Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Severe Weather Plan

Version 1.0 September 2024

The WWL Way

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Contents

1. Introduction 4
1.1. Principles 4
1.2. Exclusions 4
2. Health effects of severe weather 5
2.1. Cold Weather 5
2.2. Hot Weather 5
2.3. Storms 6
2.4. Drought 6
3. Communication 11
4. Risk management 7
4.1. Horizon scanning 7
4.2. Key populations most at risk from cold weather 7
4.3. Key populations most at risk from hot weather 7
5. Weather warning systems 8
5.1. National Severe Weather Warning Service (NSWWS) 8
5.2. Weather-Health Alerting System 10
6. Response 11
6.1. Incident Management Team 12
6.2. NSWWS Actions 13
6.3. Heat Health Alert Actions 14
6.4. Cold Health Alert Actions 18
Appendix 1: Severe Weather Meeting Agenda 20
Appendix 2: Public Information 21
UKHSA Staying safe in cold weather (poster) 21
UKHSA Beat the heat (poster) 22
Appendix 3: Heat-Health Alert action cards 23

1. Introduction

The purpose of this document is to set out the arrangements in Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust (WWL) to deal with periods of severe weather that minimises effects on patients, staff, services, and infrastructure.

This plan supplements the Trust's existing Incident Response Plan, Corporate and Departmental Business Continuity Plans, by providing additional information to mitigate, the effects of severe weather.

1.1. Principles

Severe weather may affect all services across WWL and current evidence shows that periods of severe weather are becoming more frequent and intense in nature. This plan set out the arrangements to:

- Raise awareness of the impact of severe weather on the delivery of Trust services.
- Increase preparedness and resilience at departmental and corporate level.
- Mobilise incident management structures when required.

This plan covers the following National Risk Register (NRR) 2023 weather-related hazards, with a significant impact on health:

- heat (high temperatures and heatwaves)
- cold (low temperatures and snow)
- drought

** flooding (coastal flooding, fluvial flooding, surface water flooding) is covered separately in the Trust's Flooding Plan*

Extreme heat episodes in England have resulted in significant heat-associated mortality in recent years, and evidence suggests that the risk of mortality increases at high temperatures in all populations.

Threats to health from cold weather are still high in the UK despite rises in average ambient temperature under climate change. Cold weather can compound the effects of other hazards such as respiratory viruses and increase pressures on health and social care services. Cold-associated deaths due to extreme cold weather are predicted to peak around 2030, with deaths from moderate cold peaking in the 2050s. Therefore, cold weather will continue to present a burden of mortality for England in the coming years.

1.2. Exclusions

This plan does not currently cover the following Natural and Environmental Hazards:

- humanitarian crisis overseas – natural hazard events
- other natural and environmental hazards, such as volcanic eruptions, earthquakes or space weather

2. Health effects of severe weather

2.1. Cold Weather

The human body responds to cold exposure in different ways. Importantly, effects are seen even at temperatures that might be considered relatively mild (4°C to 8°C). We can distinguish between direct and indirect effects of cold weather on health.

Direct effects occur when cold exposure leads directly to a health impact:

- heart attack
- stroke
- respiratory disease
- influenza
- falls and injuries
- hypothermia

Indirect effects on health from cold usually only occur when other factors are also present that influence a health impact.

- snow and ice causing disruption to healthcare services which in turn affects whether people can access care
- cold homes and fuel poverty which are linked with poor mental health and social isolation
- reduced education and employment success, both of which are linked to poorer health outcomes over the long-term
- carbon-monoxide poisoning

2.2. Hot Weather

Hot weather can be associated with an increased risk to health. Hot weather increases the risk of heart attacks, strokes, lung illnesses and other diseases. There are some groups, such as older people, young children and people with some long-term medical conditions who can be particularly vulnerable to the effects of hot weather. Many of the harms linked to heat exposure are preventable if a few simple actions are taken.

Increasing temperatures above 25ºC are associated with increased risk of heat-related deaths, with higher temperatures associated with even greater risk of death. At 27ºC or over, those with impaired sweating mechanisms may find it especially difficult to keep their bodies cool.

The main causes of illness and death during a heat episode are respiratory and cardiovascular diseases. Additionally, there are specific heat-related illnesses that can affect the general population. These include:

- heat cramps – caused by dehydration and loss of electrolytes, often following exercise
- heat rash – small, raised spots, an itchy feeling and mild swelling
- 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 (more common) – occurs as a result of water or sodium depletion, with non-specific features of malaise, vomiting and circulatory collapse and is present when the core temperature is between 37ºC and 40ºC (left untreated, heat exhaustion may evolve into heatstroke)

- heat stroke – a condition whereby the body's thermoregulation fails. It is a medical emergency characterised by symptoms of confusion, disorientation, convulsions, unconsciousness, hot dry skin and core body temperature exceeding 40ºC for between 45 minutes and 8 hours. It can result in cell death, organ failure, brain damage or death. Heatstroke can be brought on by excessive exposure to extreme heat (classical) or exertional (for example in athletes)

Heat can exacerbate chronic conditions such as cardiovascular and respiratory systems but can equally increase the chances of other serious health issues such as:

- heart attacks
- strokes
- respiratory problems
- kidney diseases
- electrolyte disorders
- skin cancer

2.3. Storms

Storms are termed an emerging hazard due to the growing body of evidence on how storms impact human health. These impacts can be categorised as direct and indirect impacts on health and wellbeing. The direct impacts from storms are physical injury and trauma, in severe cases, even fatal.

