

SEVERE WEATHER PLAN (COLD WEATHER, HEATWAVE & FLOODING)

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Approving body	Operational Management Committee
Policy reference	SWBH/ORG/072

ESSENTIAL READING FOR THE FOLLOWING
STAFF GROUPS:

1 – All staff working for the Trust

STAFF GROUPS WHICH SHOULD BE AWARE
OF THE POLICY FOR REFERENCE PURPOSES:

1 – All staff working for the trust

POLICY APPROVAL
DATE:
January 2016

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BE REVIEWED:
January 2017

DOCUMENT CONTROL AND HISTORY

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1	January 2016	January 2016	January 2017	Review of Heatwave Plan and inclusion of Cold Weather Plan requirements

**SEVERE WEATHER PLAN
(COLD WEATHER, HEATWAVE & FLOODING)**

KEY POINTS

The Cold Weather Plan outlines the following areas for action/consideration during severe weather

1. The triggers and monitoring arrangements for severe weather (Cold Weather & Heatwave)
2. Key actions associated with different alert levels for both cold weather and heatwave
3. Business Continuity

**PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A
QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO
REPLACE THE NEED TO READ THE FULL POLICY**

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Contents

1.0	Introduction	5
2.0	Aims of Severe Weather Plan	5
3.0	Scope	5
4.0	Roles & Responsibilities	5
SECTION ONE: COLD WEATHER PLAN		5
5.0	Overview	5
6.0	Cold Weather Plan Objectives	6
7.0	Definitions	6
8.0	SWBHT Actions in Cold Weather	7
8.1	Business Continuity for Cold Weather, Ice & Snow	7
8.2	Staffing Guidelines	7
8.3	Transport support for Staff	7
8.4	Staff Accommodation	7
SECTION TWO: HEATWAVE PLAN		8
9.0	Overview	8
10.0	Aims	8
11.0	Plan Objectives	8
12.0	Definitions	8-9
13.0	SWBHT Actions	9-11
14.0	Further Information	11
FLOODING		12
15.0	Overview	12
16.0	Floods in Community	12
17.0	Flooding of Premises	12
GENERAL ISSUES		12
18.0	Links with other organizations and Mutual Aid	12
19.0	Review of the Severe Weather Plan	12
20.0	Equality	12
21.0	Training and Awareness for Dealing with Severe Weather	13
22.0	Monitoring	13
23.0	Financial Implications	13
24.0	References	13
25.0	Appendices	13
Appendix 1	NHS England: Summary of Cold Weather Plan levels and actions	14-16
Appendix 2	The impact of cold weather on health (Cold Weather Plan for England 2015)	17
Appendix 3	Business Continuity Plans: Staffing shortages – Wards	18-20
Appendix 4	Summary of Heatwave Plan levels and actions	21-22
Appendix 5	Areas with Cooling	23
Appendix 6	Resilience of Estate and Equipment	24
Appendix 7	Heatwave Alert: Guidance to Staff	25

1.0 INTRODUCTION

The Severe Weather Plan covers both preparedness and response to cold weather and heatwave conditions. The plan deals with each set of conditions separately

2.0 AIMS OF SEVERE WEATHER PLAN

To ensure that Sandwell and West Birmingham Hospitals NHS Trust is prepared to deal effectively with the consequences of severe weather.

3.0 SCOPE

- 3.1 This policy applies to all staff and covers all departments and clinical/non-clinical areas within Sandwell & West Birmingham Hospitals NHS Trust
- 3.2 This policy applies twenty four hours a day, seven days a week.
- 3.3 This policy directs all areas to be prepared for mitigating the impact of and dealing with the effects of severe weather (cold weather, heatwave & flooding)

4.0 ROLES AND RESPONSIBILITIES

- 4.1 **Chief Executive:** The Chief Executive has overall responsibility for the organisation's arrangements for dealing with severe weather. Corporate responsibility for planning for severe weather is delegated to the Chief Operating Officer.
- 4.2 **Chief Operating Officer (COO):** Responsible for the severe weather strategy within the Trust. The COO will regularly report to the Executive Management Team and the Trust Board in relation to all business continuity management activities (in particular, compliance with the Civil Contingencies Act).
- 4.3 **Group Directors of Operations and General Managers:** To ensure the plan is implemented within their Groups. To ensure that all business continuity preparations are in line with this policy.
- 4.4 **All staff:** To ensure that they adhere to this plan and are aware of the needs of patients and carers.
- 4.5 **Emergency Preparedness, Resilience & Response Group:** Responsible for ensuring the Trust achieves compliance with its statutory duties detailed in the Civil Contingencies Act 2004 regarding severe weather planning.

