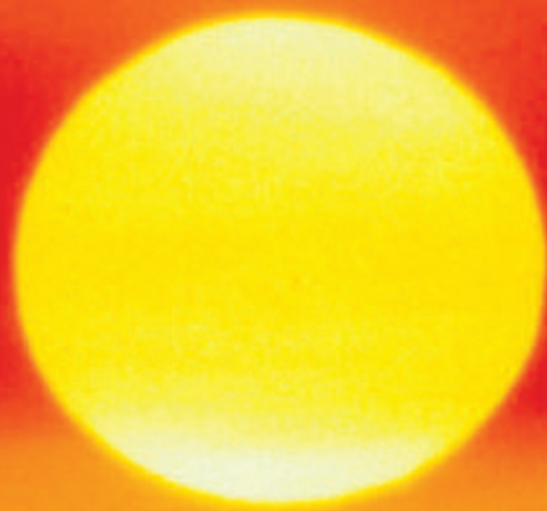


heatwave

PLAN FOR ENGLAND



PROTECTING HEALTH AND
REDUCING HARM FROM
EXTREME HEAT AND HEATWAVES



DH INFORMATION READER BOX

Policy	Estates
HR / Workforce Management	Commissioning
Planning / Clinical	IM & T
	Finance
	Social Care / Partnership Working

Document Purpose	Best Practice Guidance
ROCR Ref:	Gateway Ref: 9575
Title	Heatwave Plan: 2008
Author	DH
Publication Date	May 2008
Target Audience	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs, Medical Directors, Directors of PH, Directors of Nursing, Local Authority CEs, Directors of Adult SSs, GPs, Directors of Children's SSs
Circulation List	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs, Medical Directors, Directors of PH, Directors of Nursing, Local Authority CEs, Directors of Adult SSs, GPs, Directors of Children's SSs, Voluntary Organisations/NDPBs
Description	The Heatwave Plan for England is to be reissued in May 2008 as a part of raising both public and professional awareness. The Plan's purpose is to enhance resilience in the event of a heatwave. It is an important component of overall emergency planning.
Cross Ref	N/A
Superseded Docs	All 2007 Heatwave Plan Documents
Action Required	N/A
Timing	N/A
Contact Details	Paul Lees Emergency Preparedness Division Room G11, Richmond House, 79 Whitehall, London SW1A 2NS 2072105199 www.dh.gov.uk/publications
For Recipient's Use	

Why this plan is needed

Climate Change is increasingly acknowledged to be a serious threat to population health. These impacts are highlighted in the updated report *The Health Effects of Climate Change in the UK 2008* (www.dh.gov.uk/en/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/DH_080702). Additionally, the forthcoming Climate Change Act will make it a requirement for all statutory sectors, including the health sector, to have robust adaptation plans in place. The National Heatwave Plan is an important contribution to this work.

World Health Day, 7th April 2008, featured climate change and health. To support this work, I have recently proposed a resolution for Ministries of Health of Nation States at the World Health Assembly (World Health Organization) to vote upon to ensure adaptation plans are in place to reduce the health impacts of climate change. Further information on climate change and health can be found in the recently published DH guidance document and summary, available at www.dh.gov.uk/en/publicationsandstatistics/DH_082690.

Climate change means that heatwaves are likely to become more common in England. By the 2080s, it is predicted that an event similar to that experienced in England in 2003 will happen every year.

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. The Office for National Statistics (ONS) reported a 4 per cent increase over baseline mortality (680 excess deaths) in England and Wales between 16 July and 28 July 2006 when compared with the average for the same period from 2001 to 2005. This may be an underestimate. This compares to an excess mortality of approximately 2000 people, representing 16 per cent of all deaths in the August 2003 heatwave.


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 the next few years, the risk of a heatwave in England as severe as that in France in 2003 is very low – less than 0.1 per cent. However, with the effects of climate change taking place, the frequency and temperatures of heatwaves are predicted to increase over time. During relatively mild heatwaves, excess death rates are significantly, but avoidably, higher in this country. Timely preventive measures can reduce these excess rates. 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;
- proper preparedness is of the essence.

This plan is a revision of last year's and draws on the 2006 and 2007 experience, an evaluation of the response, and recent evidence from the World Health Organization's EuroHEAT project.

