Room (Bronze) as per the Incident Response Plan. Initially this will be in the Clinical Site Management office, however should the situation deteriorate to a point where greater Command and Control is required, the Trust Tactical Incident Coordination Centre (Silver) in Trust Headquarters will be activated.

Following the initial briefing (either face to face or telephone conference), all actions will

be recorded with the support of a loggist. The Clinical Site Manager will assume the role of Operational Liaison Lead and will follow the Action Card for this role, which involves liaising internally to support discharge and help resolve problems. Externally, liaising with partner organisations to alert them to the state of the hospital and if required seek alternative transport arrangements for staff experiencing difficulties.

The Incident Coordinator will liaise with the Executive Director on-call, Divisional representatives, Inpatient and Outpatient leads and Communications lead to review whether normal service delivery can be achieved. These decisions will be carried forward by Divisions who will undertake the appropriate actions. The Communications lead will ensure that consistent messages are communicated to staff, patients, public and press through normal channels.

The Incident Coordinator in discussion with Divisional Managers will decide when the incident can be stood down

## 5. Heat Health Watch alert system

A Heat-Health Watch alert system will operate 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.

The Heat-Health Watch system comprises five main levels (Levels 0-4) outlined in Section 3 and described in further details

**Level 0** is year round long term planning, so that longer term actions (such as those linked to spatial planning and housing) are taken to reduce the harm to health of severe heat when it occurs. **Level 1** encourages organisations to plan for the summer while **Levels 2 and 3** are based on threshold day and night-time temperatures as defined by the Met Office. These vary from region to region, but the average threshold temperature is 30°C during the day and 15°C overnight. **Level 4** is a judgement at national level made as a result of a cross-Government assessment of the weather conditions, and occurs when the impacts of heat extend beyond the health sector. Details of individual regional thresholds are given in Annex 1. Public Health England (PHE) will broadcast official warnings alongside national and regional weather forecasts at different heatwave alert levels. They may be expanded or otherwise refined in discussion with broadcasters and weather presenters.

While Heat-Health Watch is in operation, PHE will routinely monitor outputs from real-time syndromic surveillance systems. PHE will also produce three key mortality outputs for heatwave monitoring in the event of a heatwave and share these as internal reports to DH.

Heatwave plan levels	
Level 0	<b>Long-term Planning</b> <i>All Year</i>
Level 1	<b>Heatwave and Summer Preparedness</b> <i>1 June-15 September</i>
Level 2	<b>Heatwave is forecast - Alert and Readiness</b> <i>60% risk of heatwave in the next 2-3 days</i>
Level 3	<b>Heatwave Action</b> <i>Heatwave temperature reached in one or more Met Office National Severe Weather Warning Service regions</i>
Level 4	<b>Major Incident - Emergency Response</b> Central Government will declare a Level 4 alerts in the event of severe or prolonged heatwave affecting sectors other than health

### 5.1. Level 0: Long-term planning

Long-term planning includes year-round joint working to reduce the impact of climate change and ensure maximum adaptation to reduce harm from heatwaves. This involved influencing urban planning to keep house, workplaces, transport systems and the built environment cool and energy efficient.

### 5.2. Level 1: Heatwave and Summer preparedness and long-term planning

Summer preparedness runs from 1 June to 15 September when a Level 1 alert will be issued. The Heatwave Plan will remain at Level 1 unless a higher alert is triggered. During the summer months, social and healthcare services need to ensure that awareness and background preparedness are maintained by implementing the measures set out in the Heatwave Plan.