SECTION ONE: COLD WEATHER PLAN

5.0 OVERVIEW

Winter weather and snow are associated with an increase in illness and injuries. Cold weather increases the risk of heart attacks, strokes, lung illnesses, flu and other diseases. People slip and fall in the snow or ice, sometimes suffering serious injuries. Some groups, such as older people, very young children, and people with serious medical conditions are particularly vulnerable to the effects of cold weather.

On average there are around 25,000 excess winter deaths each year in England. Excess deaths are not just those who would have died anyway in the next few weeks or months due to illness or old age. There is strong evidence that some of these winter deaths are indeed 'extra' and are related to cold temperatures and living in cold homes, as well as infectious diseases such as influenza.

- National planning assumptions are:
- The majority of the burden of cold-related ill-health occurs at moderate outdoor temperatures (from 4-8°C).
- Pregnant women are included as a 'vulnerable' group
- Based on a distinction between the health effects and interventions for cold temperatures and those for snow and ice

6.0 COLD WEATHER PLAN OBJECTIVES

SWBHT needs to work to reduce cold-related harm by:

- Monitoring indoor temperatures, and heat rooms appropriately to reduce the risk of cold-related illness and death in the most vulnerable populations
- Support primary care in the identification of vulnerable patients
- Implement measures to protect people in our care and reduce cold-related illness and death in those most at risk
- Ensure midwives, health visitors and community health practitioners provide advice to parents with young or disabled children about the risk of exposure to low indoor temperatures and heating homes appropriately and affordably
- Considering the impact of cold weather on homeless people (in temporary accommodation or sleeping on the streets)
- Supporting staff to remain fit and well during winter, for example staff flu immunization programmes

7.0 DEFINITIONS

7.1 COLD WEATHER ALERT SERVICE

This service operates in England every year from 1st November to 31st March. It comprises five main levels (levels 0-4) which are outlined below:

Level 0: Year-round Planning

This is in place all year

Year 1: Winter preparedness and action programme

This is in place from 1st November to 31st March

Level 2: Severe Winter Weather is forecast – Alert and readiness

A mean temperature of 2°C or less for a period of at least 48 hours and / or widespread ice and heavy snow are predicted, with 60% confidence

Level 3: Response to Severe winter weather – Severe weather Action

Severe winter weather is now occurring: mean temperature of 2°C or less and /or widespread ice and heavy snow

Level 4: Major Incident – Emergency Response

Central Government declare a Level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health

8.0 SWBHT ACTIONS IN COLD WEATHER

The actions required by the Trust and staff are outlined in **Appendix 1**. The impact of cold weather on health is described in further detail in **Appendix 2**.

The Cold Weather Plan for England 2015 gives further details (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/468160/CWP_2015.pdf)

8.1 Business Continuity for Cold Weather, Ice and Snow

All areas should have business continuity plans agreed with their staff for cold weather, ice and snow. These should include:

- Working with staff regarding their ability to report for work if transport systems are affected or schools closed
- Agreeing working arrangements for severe weather in advance, including potentially the need for staff to stay overnight

Please see the attached sheets produced for ward areas on business continuity during staffing shortages (**Appendix 3**)

8.2 Staffing Guidelines:

- Staff are expected to make every reasonable effort to attend work (including using public transport when they wouldn't normally) providing it is safe to do so.
- If not able to reach their normal base, to attend an alternative base if that is easier to reach.
- To work from home (if applicable and agreed with their manager)
- Staff unable to attend work or work from home, to notify their managers ASAP and required to either take the day as annual leave or time in lieu (to be agreed locally).
- Staff who are able to walk in but are not rostered to work may be asked to support their work area. This is not mandatory and will be based on mutual agreement and rescheduling of work duties

8.3 Transport support for Staff

There is the potential to use the two Trust 4 x 4 vehicles to support the collection of staff providing essential services (i.e. where failure to fetch the staff would be likely to compromise safe delivery of care) to come into work. Local planners need to identify their critical roles that would fall under this category. It must be remembered however that this would be an extremely limited service and should only be allocated to staff who demonstrably would be unable to get into work by any other means.