Climate change has already altered the risk of certain types of extreme weather in the UK, with evidence suggesting that the frequency and intensity of storms are likely to increase in the future. The UK has experienced several severe storms over the last few years, including Storm Eunice in 2022, which brought gusts higher than 100mph. Impacts of the storm across the UK included 3 fatalities, school closures, power cuts and nationwide cancellations of transport services.

2.4. Drought

Health effects of droughts are harder to identify due to their slow onset and can be compounded due to concurrent weather events such as heat episodes and wildfires.

Direct impacts include:

- limited water supply
- loss of crops
- damage to infrastructure
- physical injury

Indirect impacts include:

- ecosystem changes (changes in breeding conditions for vectors, biodiversity loss)
- supply chain disruption – potential food insecurity and malnutrition

(See 'Public health impact of drought: advice for the public' via gov.uk website)

3. Risk management

3.1. Horizon scanning

The Met Office provides nowcasting, short-range, medium-range and extended-range weather forecasts. These forecasts provide the foundations for early warning systems, supporting preparedness for severe weather events.

3.2. Key populations most at risk from cold weather

Populations that are particularly at risk from the effects of cold weather include:

- older people (aged 65 years and over – at the population level, this age band at which epidemiological studies suggest the risk starts to increase)
- babies and young children (particularly those aged 5 years and under – studies suggest a relationship between living in cold homes and poor infant weight gain, attributed to the fact that children living in colder homes need greater calorific intake to fulfil growth potential
- people with long-term health conditions such as cardiovascular or respiratory disease, or a mental health condition
- pregnant women (evidence suggests an association with low temperatures in late pregnancy, pre-eclampsia and risk of preterm birth
- people with learning disabilities
- people at risk of falls
- people who live alone and may be unable to care for themselves
- people who are housebound or have low mobility
- people living in deprived circumstances
- people experiencing homelessness or people sleeping rough

3.3. Key populations most at risk from hot weather

Populations that are particularly at risk from the effects of hot weather include:

- older people (aged 65 years and over – at the population level, this age band at which epidemiological studies suggest the risk starts to increase)
- babies and young children (particularly those aged 5 years and under – evidence suggests that children cannot control their body temperature as efficiently as adults during hot weather)
- people with health conditions, including heart problems, breathing problems, dementia, diabetes, kidney disease, Parkinson's disease, mobility problems or a mental health condition
- pregnant women (evidence suggests potential risk of preterm birth)
- people on certain medications that potentially affect heart or kidney function, cognition, or ability to sweat
- people who are already ill and dehydrated (for example, from diarrhoea and vomiting)
- people who experience alcohol or drug dependence
- people who live alone and may be unable to care for themselves
- people who are physically active and spend a lot of time outside
- people who work in jobs that require manual labour or extensive time outside
- people experiencing homelessness, including rough sleepers and those who are unable to make adaptations to their living accommodation such as sofa surfers or those living in hostels

4. Weather warning systems

4.1. National Severe Weather Warning Service (NSWWS)

As the UK's official weather service, the Met Office is responsible for issuing weather warnings, which warn of impacts caused by severe weather. Our warnings are designed to let people, businesses, emergency responders and governments know what weather is in store and what the impacts of that weather may be. The Met Office operates 24 hours a day, 365 days a year so warnings can be issued at any time, day or night.

Warnings are provided up to seven days ahead for any of the eight weather types:

- rain
- thunderstorms
- wind
- snow
- lightning
- ice
- extreme heat
- fog

Each warning will contain the following sections:

- Headline – a short weather headline, which states what weather type, is forecast
- What to expect – details on the types of impact forecast and an indication of how likely those impacts are
- What should I do – this section links to advice and guidance from our partners on how to stay safe in severe weather
- Further details – additional information on the forecast weather.