Level 1 (Green)	Long Term Planning	Summer Preparedness
<b>Long Term Planning All Year</b>  <b>Summer Preparedness 1 June-15 September</b>	Increase Trees and green spaces	Identify high risk individuals
	External Shading	Include risk in Common Assessment Framework & Care Programme Approach
	Reflective paint	Install thermometers
	Loft and wall insulation	Identify cool areas
	Water features	Increase awareness in staff
	Reduce internal energy and heat	

### 5.3. Level 2: 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.

Level 2 (Yellow)	Alert & Readiness In Community	Alert & Readiness In Hospitals
<b>60% chance of heatwave in the next 2-3 days</b>	Public media messages	Monitor indoor temperatures
	Increase advice to health and social care workers	Prepare cool areas
	Check high risk people. Have visitor/phone call arrangements in place?	Ensure sufficient staffing
		Identify high risk patients
		Sufficient cold water and ice



#### 5.4. 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.

Level 3 (Amber)	Heatwave Action In Community	Heatwave Action In Hospitals
<b>Heatwave temperature reached in one or more regions</b>	Media alerts about keeping cool	Monitor indoor temperatures each day
	Visit/phone high risk people	Maximise external shading and night time ventilation
	Look out for neighbours	Ensure cool areas do not exceed <b>26 C</b>
	Reduce unnecessary travel	Provide regular cool drinks
	Review safety of public events	

#### 5.5. Level 4: National 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-sector response at national and regional levels.

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

Annex 1 illustrates how heatwave alert messages should be cascaded by email throughout the local community and nationally as appropriate. Local Resilience Forums, Local Health Resilience Forums and health and social care organisations will want to develop this into a specific cascade system that is appropriate for their local area.

Threshold day and night temperatures defined by the Met Office for the South West are 30° Celsius during the day and 15° Celsius at night.

Level 4 (Red)	Emergency	Emergency
<b>Heatwave for four or more days in two or more regions</b>	Severe or prolonged heatwave affecting sectors other than health	Severe or prolonged heatwave affecting sectors other than health

### 6. Heat can be harmful to your health – key messages

1. In one hot spell in August 2003 in England, deaths in those aged 75 and over rose by 60%, with approximately 2000 total extra deaths than would normally be expected.
2. Those with heart, respiratory and serious health problems are more at risk and the heat can make these conditions worse. Babies and young children are also especially at risk.
3. Many prescription medicines can reduce your tolerance of heat. You should keep taking your medicines, but take extra care to keep cool.
4. Danger symptoms to watch out for in hot weather include: feeling faint and dizzy, short of breath, vomiting or increasing confusion.

### **6.1. What should you do if you believe someone is suffering from heat related illness?**

Mostly, it's a matter of common sense. Listen to your local weather forecast so you know if a heatwave is on the way. Plan ahead to reduce the risk of ill health from the heat.

Heatstroke can be life threatening.

Take immediate action if danger symptoms of heatstroke are present: Cool down as quickly as possible (see the advice on the pages which follow).

Do not take aspirin or paracetamol - this can make you worse. Please note: do carry on taking all other prescribed medicines.

Seek further advice from NHS 111, a doctor, or ring 999 if the person has collapsed.

### **6.2. Who is most at risk?**

The heat can affect anyone, but some people run a greater risk of serious harm. These include:

- Older people, especially those over 75.
- Babies and young children.
- People with serious mental health problems.
- People on certain medication.
- People with a serious chronic condition, particularly breathing or heart problems.
- People who already have a high temperature from an infection.
- People who misuse alcohol or take illicit drugs.
- People with mobility problems.
- People who are physically active, like manual workers and athletes.

### **6.3. Seek advice if you have any concerns:**

- Contact your doctor, a pharmacist or NHS 111 if you are worried about your health during a heatwave, especially if you are taking medication, if you feel unwell or have any unusual symptoms.
- Watch for cramp in your arms, legs or stomach, feelings of mild confusion, weakness or problems sleeping.
- If you have these symptoms, rest for several hours, keep cool and drink water or fruit juice. Seek medical advice if they get worse or don't go away.

### **6.4. If you suspect someone has heatstroke:**

Remember, heatstroke can kill. It can develop very suddenly, and rapidly lead to unconsciousness. If you suspect someone has heatstroke, call 999 immediately.

While waiting for the ambulance

- If possible, move the person somewhere cooler.
- Increase ventilation by opening windows or using a fan.
- Cool them down as quickly as possible by loosening their clothes, sprinkling them with cold water or wrapping them in a damp sheet.
- If they are conscious, give them water or fruit juice to drink.
- Do not give them aspirin or paracetamol.