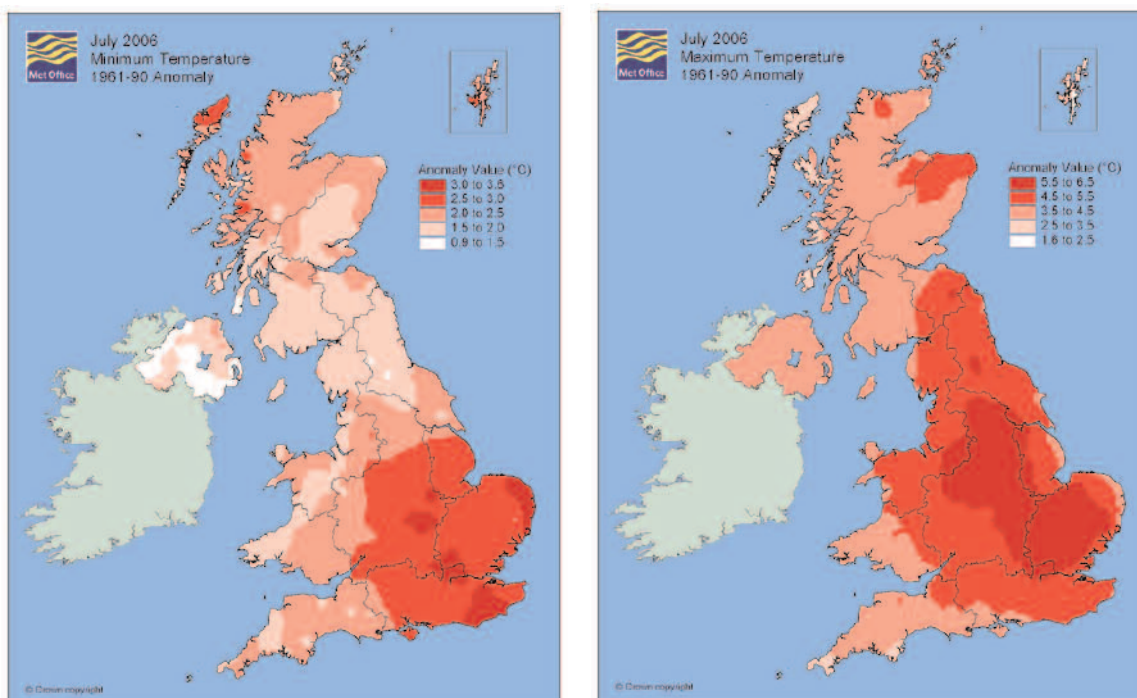


SIR LIAM DONALDSON
Chief Medical Officer

Patterns of heatwaves

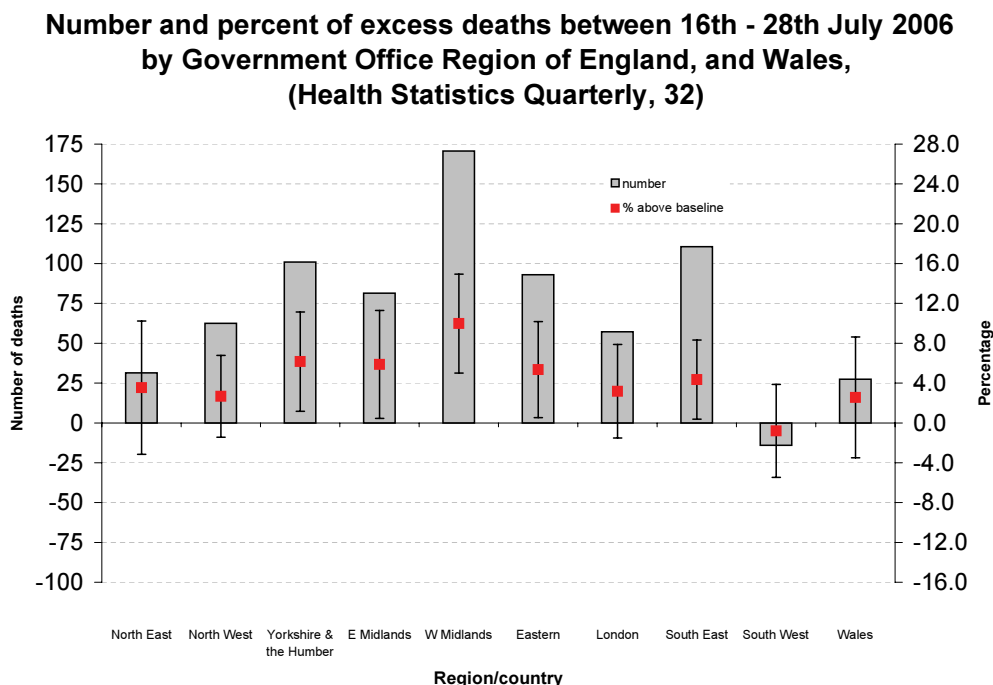
People gradually adapt to changing temperature patterns, and therefore heatwaves are a relative experience. We adapt to temperature during each summer and gradually over long periods of time, however, there is always a level to which we become accustomed to. Therefore, thresholds vary for each region and risks to health appear to be greater earlier in the summer. In northern parts of England the temperature threshold is lower than for London and the South East. This explains the variation in regional heatwave temperature thresholds listed in Annex 1. The temperatures given are the highest temperatures for that region. Figure 1 shows the temperature patterns in the UK/England during the 2006 heatwave. Minimum temperatures relate to night time temperatures. There are indications that night time temperatures may be more important for impacts upon health than maximum day time temperatures.

Figure 1. Temperature patterns in the UK/England during the 2006 heatwave.



Excess summer deaths show regional variations, which relate largely to differences in temperature levels across the country (see figure 2). The excess deaths and illness related to heatwaves occur in part due to our inability to adapt and cool ourselves sufficiently. Therefore, relatively more deaths occur in the first days of a heatwave, as happened in 2006 during the first hot period in June (which did not officially reach heatwave status). This emphasises the importance of being well prepared for the first hot period of the season and at the very beginning of a heatwave.