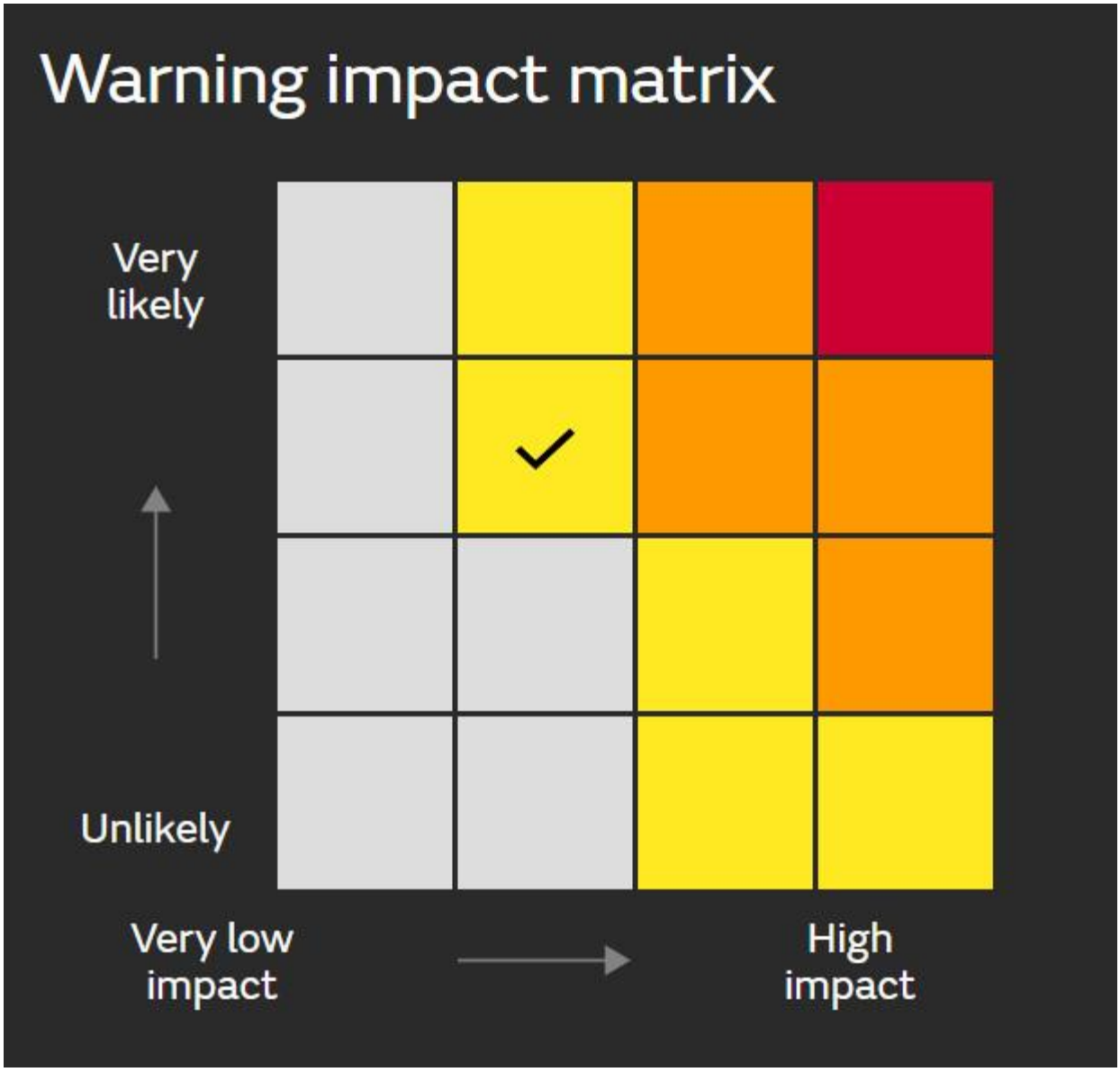
When applicable, warnings will include information on why a warning has been updated.

Alert levels

The Met Office issues weather warnings, through the National Severe Weather Warning Service, when severe weather has the potential to bring impacts to the UK. These warnings are given a colour (yellow, amber or red) depending on a combination of both the impact the weather may have and the likelihood of those impacts occurring.

These impacts can include damage to property, travel delays and cancellations, loss of water supplies, power cuts and, in the most severe cases, bring a danger to life.

We show this combination of impact and likelihood in a matrix, which can be seen in the Further Details section of our warnings. To understand how likely we think the forecast impacts are, always check the matrix to see which box has been ticked.



Yellow Warning: Yellow warnings can be issued for a range of weather situations. Many are issued when it is likely that the weather will cause some low level impacts, including some disruption to travel in a few places. Many people may be able to continue with their daily routine, but there will be some that will be directly impacted and so it is important to assess if you could be affected. Other yellow warnings are issued when the weather could bring much more severe impacts to the majority of people but the certainty of those impacts occurring is much lower. It is important to read the content of yellow warnings to determine which weather situation is being covered by the yellow warning.

Amber Warning: There is an increased likelihood of impacts from severe weather, which could potentially disrupt your plans. This means there is the possibility of travel delays, road and rail closures, power cuts and the potential risk to life and property. You should think about changing your plans and taking action to protect yourself and your property. You may want to consider the impact of the weather on your family and your community and whether there is anything you need to do ahead of the severe weather to minimise the impact.

Red Warning: Dangerous weather is expected and, if you haven't already done so, you should take action now to keep yourself and others safe from the impact of the severe

weather. It is very likely that there will be a risk to life, with substantial disruption to travel, energy supplies and possibly widespread damage to property and infrastructure. You should avoid travelling, where possible, and follow the advice of the emergency services and local authorities.