8.4 Staff Accommodation

If staff need to stay overnight, there is a small number of rooms available at each acute site. In addition, there are empty clinical spaces which could be used both sites, however empty clinical spaces could also be used. In order to access the rooms and the linen, contact the security office at each site.

SECTION TWO: HEATWAVE PLAN

9.0 OVERVIEW

Public Health England has published an updated Heatwave Plan for England 2015 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/310598/10087-2902315-TSO-Heatwave_Main_Plan_ACCESSIBLE.pdf). Within this there are responsibilities for NHS organisations. This plan sets out the responsibilities of and actions required by Sandwell and West Birmingham Hospitals NHS Trust.

The Heatwave Plan for England explains that extreme heat is dangerous to everyone. Climate changes mean heatwaves are likely to become more common in England. 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 2003 in France and 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.

In summary:

- By the time a heatwave starts, the window of opportunity for effective action is very short (the rise in death rates follows within 1 or 2 days of the temperature rising).
- This emphasises the importance of being well prepared for the first hot period of the season and at the very beginning of a heatwave

10.0 AIMS

To ensure that Sandwell and West Birmingham Hospitals NHS Trust is prepared to deal effectively with the consequences of a heatwave, should one arise.

11.0 PLAN OBJECTIVES

- To ensure clinical and non-clinical departments are brought to a state of readiness as quickly as possible.
- To ensure sufficient Emergency Department and inpatient capacity to meet the consequences of a heatwave.
- To ensure that the Trust response is co-ordinated with that of other local organisations.
- To manage effectively external factors such as the media.
- To ensure the safety and wellbeing of our patients and staff during a heatwave period

12.0 DEFINITIONS

12.1 Heatwave:

A 'Heat-Health Watch' system will operate in England from 1 June to 15 September. This is based on Met Office forecasts which will trigger levels of response from the Department of Health and other bodies. The system comprises of 4 levels of response based on threshold day and night-time temperatures as defined by the Met Office. These vary across regions and for the West Midlands are:

- **Day:** 30 degrees centigrade
- **Night:** 15 degrees centigrade

The Met Office will ensure 3-day forecasts are disseminated to the Department of Health. The Health Protection Agency and NHS Direct will undertake surveillance of

increased heat-related illness and provide real-time reports to the Department of Health.

12.2 Levels of Heatwave

Level 0: Long Term Planning: Long term planning includes year-round joint working to reduce the impact of climate change and ensure maximum adaptation to reduce harm from heatwaves.

Level 1: Heatwave and Summer preparedness (1 June – 15 September): During the summer months agencies need to ensure that awareness and background preparedness are maintained by the measures set out in the heatwave plan.

Level 2: Heatwave is Forecast - Alert and readiness: This is triggered as soon as there is a 60% chance of temperatures being high enough on at least 2 consecutive days to have significant effects on health. This will usually occur 2-3 days before an event is predicted. 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 3: Heatwave Action: This is triggered as soon as the Met Office confirms threshold temperatures have been reached in any one region or more. This stage requires specific actions targeted at high risk groups

Level 4: Major Incident – Emergency Response: 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

The Department of Health has set out responsibilities for different organisations at each level. These are included as **Appendix 4**.

12.3 High Risk Factors during a Heatwave

Factors which increase an individual's risk during a heatwave include:

- Older age: especially those over 75 yrs old, or those living on their own who are socially isolated, or in a care home
- Chronic and severe illness, including heart conditions, diabetes, respiratory or renal insufficiency, Parkinson'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, 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. During an extreme heatwave, however such as the one affecting France in 2003, normally fit and healthy people can also be affected

13.0 SWBHT ACTIONS

13.1 Measuring Temperature / Identifying Cool Rooms & Areas

The Trust is able to monitor and record average temperature for approximately 70%

of the wards at Sandwell, 40% of the wards at Rowley Regis Hospital and 30% of the wards at City, using the Building Management System.

The majority of wards are naturally ventilated and are not air conditioned, so there is little control over the indoor environment during the summer months.

The following clinical areas are air conditioned:

SGH:

- ESC
- Theatres & Recovery areas
- X Ray
- Critical Care

City:

- BTC
- Theatres & Recovery areas
- Critical Care

A full list of areas is included in **Appendix 5**.

13.2 Heat-Health Watch

The Trust (Chief Executive & Contingency Planning Team) receives 'Heat-Health Watch' information from the Met Office. This will be distributed via email to Group Directors and on call managers. The Trust's responsibilities and related actions at different levels are:

13.2.1 Level 0 – Long Term Planning

The Trust is expected to work with commissioners to develop long term plans and to prepare business continuity plans to cover the event of a heatwave.