Figure 2. Regional variations in excess mortality.



Cities and urban areas tend to be hotter than rural areas, creating urban heat island effects (see Box 1). This is due to increased absorption and reflection of the sun on concrete compared with green or brown spaces; reduced cooling from breezes due to buildings and increased energy production from houses, industry, businesses and vehicles. These factors have important implications for long term planning, in order to reduce the impact of heatwaves by targeting high risk geographical and urban areas.

High temperatures are also linked to poor air quality with high levels of ozone and small particles (PM10), as these are formed more rapidly in strong sunlight. Both are associated with respiratory and cardiovascular mortality. Additionally, there may be increases in sulphur dioxide emissions from power stations due to an increase in energy use for air-conditioning. Sulphur dioxide worsens symptoms of asthma. Currently, air quality is monitored by the Met Office, and when air quality deteriorates those at particular risk (with chronic obstructive pulmonary disease) are contacted and told to stay inside with the windows closed, whether there is a heatwave or not.

Given the recent predictions of the impact of climate change, recommendations made in this plan aim to be energy neutral, except in very high-risk situations where lives may be saved.

Box 1. Urban Heat Islands

During a heatwave it is likely to be hotter in cities than in surrounding rural areas, especially at night. Temperatures typically rise from the outer edges of the city and peak in the centre. This phenomenon is referred to as the 'Urban Heat Island' (UHI) and its impact can be significant. In London during the August 2003 heatwave, the maximum temperature difference between urban and rural locations reached 9°C on occasions. A range of factors vary between rural and urban areas and contribute to the UHI – for example:

- **Thermal properties** of building and road materials, the height and spacing of buildings and air pollution levels. These factors result in more of the sun's energy being captured, absorbed and stored in urban surfaces compared to rural surfaces during the day and a slower loss of this energy at night, thus resulting in comparatively higher air temperatures.
- **Less evaporation and shading**, with the consequent reduction in associated cooling, takes place in the typically drier urban areas as there is less vegetation.
- **Greater inputs of heat** as a result of the high density of energy use in cities. All this energy, for example from buildings and transport, ultimately ends up as heat.

Strategic planning is therefore required which takes account of the above factors, particularly in the context of climate change. At a local scale these include the modification of surface properties, for example, 'cool roofs', 'green roofs' and 'cool pavements'. Planting trees and vegetation and the creation of green spaces to enhance evaporation and shading are other options, as temperatures in and around green spaces can be several degrees lower than their surroundings.

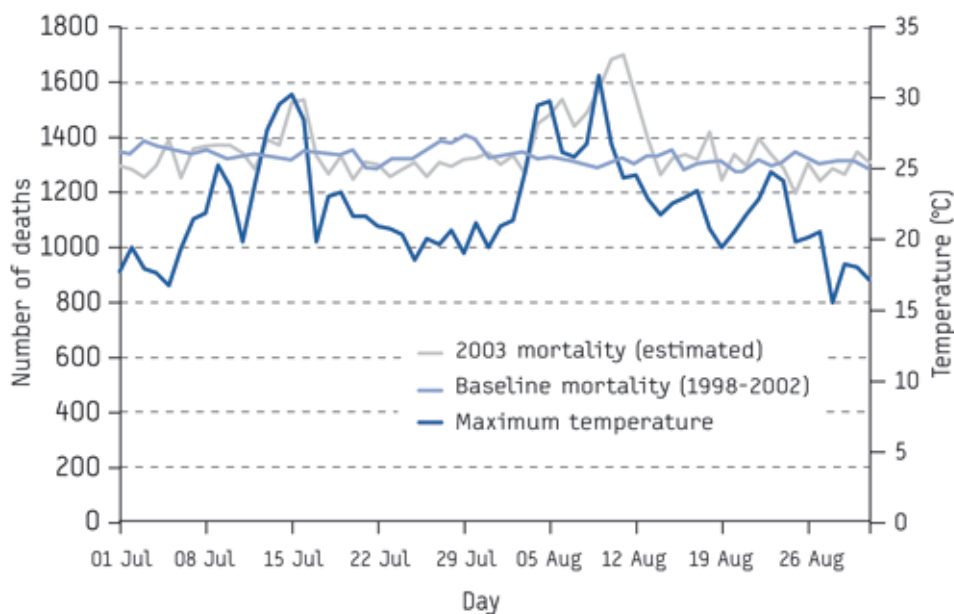
The effects of heat on health

The body normally cools itself using four mechanisms:

- radiation in the form of infrared rays;
- convection via water or air crossing the skin;
- conduction by a cooler object being in contact with the skin; and
- evaporation of sweat.

Increasing temperatures in excess of 23°C are associated with excess summer deaths, with higher temperatures being associated with greater numbers of excess deaths (see figure 3); at 27°C or over, those with impaired sweating mechanisms find it especially difficult to keep their bodies cool.

Figure 3. Maximum Central England Temperature (CET) and daily mortality, England and Wales, July and August 2003.