4.2. Weather-Health Alerting System

The Weather-Health Alerting System is made up of the Heat-Health Alerts (HHA) and the Cold-Health Alerts (CHA). The Weather-Health Alerting System underpins the UKHSA Adverse Weather and Health Plan.

The core alerting season for the HHA runs from 1 June to 30 September, with the core alerting season for CHA running from 1 November to 31 March. Should a period of heat or cold occur that meets alerting criteria outside of the core alerting periods, an extraordinary alert will be issued.

Within these core alerting periods heat-health or cold-health planning advice is issued every Monday and Friday to provide weather-health horizon scanning for the following 5 days, 6 to 15 days, and 16 to 30 days.

During both the summer and winter seasons, UKHSA and the Met Office monitor the weather forecasts and where episodes of hot or cold weather are identified using predefined evidence-based considerations, a joint dynamic risk assessment is carried out and the appropriate alert issued.

Alert levels

green (preparedness): no alert is issued as the conditions are likely to have minimal impact on health; business as usual; summer or winter planning and preparedness activities

yellow (response): these alerts cover a range of situations; yellow alerts may be issued during periods of heat or cold that would be unlikely to impact most people but could impact those who are particularly vulnerable

amber (enhanced response): an amber alert indicates that weather impacts are likely to be felt across the whole health service, with potential for the whole population to be at risk; non-health sectors may also start to observe impacts and a more significant coordinated response may be required

red (emergency response): a red alert indicates significant risk to life for even the healthy population

5. Communication

As a Category One Responder under the Civil Contingency Act 2004 the Trust has a civil protection duty to: warn, inform, and advise public by sharing any information before, during and after an incident.

All year-round planning

To increase awareness of the health impacts of severe weather and climate change the Trust will share advice and guidance regarding severe weather preparedness and resilience including communication that is:

- focused on more effective messaging regarding severe weather and health risks, especially for those populations most at risk, on preparedness and taking protective actions, such as seeking financial advice, health treatment or advice, checking the weather forecast

Event specific warning

Upon the receipt of a severe weather alert or warning, the Resilience Team will assess the potential impact on the Trust services and inform the Communications Team of the relevant alert or warning at which point the relevant communication alert will be sent out to staff or the public.

Yellow: As yellow alerts could impact those who are particularly vulnerable, the risk will be assessed, and consideration given to whether the warning should be shared.

Amber: Amber alerts indicate that weather impacts are likely to be felt across the whole health service, therefore warnings will be shared across the Trust and consideration given to whether the severe weather plan should be activated.

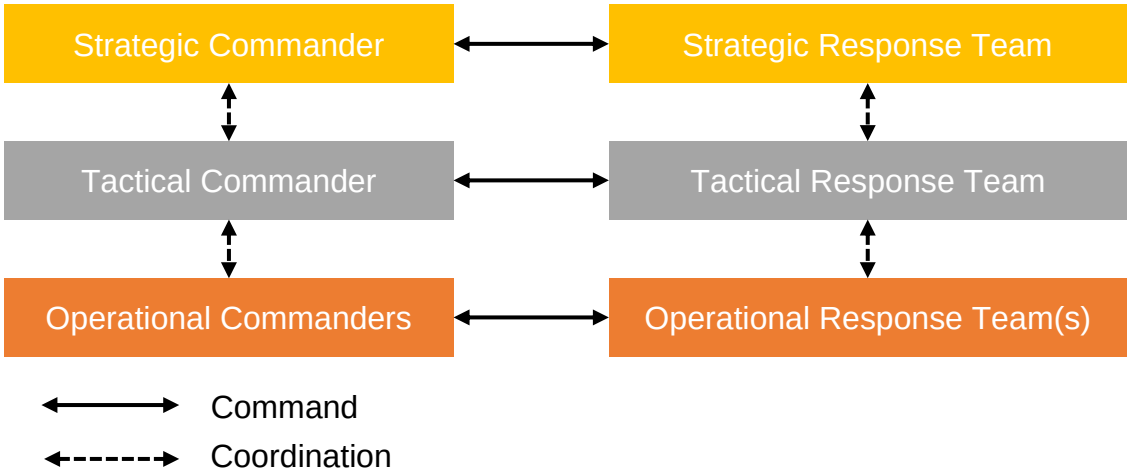
Red: Red alerts indicate a significant risk to life for even the healthy population; therefore the severe weather plan would be activated following these alerts, with the potential for regional or national coordination if deemed necessary.

6. Response

6.1. Incident Management Team

The decision to establish the Incident Management Team (IMT) rests with those responsible for declaring the incident. A number of additional operational support structures may also be required where a protracted incident is declared in line with, and to support, the collapsible hierarchy. The command structure is based on the accepted principles of Strategic, Tactical and Operational response levels, also known as Gold, Silver and Bronze command levels.

Incident Management Team:



Primary Functions

The primary functions of the Incident Management Team are to:

Support the Strategic Commander to direct and co-ordinate the response strategy and operations across the Trust in accordance with the established schedule and requirements of the incident.

