Topics > Business Procedures > Emergency Planning in Care: Model Policies

# Heatwaves in Domiciliary Care Policy

## Policy Statement

This policy sets out the values, principles and procedures underpinning this organisation’s approach to heatwaves.

The care provider recognises that heatwaves are becoming increasingly common in the UK and can present a serious risk, especially to the elderly and the infirm.

The care service has put this policy and procedure in place to reduce the risk of heat-related illnesses in service users.

## Definition

A heatwave is defined as an extended period of abnormally high temperatures.

This policy is underpinned by national guidance on the measures to be taken by care providers to ensure the safety of service users when heatwaves occur.

Key to the plan are arrangements for the Met Office to monitor temperatures through the summer each year from 1 June to 15 September. Under the “heat-health watch” system the following levels apply.

* Level 0: Long-term planning (carried out all year).
* Level 1: Heatwave and Summer preparedness programme (carried out from 1 June to 15 September).
* Level 2: Heatwave is forecast — Alert and readiness (60% risk of heatwave in the next 2–3 days).
* Level 3: Heatwave Action (trigger temperature reached in one or more Met Office National Severe Weather Warning Service regions).
* Level 4: Major incident — Emergency response (declared in the event of severe or prolonged heatwave affecting sectors other than health).

The first two levels encourage organisations to prepare for summer as a routine part of their business planning. A level 2 heatwave alert is based on a prediction while a level 3 alert is issued whenever a location records a period of at least three consecutive days with daily maximum temperatures meeting or exceeding a set threshold.

Threshold day and night-time temperatures are defined by the Met Office. These vary from region to region. However, the average threshold temperature is 30ºC during the day and 15ºC overnight.

## Heatwave Policy

This organisation recognises that the following service users are considered to be high-risk groups in terms of vulnerability in heatwave conditions:

* the elderly (especially females over 75)
* the very young
* those living on their own and isolated, or homeless people
* those on certain types of medication such as diuretics or on multiple medications
* people with chronic or severe physical or mental illness such as:
	+ respiratory disease
	+ cardiovascular and cerebrovascular conditions
	+ diabetes and obesity
	+ severe mental illness
	+ Parkinson’s disease and difficulties with mobility
	+ renal insufficiency
	+ peripheral vascular conditions
	+ Alzheimer’s or related diseases.

To protect such service users from the effects of heat, in this organisation, a series of preparations will be carried out each year by the end of May. The organisation will:

1. ensure that appropriate business continuity plans are in place
2. liaise with partner agencies and local emergency planning resilience groups
3. review all care plans to identify which service users are most at risk and may be consider vulnerable in hot weather
4. ensure that protocols are in place to monitor at-risk service users
5. check the homes of vulnerable service users to ensure that windows can be opened and can be shaded by curtains (especially when south-facing) wherever possible
6. check that service users’ homes have adequate ventilation, fans, refrigeration and water supplies
7. advise vulnerable service users on the steps to take to keep cool during the summer.

The duty manager will monitor the Met Office and local news for heatwave warnings and will be responsible for fully implementing the Public Health England Heatwave Plan. In this organisation, all heatwave warnings will be taken seriously and appropriate action taken.

In the event of a heatwave (Level 3 or 4 according to the Heat-Health Watch alert system), the following measures will be taken for service users identified as “at risk”.

1. Business continuity plans will be activated and managers will continue to monitor information from the Met Office and public health agencies.
2. Staff should liaise with other care agencies and check that high-risk service users have sufficient visitor/phone call arrangements in place.
3. Staff should reconfirm key public health messages to clients and check clients’ room temperatures when visiting.
4. Staff should advise carers to contact the service user’s GP if they have any concerns about their health.
5. The management will check that all staff working with at-risk service users know the specific symptoms of dehydration, heat exhaustion and heatstroke.
6. Staff should monitor vulnerable service users, including checking their fluid intake and weight regularly.
7. Staff should try to make service users’ homes as cool as possible by keeping curtains and windows closed during the hottest hours and then opening windows once the temperature outside has dropped.
8. Service users should be discouraged from going outside or from any physical activity during the hottest part of the day (11am to 3pm).
9. Service users should be encouraged to reduce the risk of heatstroke by remaining in the cooler parts of the building if possible, wearing loose, cotton clothing, drinking lots of fluids (but avoiding caffeine, very sweet drinks and alcohol), and also regularly spraying exposed parts of the body with cool water.
10. Staff should check that any discharge planning from care homes or hospitals takes home temperatures and support into account.
11. If a service user is suspected of having heatstroke, staff should call 999 immediately and while waiting for an ambulance they should:
	1. move the person to a cooler place, if possible
	2. increase ventilation by opening windows or using a fan
	3. cool the person down by sprinkling them with cool water, wrapping them in a damp sheet or giving them a cool shower
	4. encourage the person to drink fluids if they are conscious
	5. never give aspirin or paracetamol.

## Training

All staff should be encouraged to read the policy on heatwaves as part of their induction. Annual refresher training should take place in the springtime on heatwave procedures.

|  |  |
| --- | --- |
| Signed: | –––––––––––––––––––––––––––––––– |
| Date: | –––––––––––––––––––––––––––––––– |
| Policy review date: | –––––––––––––––––––––––––––––––– |