When the ambient temperature is higher than skin temperature, the only effective heat-loss mechanism is sweating. Therefore, any factor that reduces the effectiveness of sweating such as dehydration, lack of breeze, tight-fitting clothes or certain medications can cause the body to overheat. Additionally, thermoregulation, which is controlled by the hypothalamus, can be impaired in the elderly and the chronically ill, and potentially in those taking certain medications, rendering the body more vulnerable to overheating. Young children produce more metabolic heat, have a decreased ability to sweat and have core temperatures that rise faster during dehydration. Older women appear to be more vulnerable to the effects of heat than older men, possibly due to having

fewer sweat glands and being more likely to live on their own.

Box 2 describes the effects of overheating on the body, which in the form of heatstroke can be fatal.

However, the main causes of illness and death during a heatwave are respiratory and cardiovascular diseases. A linear relationship between temperature and weekly mortality was observed in England in summer 2006, with an estimated 75 extra deaths per week for each degree of increase in temperature. Part of this rise in mortality may be attributable to air pollution, which makes respiratory symptoms worse. The other main contributor is the effect of heat on the cardiovascular system. In order to keep cool, large quantities of extra blood are circulated to the skin. This causes strain on the heart, which for elderly people and those with chronic health problems can be enough to precipitate a cardiac event for example, heart failure. Additionally, death rates increase in particular for those with renal disease. A peak in homicide and suicide rates during previous heatwaves in the UK has also been observed.

Sweating and dehydration affect electrolyte balance. For people on medications that control electrolyte balance or cardiac function, this can also be a risk. Medicines that affect the ability to sweat, thermoregulation or electrolyte imbalance can make a person more vulnerable to the effects of heat. Such medicines include anticholinergics, vasoconstrictors, antihistamines, drugs that reduce renal function, diuretics, psychoactive drugs and antihypertensives.

Box 2. Heat-related illnesses

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

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

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

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, 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's disease or severe mental 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.
- **Environmental factors and overexposure:** living in urban areas and south facing top floor flats, being homeless, activities or jobs that are in hot places or outdoors and include high levels of physical exertion.

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.

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 your neck.

Keep your environment cool:

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

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 everyday during a heatwave.
- Be alert and call a doctor or social services if someone is unwell or further help is needed.

Box 3: Creating Cool Environments with Green Spaces

Trees change urban micro-climates for the better. How does it work? Firstly, trees create shade in summer, allowing cooler air to accumulate and circulate at ground level.

Secondly, trees help to reduce the air temperature by the cooling effect of evaporation. Trees 'transpire' water, releasing large amounts of moisture into the air. One large tree can put out 200 to 300 gallons of water on a summer day. Studies suggest that air conditioning demand can be reduced by up to 30 per cent through the effects of well-placed trees. Water features like lakes, ponds and fountains, help to cool the environment by the cooling effect of evaporation.

Thirdly, trees and all other vegetation, have a positive effect on pollution as they steadily extract a wide range of pollutants generated by traffic, including carbon and sulphur dioxides, ozone, heavy metals and diesel particulates from the air. Air quality tends to deteriorate in heat and causes additional health problems.

Trees also help reduce the impact of climate change – over one year a mature tree will remove about 22kg of carbon dioxide. Trees with white or paler leaves can potentially help to reflect heat upwards increasing their cooling effect. Additionally, creating more green spaces and planting trees speeds up drainage and reduces the risk of flooding.

Plan summary

The arrangements outlined here spell out what needs to be done by health and social care services and other bodies to raise awareness of the risks relating to severe hot weather and what preparations both individuals and organisations should make to reduce those risks.

The plan also explains the responsibilities at national and local level for alerting people once a heatwave has been forecast, and for advising them how to respond and what to do during a heatwave.

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 the Department of Health and other bodies.
- Advice and information issued by the Department of Health directly to the public and to health and social care professionals, particularly those working with at-risk groups, both before a heatwave is forecast and when one is imminent.

- Hospitals and care, residential and nursing homes 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. 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.
- Long-term multi-agency planning to adapt to and reduce the impact of climate change, including 'greening the built environment', increasing shading around and insulation of buildings, increasing energy efficiency and reducing carbon emissions.

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.