- Provide support to the operational delivery of Trust services.
- Be the route through which tasking from the Strategic Response Team is implemented.
- Advise on policy as required.
- Manage incident relevant information, sharing this as necessary for shared situational awareness.
- Liaise with Wigan Locality, GM Integrated Care Board, NHS England, UKHSA, DHSC and other partner organisations, as required.
- Provide Situation Reports (SitReps) and briefings to GM-ICB, which may also be shared with NHS England and beyond.
- Provide a forward look to issues that may arise and their consequences, forecasting the Trust response.
- Co-ordinate incident response meetings.
- Assist GM-ICB incident arrangements and DHSC communications with the information flow to the public domain via the media and other key stakeholders.
- Operate the Incident Coordination Centres, which are the operational hubs through which information flows, both internally and externally.
- Track and manage tasking as directed by the Strategic and Tactical Commanders.

Membership of the Incident Management Team for a severe weather incident will mirror that within the Incident Response Plan. For specific event-related actions, see below.

6.2. NSWWS Actions

	Green
	• Ensure the Trust Severe Weather plan is reviewed annually in line with the National 'Adverse Weather & Health Plan' published by UK Health Security Agency (UKHSA) • Register for Met Office Alert Service • Review the distribution of the cold/heat health alerts across the system and ensure staff are aware of the severe weather plans and advice • Ensure severe weather forms part of the speciality Business Continuity Plans • Work with partner agencies to ensure that severe weather planning features within wider resilience planning • Follow IPC guidance
	Yellow
	• Assess the content of the alert and consider distribution across the trust
	Amber
	• Liaise with the Communications team to inform all staff of the relevant level alert and the actions required to be taken • Inform the Tactical Commander of the alert and consider plan activation • Send alert to Incident Management Team for dissemination to ensure relevant actions are taken. • Activate Business Continuity arrangements and emergency plans as required
	Red
	• Activate plan and convene Incident Management Team

6.3. Heat Health Alert Actions

	Yellow warning
	• Ensure relevant staff members are aware of and understand the business continuity plan and/or hot weather plans, including sharing plans with relevant members of staff. • Conduct a local risk assessment for hot weather, using the Heat-Health Alert impact matrix (Figure 1, above) and the relevant guidance (See 'Supporting vulnerable people before and during hot weather: healthcare professionals', via the gov.uk website) to understand the specific impacts of the hot weather on your service. • Raise awareness about heat illnesses and how to prevent them among staff, patients, clients and carers, for example by sharing Beat the heat messages (See Beat the heat: staying safe in hot weather guidance, via the gov.uk website) • Encourage staff and partners to share Beat the heat messages far and wide, especially to high-risk groups and underserved populations. • Keep certain rooms or areas below 26°C, giving people a place to cool down. • Check thermometers are installed and working where vulnerable individuals spend substantial time and ensure relevant staff know how to check, record, and follow internal procedures if a cause for concern is identified. • Ensure staff visiting high-risk individuals have access to a thermometer or means of measuring temperature and ensure relevant staff know how to check, record, and follow internal procedures if a cause for concern is identified. During hot weather, indoor temperatures should be monitored regularly, and steps taken to keep the home cool. • Assess staffing levels, recognising possible increased care needs of clients and patients during hot weather. • Monitor the local and national weather forecast. • Keep stocked with food and medication. • Review storage of medicines. Most medicines should be kept below 25°C, so they should be stored somewhere cool, dry, out of direct sunlight and away from windowsills. Medicines should only be stored in the in fridge if specified. The NHS Specialist Pharmacy Service has further guidance on storing medications. (See 'Understanding why temperature management is important for medicines storage', via the Specialist Pharmacy Service website. • Ensure staff promote hydration, encouraging patients and service users to drink and offering cold water regularly. • Encourage and enable staff to carry water and stay hydrated, and report concerns about their own health promptly. • Ensure staff check and record indoor temperatures regularly during the hottest periods for all areas where patients or clients reside and ensure they follow internal procedures if a cause for concern is identified. • Reduce indoor temperatures through shading or covering windows, turning off unnecessary lights or equipment, and opening windows when the air is cooler outside (for example at night, if it is safe to do so).