### **6.5. Key Messages**

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, and avoid excess alcohol, caffeine and hot drinks.
- Eat cold foods, particularly salads and fruit with 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 your neck.

**Keep your environment cool:**

- Keeping your living space cool is especially important for infants, the elderly or those with chronic health conditions who can't look after themselves
- Place a thermometer in your main area 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.
- Close curtains that receive morning or afternoon sun. However, 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.
- Turn off non-essential lights and electrical equipment - they generate heat.
- 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, and
- Electric fans may provide some relief, if temperatures are below 35°C.

**Longer term:**

- Consider putting up external shading outside windows.
- Use pale, reflective external paints
- Have your loft and cavity wall insulated - this keeps the heat in when cold and out when it is hot
- Grow trees and leafy plants near windows to act as natural air-conditioners

**Look out for others:**

- keep an eye on isolated, elderly, ill or very young people and make sure they are able to keep cool;
- ensure that babies, children or elderly people are not left alone in stationary cars;
- check on elderly or sick neighbours, family or friends every day during a heatwave; and
- be alert and call a doctor or social services if someone is unwell or further help is needed.

**If you have a health problem:**

- keep medicines below 25°C or in the refrigerator (read the storage instructions on

the packaging); and

- seek medical advice if you are suffering from a chronic medical condition or taking multiple medications.

**If you or others feel unwell:**

- try to get help if you feel dizzy, weak, anxious or have intense thirst and headache; move to a cool place as soon as possible and measure your body temperature;
- drink some water or fruit juice to rehydrate;
- rest immediately in a cool place if you have painful muscular spasms (particularly in the legs, arms or abdomen, in many cases after sustained exercise during very hot weather), and drink oral rehydration solutions containing electrolytes;
- medical attention is needed if heat cramps last more than one hour; and
- Consult your doctor if you feel unusual symptoms or if symptoms persist.

## **7. Temperature Recording**

All patient areas (wards and Clinics) should be to recording room temperatures regularly at 08:00, 14:00 and 18:00. These temperatures are to be recorded on the temperature record in the appendices and held locally.

### **Euro HEAT Project and Heat Health Action Plan Guidance**

The Euro HEAT project, co funded by the World Health Organization (WHO) and the European Commission, brought together experts from across Europe to share learning in developing national heatwave plans.

Results of this work are summarised in WHO guidance called *Heat Health Action Plans*. It explains the importance of the development of heat health action plans, their characteristics and core elements, with examples from several European countries that have begun their implementation and evaluation. Below are the eight core components of heat action plans that the guidance identifies.

Eight core elements of heat action plans:

- Agree a lead body to coordinate multi-agency collaboration and to direct the response.
- Accurate and timely alerting systems - Heat Health Warning Systems - to trigger warnings determine action thresholds and communicate risks.
- Reduce indoor heat exposure (medium and short term).
- Particular care for vulnerable population groups.
- Preparedness of the health and social care system - staff training and planning, appropriate healthcare and the physical environment.
- Heat related health information plan - what is communicated, to whom and when.
- Long term urban planning - building design, energy and transport policies.
- Real time surveillance and evaluation. For more information please visit the WHO Euro web link at: [www.euro.who.int/InformationSources/Publications/Catalogue/20080522\\_1](http://www.euro.who.int/InformationSources/Publications/Catalogue/20080522_1)

## **8. Further information**

The Public Health England Heatwave Plan for England 2020, is available and is supported by a series of Information Guides published online, including:

- Looking After Yourself And Others During Hot Weather (for Individuals, families and carers);
- Supporting Vulnerable People before and during a Heatwave: - Advice for Health and Social Care Professionals

[www.gov.uk/government/publications/heatwave-plan-for-england](http://www.gov.uk/government/publications/heatwave-plan-for-england)

Public Health England also available advice to the public and health and social care professionals in affected regions, in preparation for an imminent heatwave, via NHS 111, NHS Choices, and the Met Office, Public Health England ([www.phe.gov.uk](http://www.phe.gov.uk)).