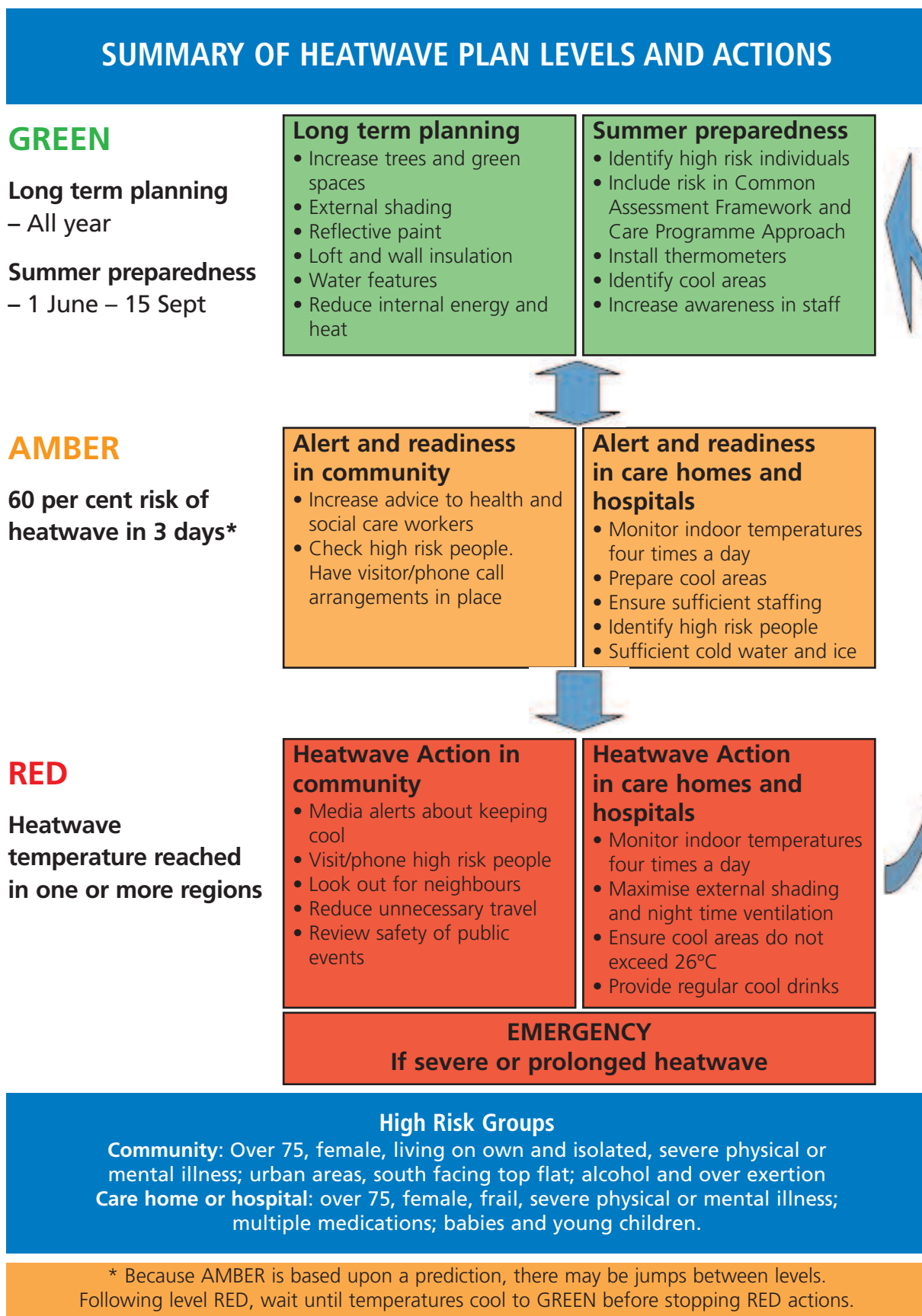
The heatwave plan

A Heat-Health Watch 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. See figure 4 for a summary of the heatwave levels.

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

The Heat-Health Watch system comprises of four main levels outlined in figure 3 and described in further detail below – GREEN, AMBER, RED and RED Emergency. It is 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. Details of individual regional thresholds are given in Annex 1.

Figure 4. Summary of Heatwave Plan levels and actions.



Level GREEN: Summer preparedness and long-term planning

During the summer months, social and healthcare services need to ensure that awareness and background preparedness are maintained by the measures set out in the *Heatwave Plan*. 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 involves influencing urban planning to keep housing, workplaces, transport systems and the built environment cool and energy efficient.

Level AMBER: Alert and readiness

This is triggered as soon as the Met Office forecasts threshold temperatures for three days ahead in any one region, or 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. 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 RED: 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 RED Emergency: 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.

Responsibilities at Level GREEN: Summer preparedness and long-term planning

During the summer months, social and healthcare services need to ensure that awareness and background preparedness are maintained by the measures set out in the heatwave plan. 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 involves influencing urban planning to keep housing, workplaces, transport systems and the built environment cool and energy efficient.

National level – Summer preparedness

Preparations at this level will be the overall responsibility of the Department of Health, in collaboration with the Met Office, the Health Protection Agency and NHS bodies, including NHS Direct.

The **Met Office** will develop and publicise the regional threshold temperatures in preparation for Level AMBER and will ensure that three-day forecasts are disseminated as appropriate to the Department of Health and via national, regional and local weather forecasts.

The **Health Protection Agency**, in collaboration with **NHS Direct**, will refine mechanisms for the surveillance of increased heat-related illness with the aim of being able to provide daily real-time reports to the Department of Health. These will provide a source of intelligence on how severe the effects are and how well services are responding.

The **Department of Health** will issue general advice to the public and healthcare professionals, including details of what to do at Levels AMBER and RED.

- A public information leaflet will be available through GP practices, pharmacies, NHS walk-in centres, Citizens Advice Bureaux, NHS Direct call centres, hospitals, care homes and voluntary sector organisations such as Age Concern and Help the Aged. The same advice will be posted on NHS Direct Online, with links to the Health Protection Agency and Department of Health websites.
- A factsheet will be available for health and social care professionals, particularly those who visit people in their homes. This offers advice on practical measures to reduce health risks during a heatwave and encourages identification of at-risk individuals **in advance** and assessment of their additional care needs.
- A second factsheet will be specifically aimed at the managers and staff of residential and nursing care homes, where people are particularly at risk during hot weather.