	• Identify and prioritise individuals most vulnerable to heat-related illnesses. For individuals who cannot be moved to cool areas, or for whom a move might be too disorienting, take actions to cool them down (for example, liquids, cool wipes) and enhance surveillance. • In clinical settings with high-risk patients or clients, check body temperature, heart and breathing rates, blood pressure and hydration levels. Consider weighing clients regularly to identify dehydration and rescheduling physiotherapy to cooler hours. • Assess refrigeration capacity to ensure sufficient cold water and ice are available to minimise risks from dehydration. • Ensure staff promote regular cool showers, baths or body washes, and serve cold food (particularly salad, fruit and ice lollies as these contain lots of water). • Check individuals most vulnerable to heat-related illnesses have visitor/phone call arrangements in place. Ask staff to advise clients or patients on how to keep their own homes cool, using the Beat the heat: keep cool at home checklist. (See Beat the heat: keep cool at home checklist, via the gov.uk website)
	Amber warning
	• Follow local business continuity plans and/or hot weather plans, including cascading alert to relevant members of staff and accounting for a possible surge in demand. • Conduct a local risk assessment for hot weather, using the relevant guidance (See 'Hot weather and health: supporting vulnerable people', via the gov.uk website) to inform the specific impacts of the hot weather on your service, and how likely they are. • Repeat key public health messages to clients and staff, such as from the Beat the heat guidance (See 'Beat the heat: hot weather advice' via the gov.uk website). • Assess staffing levels, recognising possible increased care needs of patients or clients during hot weather. • Monitor the local and national weather forecast. • Keep stocked with food and medication. • Review storage of medicines. Most medicines should be kept below 25°C, so they should be stored somewhere cool, dry, out of direct sunlight and away from windowsills. Medicines should only be stored in the in fridge if specified. The NHS Specialist Pharmacy Service has further guidance on medicines storage (See 'Understanding why temperature management is important for medicines storage', via the Specialist Pharmacy Service website. • Ensure staff promote hydration, encouraging patients and service users to drink and offering cold water regularly. • Advise staff and carers to contact the clinical lead if they have concerns regarding the health of a patient or client. • Encourage and enable staff to carry water and stay hydrated, and report concerns about their own health promptly. • Identify and prioritise individuals most vulnerable to heat-related illnesses. For individuals who cannot be moved to cool areas, or for whom a move

	might be too disorienting, take actions to cool them down (for example, liquids, cool wipes) and check them more often. • In clinical settings with high-risk patients or clients, check body temperature for signs of heat exhaustion or heat stroke, heart and breathing rates, blood pressure and hydration levels. Consider weighing clients regularly to identify dehydration and rescheduling physiotherapy to cooler hours. • Check and record indoor temperatures regularly during the hottest periods of the day (usually 11am to 3pm) for all areas where patients or clients reside and follow internal procedures if a cause for concern is identified. • Ensure designated cool areas are below 26°C. • Reduce indoor temperatures through shading or covering windows, turning off unnecessary lights or equipment, and opening windows when the air is cooler outside (for example at night, if it is safe to do so). • Ensure staff promote regular cool showers, baths or body washes, and serve cold food (particularly salad, fruit and ice lollies as these contain lots of water). • Assess refrigeration capacity to ensure sufficient cold water and ice are available to minimise risks from dehydration. • Ensure discharge planning takes home temperatures and potential need for additional support into account, especially for the most at-risk groups. • Check individuals most vulnerable to heat-related illnesses have visitor or phone call arrangements in place. • Ask staff to advise clients or patients on how to keep their own homes cool, using the Beat the heat: keep cool at home checklist (See Beat the heat: keep cool at home checklist, via the gov.uk website).
	Red warning
	• The UK government will declare an emergency in the event of severe or prolonged hot weather which affects sectors other than healthcare, and if it requires a coordinated multiagency response. • Follow all local emergency response plans and feed into local (and, where appropriate, national) coordination and response. • Conduct a local risk assessment for hot weather, using the relevant guidance (See ‘Hot weather and health: supporting vulnerable people’, via the gov.uk website) to inform the specific impacts of the hot weather on your service, and how likely they are. • Identify and actively monitor high-risk individuals during hot weather episodes. • Repeat key public health messages to clients and staff, such as from the Beat the heat guidance (See ‘Beat the heat: hot weather advice’ via the gov.uk website). • Consider surge staffing and potential difficulties for staff getting to work and increased care needs of clients or patients during hot weather. • Monitor the local and national weather forecast. • Keep stocked with food and medication. • Review storage of medicines. Most medicines should be kept below 25°C, so they should be stored somewhere cool, dry, out of direct sunlight and away from windowsills. Medicines should only be stored in the in fridge if specified. The NHS Specialist Pharmacy Service has further guidance on medication storage (See ‘Understanding why temperature management is

	important for medicines storage', via the Specialist Pharmacy Service website. • Ensure staff promote hydration, encouraging patients and service users to drink and offering cold water regularly. • Advise staff and carers to contact the clinical lead if they have concerns regarding the health of a patient or client. • Encourage and enable staff to carry water and stay hydrated, and report concerns about their own health promptly. • Identify, prioritise and monitor individuals most vulnerable to heat-related illnesses. For individuals who cannot be moved to cool areas, or for whom a move might be too disorienting, take actions to cool them down (for example, liquids, cool wipes) and enhance surveillance. • In clinical settings with high-risk patients or clients, check body temperature, heart and breathing rates, blood pressure and hydration levels and escalate according to local clinical advice. Consider weighing clients regularly to identify dehydration and rescheduling physiotherapy. Consider adjusting client bedding and personal clothing. • Check and record indoor temperatures regularly for all areas where patients or clients reside and follow internal procedures if a cause for concern is identified. • Maintain cool rooms or areas below 26°C. Ensure staff and patients or clients know where these are. • Assess refrigeration capacity to ensure sufficient cold water and ice are available to minimise risks from dehydration. • Reduce indoor temperatures through shading or covering windows, turning off unnecessary lights or equipment, and opening windows when the air is cooler outside (for example at night, if it is safe to do so). • Ensure discharge planning takes home temperatures and support into account. • Ensure staff promote regular cool showers, baths or body washes, and serve cold food (particularly salad, fruit and ice lollies as these contain lots of water). • Check individuals most vulnerable to heat-related illnesses have visitor/phone call arrangements in place. • Ask staff to advise clients or patients on how to keep their own homes cool, using the Beat the heat: keep cool at home checklist (See Beat the heat: keep cool at home checklist, via the gov.uk website).