13.2.2 Level 1 – Heatwave and Summer Preparedness

Equipment

Check resilience of estates & equipment, especially medical & IT systems to ensure they can be maintained at working temperatures & there is no risk of system failure through overheating.

The Trust will also raise awareness among staff about the very significant heat-related health risks.

Managers for key areas have undertaken risk assessments and identified actions required and contingency plans. These are summarised in **Appendix 6**.

Monitoring of Temperature within each Hospital

Once the external temperature exceeds 26° C, then monitoring of the temperature of clinical areas using the Building Management System will commence on a daily basis, recording the time at 16.00 hrs. The results will be sent to the Chief Operating Officer, the DGMs and their deputies.

Where the temperature in clinical areas is regularly shown to be in excess of 26° C, then staff in those areas will be contacted by their management team, to alert them to the additional needs of their patients. See **Appendix 7**.

13.2.3 Level 2– Alert & Readiness

Actions as for Level 1. In addition, areas should review their staffing & operational requirements for an increase in non-elective activity.

Community Staff. District Nurses, Community Therapists, Community Respiratory team, community midwives and outreach Paediatric Nurses will offer advice to vulnerable clients – supplies of leaflets are available. Community Matrons will offer advice and support to care homes within Sandwell.

13.2.4 Level 3- Heatwave Action

Ensure hospital services are in a state of readiness in case there is a rise in admissions.

Discharge planning should reflect local & individual circumstances so that people at risk are not discharged to unsuitable accommodation or reduced care during a heatwave.

Community teams will target and prioritise their visits to vulnerable clients to ensure additional support and monitoring is available

It must also be noted:

- During a heatwave, as at other times, the Trust's Capacity Escalation Procedures apply and should be used to manage any rise in admissions
- Increases in ED attendances will be managed via the Escalation Procedures for achieving the 95% ED Access Target
- Increases in deaths will be managed via the contingency arrangements within Pathology for creating additional mortuary capacity
- Reminders will be emailed to all mailboxes regarding the health risks associated with heatwaves, the populations at risk and reminder about the need to reflect this in discharge planning arrangements. See **Appendix 7**.
- Visiting hours may be moved to mornings and evenings to reduce afternoon heat from increased numbers of people
- CCG to be alerted if there is any trend in patients presenting in Emergency Departments from Residential / Nursing Homes with heat-related illness
- There is minimal scope to move patients to cooler areas, due to patient flows and the limited number of bed spaces in these areas. In exceptional clinical circumstances the requirement for this must be discussed between the patient's consultant and the relevant DGM(s). If the matter is unresolved, this must be agreed by the Medical Director and the Chief Operating Officer.

13.5 Level 4- Major Incident – Emergency Response

This situation will be managed via the Trust's Major Incident Plans linking into those for the rest of the Health Economy.

14.0 FURTHER INFORMATION

Guidance for health professionals is available on the DH website:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/310605/10089-2902329-TSO-Heatwave-Advice_for_Health_Professionals_ACCESSIBLE.pdf

FLOODING

15.0 OVERVIEW

Although none of the trust premises have been identified as at risk of flooding, there may be localised floods in the surrounding area which can impede access to community facilities or residences. In addition, there may be floods affecting Trust buildings due to water pipe leakages / blockages or roofing leaks.

16.0 FLOODS IN COMMUNITY

Staff who are visiting patients in the community where floods have occurred, are requested to contact the patients and seek to make alternative arrangements for care. Where it is felt that a patient's safety is at risk due to not being able to provide care, this must be reported to the senior Fire Service Office dealing with the incident.

Where patients are evacuated to alternative accommodation, there should be liaison with the Fire Service and the Council officers coordinating the move to ensure that the on-going care for these patients may be redirected.

17.0 FLOODING OF PREMISES

Where Trust property is affected by flooding, a risk assessment needs to be undertaken to determine the next steps. These could be isolation of the affected areas but other activities continue around it, temporary decommissioning of the facility, decant of staff, patients and equipment from the area to a safer, more clinically appropriate facility. For further guidance, please see the Trust Policy on Evacuation & Shelter

GENERAL ISSUES

18.0 LINKS WITH OTHER ORGANISATIONS & MUTUAL AID

In an emergency it is anticipated that the Trust will work closely with the Sandwell & West Birmingham CCG and that mutual aid between acute trusts will be coordinated through this structure.