Implementation of the practical advice in the leaflet and both factsheets is central to the plan.

Regional and local levels – Summer preparedness

Preparations at this level include Strategic Health Authorities; NHS Trusts; Social Services; public health and local authorities, and care, residential and nursing homes.

Strategic Health Authorities and **Primary Care Trusts** will ensure that healthcare providers are aware of all the guidance on minimising and coping with heat-related health risks.

Primary Care Trusts and **local Social Services** will support community and primary care staff in:

- Identifying individuals who are at particular risk from extreme heat (see the section on **High risk factors** on page 11). These people are likely to be already receiving care.
- Identifying any changes to individual care plans for those in high risk groups, including those with chronic illness or severe mental illness, which might be necessary in the event of a heatwave, including initiating daily visits by formal or informal carers to check on people living on their own.
- Working with the families and informal carers of at-risk individuals to ensure awareness of the dangers of heat and how to keep cool and to put simple protective measures in place, such as installing proper ventilation and ensuring that fans and fridges are available and in working order.
- Reviewing surge capacity and the need for, and availability of, staff support in the event of a heatwave, especially if it lasts for more than a few days.

Local authorities will raise awareness among care home managers and staff about the very significant heat-related health risks, and will encourage additional staff training in line with the Department of Health factsheet. They will encourage the organisation of large, outdoor events taking account of the dangers of heat by ensuring the provision of shade, cold water and information for individual protection.

Where individual households are identified as being at particular risk from hot weather, a request can be made to Environmental Health to do an assessment using the Health Housing and Safety Rating System. In summer months especially, cycling and walking should be encouraged as a means of transport as this will help to reduce overall heat levels and poor air quality in urban areas due to car use.

NHS trusts and care, nursing and residential homes will raise awareness among staff about the very significant heat-related health risks. Additionally, the following preparations should be made:

- Indoor thermometers should be installed in each room that vulnerable individuals spend substantial time in (bedrooms, living areas and eating areas) and, during a heatwave, indoor temperatures should be monitored at least four times a day.
- Cool rooms or cool areas should be created. High-risk groups who are vulnerable to the effects of heat are physiologically unable to cool themselves efficiently once temperatures rise above 26°C. Therefore, every care, nursing and residential home should be able to provide a room or area that maintains a temperature of 26°C or below. Hospitals should aim to ensure that cool areas are created that do not exceed 26°C, especially in areas with high-risk patients.
- If temperatures exceed 26°C, high-risk individuals should be moved to a cool area that is 26°C or below.
- Cool areas can be developed with appropriate indoor and outdoor shading, ventilation, the use of indoor and outdoor plants and, if necessary, air-conditioning.
- During the summer months, sufficient staff must be available so that appropriate action can be taken in the event of a heatwave.
- Due to the additional risk of psychiatric medications affecting thermoregulation and sweating, mental health trusts and teams need to ensure that hospital environments have a cool room (26°C or below) and that heatwave considerations (see the section on **Protective factors** on page 11) are included within an individual's Care Programme Approach.
- All care, residential and nursing homes should provide an email address to local authority/NHS emergency planning officers, to facilitate the transfer of emergency information.

Long-term planning

The **Department of Health, other government departments, local authorities, the NHS and public health authorities** should work in partnership at national, regional and local levels to ensure long-term adaptation for heatwaves and to reduce the impact of climate change by promoting the following measures:

- **Greening the built environment:** Trees, plants and green spaces act as natural air-conditioners, provide shade and absorb carbon dioxide. They also help to reduce the impact of flooding. Urban planners, schools and health and social care organisations should aim to maximise opportunities to 'green the environment' along streets and around buildings.
- **Shading and insulating housing and buildings:** Council and housing associations should increase the use of reflective paint and external shading around south-facing windows, around top-floor flats or where indoor temperatures exceed 26°C to protect high-risk residents who are vulnerable to the effects of heat. It may be appropriate to move high-risk individuals into cooler properties. Cavity wall and loft insulation keeps the heat in during winter and also helps to keep homes cooler in the summer. Local communities should work in partnership to increase uptake of the many grants available to insulate homes. Additionally, hospitals and institutions should ensure that they are well insulated and increase external shading.
- **Increase energy efficiency and reduce carbon emissions:** Insulation increases energy efficiency and reduces carbon emissions. Additional measures include undertaking a carbon audit, promoting the use of public transport, switching to energy-efficient vehicles and appliances, recycling and local procurement. Energy use tends to go up during a heatwave due to increased use of fans and air-conditioning. However, these measures generate heat and make air quality worse. Therefore long-term planning should aim to maximise energy-neutral cooling mechanisms.

See Box 4 for a summary of the measures that Hospital Estates and Care Homes can take to assist in cooling measures without the use of air conditioning.

See Box 5 for a summary of the wider benefits of increasing Green Spaces.

Box 4. Cooling Hospital Estates and Care Homes.