6.4. Cold Health Alert Actions

	Yellow warning
	• ensure relevant staff members are aware of and understand BCPs and/or cold weather plans, including cascading plans to relevant members of staff • use the CHA impact matrix to inform the local risk assessment for and response to cold weather • consider how to make best use of available capacity in preparation for surges in demand, for example by using community beds for at-risk patients who do not need an acute bed and enabling access to step-down care • ensure road/pavement gritting preparations are in place to allow access to critical services and pedestrian hotspots if ice and/or snow are expected • monitor temperatures inside buildings especially where people spend most time and aim to keep to 18°C (for example by keeping windows and doors closed to reduce draughts) • prioritise maintenance of heating systems to keep rooms being used warm • ensure that clients/patients have access to other ways of keeping warm (for example blankets and warm drinks) if needed • ensure that staff are prompted to signpost vulnerable people to other sources of support • communicate proactive messages aimed at the people using your services, especially to vulnerable groups and underserved populations to help them understand health risks from cold weather and simple actions they can take to guard against these, drawing on materials such as UKHSA's Keeping warm and well: staying safe in cold weather guidance (See Keeping warm and well: staying safe in cold weather' via the gov.uk website) • activate BCPs and emergency plans as required • use a local risk assessment for a response to cold weather • activate road and pavement gritting to allow access to critical services and pedestrian hotspots, if ice and/or snow occur • increase evidence-based advice to health and social care workers on ways of identifying those at risk from cold and ways to manage their needs, drawing on UKHSA guidance for adult social care managers and healthcare providers, and general population messages as appropriate • increase pro-active communication aimed at the public, especially to underserved populations and vulnerable groups, to help reduce risks from cold exposure • ensure staff are undertaking appropriate home checks when visiting clients or patients, for example room temperature, medications and food supplies, and that unpaid carers are receiving appropriate advice and support • ensure that high-risk individuals are actively monitored during cold weather episodes, and that those most vulnerable to cold-related illnesses have visitor or phone call arrangements in place • ensure that staff are prompted to signpost vulnerable people to other sources of support (for example for energy efficiency measures (See Find ways to save energy in your home via gov.uk website), benefits (See Benefits and financial support if you're on a low income via gov.uk website) or related advice)

	Amber warning
	• activate local BCPs and/or cold weather plans, including cascading alert to relevant members of staff • use a local risk assessment for a response to cold weather • support staff to determine how and where to prioritise travel, especially if ice and/or snow occur • activate road and pavement gritting to allow access to critical services and pedestrian hotspots, if ice and/or snow occur • increase evidence-based advice to health and social care workers on ways of identifying those at risk from cold and ways to manage their needs, drawing on UKHSA guidance for adult social care managers and healthcare providers, and general population messages as appropriate • increase evidence-based communication aimed at the public, especially to underserved populations and vulnerable groups, to help reduce risks from cold exposure – using resources such as UKHSA's Keeping warm and well in cold weather poster (See Keeping warm and well: staying safe in cold weather' via the gov.uk website) • ensure that high-risk individuals are actively monitored during cold weather episodes, and that those most vulnerable to cold-related illnesses have visitor or phone call arrangements in place
	Red warning
	• follow all local emergency response plans and feed into local (and, where appropriate, national) coordination and response • use a local risk assessment for a response to cold weather • activate road and pavement gritting to allow access to critical services and pedestrian hotspots, if ice and/or snow occur • support staff to determine how and where to prioritise travel • continue other actions as per amber alert above unless advised to the contrary • If you work in hospital or for a service that delivers care to people in their homes: • increase evidence-based advice to health and social care workers on ways of identifying those at risk from cold, and ways to manage their needs, drawing on UKHSA guidance for adult social care managers and healthcare providers, and general population messages as appropriate • increase evidence-based communication aimed at the public, especially to underserved populations and vulnerable groups, to help reduce risks from cold exposure – using resources such as UKHSA's Keeping warm and well in cold weather poster (See Keeping warm and well: staying safe in cold weather' via the gov.uk website). • ensure that high-risk individuals are actively monitored during cold weather episodes, and that those most vulnerable to cold-related illnesses have visitor or phone call arrangements in place • mobilise community and voluntary support especially for those who are at-risk from cold, and who may not be able to readily access services via other routes