19.0 REVIEW OF THE SEVERE WEATHER PLAN

At the end of the winter and summer the impact of severe weather and the effectiveness of the Severe Weather Plan will be reviewed. This will be co-ordinated by the Deputy Chief Operating Officer (DCOO) and considered at the Trust's Emergency Preparedness, Resilience and Response Group.

20.0 EQUALITY

The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the Equality initial screening toolkit, the results of

which are monitored centrally.

21.0 TRAINING AND AWARENESS FOR DEALING WITH SEVERE WEATHER

Staff need to be aware of:

- The existence of the Severe Weather Plan
- The considerations that they need to make with regards to the additional demands that severe weather will make upon staff, patients and visitors alike

The actions that they will be expected to undertake

This will be achieved by briefing staff via the Hot Topics mechanism and by alerting staff via e-mail when there is a significant risk of severe weather.

22.0 MONITORING

This policy and its implementation/application will be subject to review by the Trust Emergency Preparedness, Resilience & Response Group as part of its annual work programme.

23.0 FINANCIAL IMPLICATIONS

Financial implications may emerge if there is a prolonged episode of severe weather. These will be evaluated and dealt with contemporaneously.

24.0 References

- Cold Weather Plan (NHS England, 2015)
- Heatwave Plan (DH: 2015)
- Evacuation & Shelter Policy (SWBHT, 2015)

25.0 Appendices

Appendix 1	NHS England: Summary of Cold Weather Plan levels and actions
Appendix 2	The impact of cold weather on health (Cold Weather Plan for England 2015)
Appendix 3	Business Continuity Plans: Staffing shortages - Wards
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NHS England: Summary of Cold Weather Plan levels and actions

Alert Trigger	Health and Social Care Staff in all settings (Community, Hospitals and Care Homes)
<p>LEVEL 0 Year-round planning</p> <p>All year</p>	<p>Care Homes and Hospitals</p> <ul style="list-style-type: none"> • Ensure that your organisation can identify those most vulnerable to cold weather and draw up plans for joined-up support with partner organisations. Agree data-sharing arrangements within information governance principles. • Assess the longer-term implications of climate change; reduction in carbon emissions; and sustainability for longer-term business continuity. • Consider how to best mobilise and engage voluntary and community sector organisations and support the development and implementation of community emergency plans. • Make sure that staff have identified all those vulnerable to cold weather and that arrangements are in place to support and protect them appropriately. • Work with staff on risk reduction awareness, information and education. Encourage staff to be vaccinated against flu before winter starts. • Ensure that the business continuity plan includes severe winter weather. Plan for a winter surge in demand for services. • Consider carers' needs and support they can continue to give. • Work with environmental health officers on HHSRS hazard identification. <p>Professional Staff (all settings)</p> <ul style="list-style-type: none"> • Work within your organisation and with partner organisations to ensure that systems are developed to support the identification and sharing of information between agencies of people who may be vulnerable to cold weather. • Systematically work to improve the resilience of vulnerable people to severe cold. • Ensure that all staff have been made aware of the cold weather plan and the dangers of cold weather to health and know how to spot signs and symptoms. • Use clinic attendances and home visits as opportunities to identify vulnerable people and discuss winter preparedness. • Work with at-risk individuals, their families and carers to ensure that they are aware of the dangers of cold weather and cold housing and how access support; ensure that there are clear arrangements for 'signposting' to other services (eg home insulation schemes; benefits entitlements) when identified in "clinical" situations. • Work with partners to ensure that vulnerable patients/clients have access to fuel supplies. Link to energy supplier priority service registers as required. • Ensure that clients and colleagues are aware of, and taken advantage of flu and other vaccination programmes.
<p>LEVEL 1 Winter preparedness and action</p> <p>1 November to 31 March</p>	<p>Care Homes and Hospitals</p> <ul style="list-style-type: none"> • Ensure that CW alerts are going to the right staff and appropriate actions are agreed and able to be implemented, especially to protect vulnerable clients. • Make sure that staff have identified all those vulnerable to cold weather and that arrangements are in place to support them appropriately.