- Create cooling green spaces in the surrounding environment, with trees, shrubs, trellises, arbours, climbers (avoid ivy as it can damage buildings), green roofs and water features.
- Do not extend car parks at the expense of green spaces – this adds to surrounding heat. Introduce an active transport plan. Plant trees around existing car parks and on top of multi –storey carparks.
- Ensure buildings are well insulated – both loft and cavity insulation helps to reduce heat build up, (and also reduces carbon emissions and increases energy efficiency).
- Increase opportunities for night-time ventilation either through vents or windows.
- For south facing windows, consider external shading or reflective glass, reflective paint may help on south facing walls.

Box 5. Wider Health Benefits of Green Space.

- The presence of vegetation can halve the incidence of violent and property crimes in otherwise identical public housing blocks with randomly allocated tenants.
- For every 10 per cent increase in green space there can be a reduction in health complaints in communities equivalent to a reduction of 5 years of age.
- Accessibility to nearby attractive public green space and footpaths are more likely to increase levels of walking.
- Cycling for commuting is positively associated with a park or sports ground lying within 300m of the home.
- Patients recovering from operations are likely to stay in hospital for less time and need less pain killers if they look out onto a natural scene from their hospital bed.
- Green exercise creates an immediate improvement in self-esteem.
- Signs of stress reduction such as fall in blood pressure and muscle tension and changes in EEG alpha wave activity are reduced after exposure to scenes of nature.
- Children with attention deficit disorder have significant improvement of symptoms if they play in natural areas or even have views of trees and grass outside their home.

Responsibilities at Level AMBER: Alert and readiness

This is triggered as soon as the Met Office forecasts threshold temperatures for at least three days ahead in any one region, or 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. As most deaths occur in the first two days, this is an important stage at which to ensure readiness and swift action to reduce harm from a potential heatwave.

National and regional level

The **Met Office** will notify the Department of Health and other organisations with 'Heat-Health Watch' responsibility (Strategic Health Authorities, Local Authorities, Primary Care Trusts, NHS Trusts and Social Services departments) immediately when threshold temperatures are forecast for three days ahead for any one region. A warning will also be broadcast to the public via television and radio weather reports. This warning will resemble the examples given at the end of this plan.

The **Department of Health** will make advice available to the public and health and social care professionals in affected regions, in preparation for an imminent heatwave, via NHS Direct Online and the Met Office, Health Protection Agency and Department of Health websites.

The **Health Protection Agency** will continue to monitor any increases in heat-related illness reported in calls to NHS Direct and GP consultations. It will provide daily real-time reports about NHS Direct calls and weekly reports about GP consultations to the Department of Health. These will provide a source of intelligence on both how severe the reported effects are and how well services are responding.

In collaboration with the **Met Office** and **Strategic Health Authority communications leads**, the **Department of Health** will target the media in affected regions with publicity about Met Office warnings and Department of Health advice to the public.

Local level

Strategic Health Authorities, Primary Care Trusts and local Social Services will ensure:

- that health and social care workers have identified those in their community who are at particularly high-risk from a heatwave. Arrange, where appropriate, for a daily visit/phone call by a formal or informal carer (family, neighbour, friend, voluntary community sector workers) during the heatwave period (see the section on **High risk factors** on page 11.) Visits should be considered especially for those living on their own and without the contact of a daily carer;
- distribution of Department of Health advice to community health and social care workers who are in contact with all those defined as at risk living at home;
- distribution of Department of Health advice to the managers of local authority-funded and private residential and nursing care homes.

Hospitals and care, residential and nursing homes must:

- ensure that cool rooms are ready and consistently at 26°C or below;
- check that indoor thermometers are in place and recording sheets printed to measure temperature four times a day;
- identify naturally cooler rooms that vulnerable patients can be moved to if necessary;
- 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;
- obtain supplies of ice/cool water;
- ensure that staffing levels will be sufficient to cover the anticipated heatwave period;
- repeat messages on risk and protective measures to staff;
- in the context of mental health trusts and community teams ensure that visits or phone calls are made to advise high-risk individuals (those with severe mental illness, living on their own, or without regular contact with a carer).

Responsibilities at Level RED: 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.

National and regional levels

The **Met Office** will confirm that the high temperature threshold has been reached for any one region or more. The forecast will include the likely duration of the heatwave, the likely temperatures to be expected and the probability of other regions exceeding their threshold. The Met Office will continue to monitor and forecast temperatures in each region.

The **Department of Health** will continue to make available advice to the public and health and social care professionals in affected regions (as at Level AMBER).

The **Health Protection Agency** will continue to monitor any increases in heat-related illness reported in calls to NHS Direct and GP consultations and provide daily real-time reports about NHS Direct calls and weekly reports about GP consultations to the Department of Health. These will provide a source of intelligence on both how severe the reported effects are and how well services are responding.

In collaboration with the **Met Office** and **Strategic Health Authority communications leads**, the **Department of Health** will target the media in affected regions with publicity about Met Office warnings and Department of Health advice to the public.