Check the weather forecast and any high temperature health warnings at:

[www.metoffice.gov.uk](http://www.metoffice.gov.uk)

Copies of the public information leaflet and fact sheets for health and social care professionals and care, residential and nursing care home managers can be downloaded from: [www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)

## Appendices

### Action Card – Incident Coordinator

**Role to be undertaken by:** DCOO or other Operational Lead

#### Notification

You will be contacted by the Site Manager because weather conditions have deteriorated sufficiently to warrant the instigation of the Heatwave procedures.

#### Key Outputs:

- Maintain safe staffing levels
- Cancel elective activity as required
- Manage increased patient presentations with heat related complaints

#### Actions:

Declare the incident and contact the Heatwave/Severe Weather Response Team. Arrange a briefing time and establish timings of regular briefing throughout the incident.

The Severe Weather Response Team consists of:

- On Call Director – who will take on the role of Incident Coordinator OOH
- Divisional Silvers/Duty Managers
- On-Site HR Manager
- Health and Safety department
- On-Call / On-Site Communications Lead
- On-Call / On-Site Estates Manager / Head of Estates
- On-Call / On-Site Head of Hotel Services
- Discharge Planning Lead
- Clinical Site Teams
- Transport Manager
- Outpatient Manager
- Resilience Manager
- Temporary Staff Bureau Manager or Deputy

- Set up the Incident Coordination Centre if required.
- Brief the Heatwave/Severe Weather Response Team, establish timings of briefing,
- Meet with the Director on Call, Divisional Representatives, Head of Communications, Outpatient Manager and establish the situation with regard to staffing clinical areas. Make decisions with regard to electives and outpatient clinics and ensure that staff action these decisions.
- Communicate with, or delegate communication of all decisions surrounding elective admissions in consultation with Speciality Managers, to Divisions.
- Agree communications message to be actioned by Communications lead.
- Task the Clinical Site Team and Temporary Bureau Coordinator to ensure that ward staffing levels are adequate and if necessary call in staff who live in. The Clinical Site Team and Temporary Staff Bureau Team are responsible for managing staffing levels throughout the incident.
- A loggist must be present in the Incident Coordination Centre so that all decisions and actions of all meetings are recorded.
- Task the Operational Liaison Lead or Resilience Manager with talking to SWAST and LHRP (see LHRP concept of operations document) regarding patient admissions to ensure that the hospital does not become overwhelmed. In addition this role is responsible for arranging staff transport in liaison with the Temporary Staff Bureau Office and HR.
- The Discharge Lounge Lead is responsible for ensuring the safe discharge of patients is managed effectively but will flag up with the Operational Liaison Lead if patient transport becomes overwhelmed.
- When appropriate and in liaison with the Divisional Managers stand down the severe weather

event.

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## Action Card – Severe Weather Operational Liaison Lead

**Role to be undertaken by:** Clinical Site Manager (Adult's and Children's) or other designated member of staff

### Role

The Clinical Site Team email box will receive alerts from the Met Office confirming severe weather is expected. In receipt of a level 2 heat health alert ensure this is highlighted on internal operational meeting and includes in operational sitreps including weekend plans. You will use your judgement if there is a risk to staffing levels become difficult to manage and contact the On-call Manager to consider declaring a Severe Weather Event.

On declaration of a Severe Weather Event you will assume the duties of the Operational Liaison Lead.

### Actions:

- Out of hours, if the On-call Manager is not on site arrange a briefing, this may need to be a conference call with members of the Severe Weather Response Team. Call out list below. In core hours, attend the briefing for the team in the CSMT Office.
- Liaise with the Incident Co-ordinator to gather data in order to inform the Ambulance Service of the Trust's ability to admit patients if affected.
- Work with the Discharge Lead and Transport Manager to ensure that discharged patients are able to be transported to their home or alternative accommodation.
- Responsible for liaising with the Ambulance Service and other transport providers to ensure that discharge is effective.