Appendix 1: Severe Weather Meeting Agenda

Agenda

1. Potential risk (immediate, short, longer term & impact per site. Including site clearance and maintenance plan – car park closures if required)
2. Safe staffing levels (suggest maintaining a minimum of level 3)
3. Service prioritisation/cancellation
4. Staff travel & welfare (taxi, shuttle & accommodation)
5. Transport options (e.g., invoke 4x4 support, 4x4 hire, etc.)
6. Forward view
7. Communications
8. Battle rhythm

Appendix 2: Public Information

UKHSA Staying safe in cold weather (poster)

UKHSA Beat the heat (poster)

Appendix 3: Heat-Health Alert action cards

UK Health Security Agency

Heat-Health Alert summary action card for services delivering care to people in their homes

This is a summary of the suggested actions for managers in this setting at each alert level. Check the Heat-Health Alert action card for health and social care providers for more detail including what to do before summer, and adapt actions for your service as appropriate.

Summary actions for a yellow alert

- ☐ Conduct a local risk assessment for hot weather in your area and your organisation's response to it, consulting the Heat-Health Alert guidance and full action card
- ☐ Confirm that staff are aware of business continuity and hot weather plans and have received the Heat-Health Alert. Share them with staff if they have not received them
- ☐ Share and explain the importance of Beat the heat messages to clients, staff and commissioners, including raising awareness of heat-illness signs and prevention
- ☐ Ensure staff advise clients on how to keep cool (for example, by closing windows when it is hottest and opening windows when it is cooler outside, such as at night)
- ☐ Give staff access to a thermometer. Check they know how to record and escalate concerns
- ☐ Ensure staff are making home checks (room temperature, medication storage, food and water supplies) when visiting clients. Add these to your work management system
- ☐ Ensure staff actively monitor high-risk individuals during hot weather episodes, and check these individuals have visitor or phone-call arrangements in place
- ☐ Assess staffing levels, recognising possible increased client needs in hot weather
- ☐ Encourage and enable staff to carry water and stay hydrated and to report concerns about their own health promptly

Summary actions for an amber alert

- ☐ Continue yellow alert actions
- ☐ Follow local business continuity and/or hot weather plans
- ☐ Ensure that staff monitor the temperature of at-risk individuals and their environment
- ☐ Advise staff and clients to raise concerns promptly, as heat illnesses can worsen fast
- ☐ Increase volume and frequency of Beat the heat advice to staff and clients

Summary actions for a red alert

- ☐ Continue amber alert actions
- ☐ Follow all local emergency response plans and continue to monitor the current situation by checking the weather alerts or local news
- ☐ Actively monitor all clients during hot weather episodes and monitor compliance with actions to keep living areas as cool as possible and cool rooms or areas below 26°C

UK Health Security Agency

Heat-Health Alert summary action card for hospitals and healthcare settings in the community

This is a summary of the suggested actions for managers in this setting at each alert level. Check the Heat-Health Alert action card for health and social care providers for more detail including what to do before summer, and adapt actions for your service as appropriate.

Summary actions for a yellow alert

- ☐ Conduct a local risk assessment for hot weather in your area and your organisation's response, consulting the Heat-Health Alert guidance and full action card
- ☐ Confirm that staff are aware of business continuity and hot weather plans and received the Heat-Health Alert. Share it with staff if they have not received it
- ☐ Share and explain the importance of Beat the heat messages to clients and staff, including raising awareness of heat-illness signs and prevention
- ☐ Ensure staff check thermometers are installed and working, and monitor temperatures inside buildings especially where people spend most time
- ☐ Ensure staff keep certain rooms or areas below 26°C, giving people a place to cool down, and keep the building as cool as possible (for example, by closing windows when it is hottest and opening windows when it is cooler outside, such as at night)
- ☐ Ensure staff monitor individuals most vulnerable to heat-related illnesses, by checking body temperature, heart and breathing rates, blood pressure, medication, hydration levels and fluid balance
- ☐ Assess staffing levels, recognising possible greater patient needs during hot weather
- ☐ Ensure medication is stored according to instructions
- ☐ Reschedule activities such as physiotherapy to cooler times of day
- ☐ Encourage and enable staff to carry water and stay hydrated, and report concerns about their own health promptly

Summary actions for an amber alert

- ☐ Continue yellow alert actions
- ☐ Follow local business continuity and/or hot weather plans
- ☐ Ensure that staff monitor the temperature of at-risk individuals and their environment
- ☐ Advise staff and patients to raise concerns quickly, as heat illnesses can worsen fast

Summary actions for a red alert

- ☐ Continue amber alert actions
- ☐ Follow all local emergency response plans and continue to monitor the current situation by checking the weather alerts or local news
- ☐ Actively monitor all patients during hot weather episodes and monitor compliance with actions to keep living areas as cool as possible and cool rooms or areas below 26°C