Local level

Strategic Health Authorities, Primary Care Trusts and local Social Services will:

- continue to distribute advice to people at risk, and managers and staff of care homes;
- ensure that health and social care staff are aware of risk and protective factors, and consider, where appropriate, daily visits/phone calls for high-risk individuals living on their own who have no regular daily contacts;
- advise social care or informal carers to contact the GP if there are concerns about an individual's health; and
- ensure that Department of Health advice reaches private and local authority-funded residential and nursing care home managers as soon as a heatwave starts.

It is recommended hospitals and care, residential and nursing homes:

- implement appropriate protective factors, including regular supplies and assistance with cold drinks;
- ensure that cool rooms are consistently below 26°C as this is the temperature threshold at which many vulnerable patients find it difficult to cool themselves naturally if sweating is impaired due to old age, sickness or medication;
- check that indoor temperatures are recorded four times a day for all areas with patients in;
- identify particularly vulnerable individuals (those with chronic/severe illness, on multiple medications, or who are bed bound) for prioritisation in cool rooms;
- high risk patients may suffer undue health effects including worsening cardiovascular or respiratory symptoms at temperatures exceeding 26°C. Therefore, monitor and minimise temperatures in all patient areas and take action if the temperature is a significant risk to patient safety;
- reduce internal temperature by turning off un-necessary lights and electrical equipment;
- consider moving visiting hours to mornings and evenings to reduce afternoon heat from increased numbers of people;
- make the most of cooling the building at night with cross ventilation. Additionally, high night time temperatures in particular have been found to be associated with higher mortality rates. Due to the potential increased risk of cross infection that may be induced by cross ventilation, ensure an increased vigilance of other routine infection control measures;
- in the context of mental health trusts and community teams, ensure that visits or phone calls are made to check on high-risk individuals (those with severe mental illness, living on their own, or without regular contact with a carer);
- seek early medical help if an individual starts to become unwell;
- ensure that discharge planning takes into account the temperature of accommodation and level of daily care during the heatwave period.

Primary Care Trusts, Local Authorities, Strategic Health Authorities and the **Commission for Social Care Inspection (CSCI)** have a potential role in monitoring whether the above measures are implemented.

Responsibilities at Level RED Emergency: 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.

Level RED Emergency may be declared locally, regionally or nationally, according to established operating doctrines.

In the event of a major incident being declared, all existing emergency policies and procedures will apply.

All Level RED responsibilities will also continue.

Monitoring and surveillance

The Health Protection Agency will further explore improving surveillance of heat-related deaths, for example, monitoring a sample of mortuaries, coroners and funeral homes during a heatwave period.

Evaluation

An annual review of the heatwave plan will take place each autumn/winter.

Information on alert levels

The heatwave alert levels will be triggered by temperature thresholds (see Annex 1) set according to regional variations. Therefore the Met Office website www.metoffice.gov.uk will be the first place where the alert levels will be available. The alert level will also be subsequently displayed on the Department of Health, Health Protection Agency and NHS Direct websites.

Information on air quality

Regular updates on levels of particulate matter (PM10), sulphur dioxide, nitrogen dioxide, ozone and carbon monoxide are available on Teletext (page 156) and the website www.airquality.co.uk (UK Air Quality Archive), which also offers health advice to those who may be particularly sensitive to air pollution.

Additional information on air quality can be found from:

- the freephone Air Quality Service telephone number [0800 55 66 77](tel:0800556677)
- Sky News Air Pollution bulletin
(which normally airs in the evening around 18.45)

Annex 1

Threshold day and night temperatures defined by the Met Office by region.
Temperature in degrees centigrade.

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

Annex 2

Copies of the public information leaflet and factsheets for health and social care professionals and residential and nursing care home managers can be downloaded from: www.dh.gov.uk/publications.

Annex 3

These are the core messages to be broadcast as official Department of Health warnings alongside national and regional weather forecasts. They may be expanded or otherwise refined in discussion with broadcasters and weather presenters.

Level GREEN: Summer preparedness and long-term planning

No warning required unless there is a 60 per cent probability of the situation reaching Level Amber somewhere in the UK within the next three days, then something along the lines of:

“If this does turn out to be a heatwave, we’ll try and give you as much warning as possible. But in the meantime, if you are worried about what to do, either for yourself or somebody you know who you think might be at risk, for advice go to NHS Direct Online at www.nhsdirect.nhs.uk. Alternatively ring NHS Direct on 0845 4647.”

Level AMBER: Alert and readiness

The Met Office, in conjunction with the Department of Health, is issuing the following heatwave warning for [regions identified]:

“Heatwaves can be dangerous, especially for the very young or very old or those with chronic disease. Advice on how to reduce the risk either for yourself or somebody you know can be obtained from NHS Direct online at www.nhsdirect.nhs.uk or on 0845 4647, or from your local chemist. ”

Level RED: Heatwave action/Emergency

The Met Office, in conjunction with the Department of Health, is issuing the following heatwave advice for [regions identified]:

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

Extreme heat is dangerous to everyone. During a heatwave, when temperatures remain abnormally high over more than a couple of days, it can prove fatal, particularly among certain at-risk groups. In one hot spell in London in August 2003, deaths among people aged over 75 rose by 60 per cent.



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First published July 2004

Updated April 2008

Produced by the Department of Health

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