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## Action Card – All Patient Wards and Clinics

**Role to be undertaken by:** The Person in Charge

**Notification:** Severe Weather Incident Coordinator

**It is the responsibility of the person with 24-hour accountability for this area to ensure that actions outlined below are undertaken / complied with and that all staff are familiar with these actions and are aware of their roles and responsibilities in the event of a heatwave.**

### Outline Responsibilities:

1. Person in charge to assess the environment and identify at risk patients on a shift by shift basis
2. Person in charge to ensure actions, below, are completed and escalate accordingly.
3. Collaboration with the families and informal carers, of at risk individuals due for hospital discharge, to ensure awareness of the dangers of heat and how to keep cool and to put simple protective measures in place.

### Specific Action Points:

1. Identify particularly vulnerable individuals (those with chronic/severe illness, on multiple medications, or who are bed bound) who may be prioritised for time in a cool room; Hospitals should aim to ensure that cool areas are created that do not exceed 26°C, especially in areas with high risk patients.
2. Indoor thermometers should be installed in each room that vulnerable individuals spend substantial time in and, during a heatwave, indoor temperatures should be monitored at least four times a day. Results are to be recorded on the temperature record in the appendices and retained locally.
3. Ensure that cool rooms are ready and consistently at 26°C or below;
4. Identify naturally cooler rooms/areas that vulnerable patients can be moved to if necessary;
5. Obtain supplies of ice/cool water;
6. Ensure that staffing levels will be sufficient to cover the anticipated heatwave period;
7. Repeat messages on risk and protective measures to staff, patients and visitors.
8. Due to the additional risk of psychiatric medications affecting thermoregulation and sweating, acute and mental health trusts and teams need to ensure that hospital environments have a cool room (26°C or below)
9. Identify departments that could potentially be affected by raised temperatures, particularly where there is no air conditioning
10. If temperatures exceed 26°C, high risk individuals should be moved to a cool area that is 26°C or below.
11. Cool areas can be developed with appropriate indoor and outdoor shading, ventilation and, if necessary, air conditioning.
12. During the summer months, sufficient staff must be available so that appropriate action can be taken in the event of a heatwave.

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## Action Card – Ward / Clinical Department Generic Heatwave

**Role to be undertaken by:** The Person in Charge  
**Notification:** Severe Weather / Heatwave Incident Coordinator

### Notification

The trust communications team will alert all staff by email when level 2 alert has been declared by the Department of Health.

### Level 1 - summer preparedness (1 June - 15 September) and long term planning

- Identify cool areas within the Ward and Trust (that can be maintained consistently at 26 deg C or below) that vulnerable patients can be moved into if necessary
- Include risk in Common Assessment Framework & Care Programme Approach
- Install thermometers in each room that vulnerable individuals spend substantial time in
- Identify high risk individuals
- Increase staff awareness

### Level 2 - Alert and Readiness (60 Percent Risk Of Heatwave In 3 Days)

- Monitor and record indoor temperatures daily
- Prepare cool areas - complete risk assessment for portable air con units and hire purchase agreement if units are required.
- Ensure sufficient staffing
- Identify high risk individuals
- Ensure sufficient cold water and ice

### Level 3 - Heatwave Action (Heatwave Temperature Reached)

- Monitor indoor temperatures three times a day
- Maximise external shading and night time ventilation
- Ensure cool areas do not exceed 26 deg C
- Provide regular cool drinks

### Level 4 Emergency - If Severe or Prolonged

- This is reached when a heatwave is so severe and/or prolonged that its effects extend outside health and social care.
- Level 4 may be declared locally, regionally or nationally, according to established operating doctrines.
- Continue all Level 3 responsibilities.

Because level 2 is based on a prediction, there may be jumps between levels. Following level 3, wait until temperatures cool to level 1 before stopping level 3 actions.

## Temperature record

### Temperature Record

**Area :**

Temperatures should be recorded at least once per day at peak heat during a level 3 heat health alert if operational pressures do not allow for 3 times per day.

<u>Date</u>	<u>Morning temp</u>	<u>Mid afternoon temp</u>	<u>Evening temp</u>	<u>Action taken</u>	<u>Signature</u>

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