	<ul style="list-style-type: none"> • Ensure staff are undertaking appropriate home checks when visiting clients, eg room temperature; medications and food supplies. • Hospitals and care, residential and nursing homes: ensure that rooms, particularly living rooms and bedrooms are kept warm (Figure 3.2) and that staff are taking appropriate action to protect residents from cold weather. • Work with partner agencies to co-ordinate cold weather plans; ensure data sharing and referral arrangements are in place. • Continue to work with staff on risk reduction awareness, information and education. Encourage staff to be vaccinated against flu, if not already. • Work with local authority teams to identify accident hotspots on pavements or roads, advise on gritting priorities to prevent accidents, and ensure access by utilities and other essential services. • Ensure staff aware of the business continuity plan for winter weather; plan for a winter surge in demand. • Ensure carers are receiving advice and support. <p>Professional Staff (all settings)</p> <ul style="list-style-type: none"> • Identify those at risk on your caseload and make necessary changes to care plans for high-risk groups. • For those with multiple agency inputs, ensure that the key worker is clearly identified and care plans consider measures to reduce risk from cold weather. • Check client’s room temperature if visiting. Ensure that they have at least one room which meets recommended room temperatures. • Remind clients of the actions they can take to protect themselves from the effects of severe cold; including warm clothing, warm food and drinks; keeping active as much as they are able within the context of their care plan. • Continue to “signpost” those at risk clients/ patients to other services (eg home insulation schemes; benefits entitlements) when identified in “clinical” situations; use the Keep Warm Keep Well booklet for up-to-date patient information and advice. • Use resources available to you for raising awareness of the health risks associated with winter weather and cold housing (for example, pharmacists have a key role in reminding people to have sufficient medicine and help with preventive medicines managements). • Encourage clients and colleagues to be vaccinated against flu, if not already.
<p>LEVEL 2 Severe winter weather is forecast - Alert and readiness</p> <p>Mean temperatures of 2°C and/or widespread ice and heavy snow is predicted with 60% confidence</p>	<p>Care Homes and Hospitals</p> <ul style="list-style-type: none"> • Communicate alerts to staff and ensure that locally agreed actions take place, especially those to protect vulnerable patients/ clients. • Continue to ensure local actions for the vulnerable such as: [a] arranging daily contacts/visits; [b] ensuring staff are undertaking appropriate home checks when visiting clients, eg room temperature; medications and food supplies; [c] ensure carers are receiving appropriate advice and support. • Hospitals and care, residential and nursing homes: continue to ensure that rooms, particularly living rooms and bedrooms are kept warm • Activate business continuity arrangements and emergency plans as required. Activate plans to deal with a surge in demand for services. • Severe weather action <p>Professional staff (all settings)</p>

	<ul style="list-style-type: none"> • As appropriate, contact those most at risk and implement care plans. • Continue to check client's room temperature if visiting to ensure that clients are warm. Ensure that they have at least one room which meets recommended room temperatures. • Ensure urgent signposting for those at risk (eg in cold housing) to appropriate services. • Continue to remind clients of the actions they can take to protect themselves from the effects of severe cold. • Consider how forecast weather conditions may impact on your work – and make appropriate arrangements. • Make sure you and your teams are prepared for an influx of weather-related injuries and illnesses.
<p>LEVEL 3 Severe weather action</p> <p>Mean temperatures of 2°C and/or widespread ice and heavy snow</p>	<p>Care Homes and Hospitals</p> <ul style="list-style-type: none"> • Communicate alerts to staff and ensure that locally agreed actions take place, esp those to protect vulnerable patients/clients. • Implement local plans for contacting the vulnerable. Consider daily visits/ phone calls for high-risk individuals living on their own who have no regular contacts. • Ensure carers are receiving appropriate advice and support. • Implement plans to deal with surge in demand. • Implement business continuity arrangements. <p>Professional staff (all settings)</p> <ul style="list-style-type: none"> • As appropriate, contact those at risk (visit, phone call) daily. • Ensure staff can help and advise clients. • Other actions as per level 2. • Maintain business continuity.
<p>LEVEL 4 Major incident – Emergency response</p>	<p>NATIONAL EMERGENCY</p> <p>Central government will declare a level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health. All level 3 responsibilities must be maintained during a level 4 incident. Implementation of national emergency response arrangements by central government. Continue to implement business continuity arrangements.</p>

The impact of cold weather on health (Cold Weather Plan for England 2015)

The impact of cold weather on health is predictable and mostly preventable. Direct effects of winter weather include an increase in incidence of:

- Heart attack
- Stroke
- Respiratory disease
- Influenza
- Falls and injuries
- Hypothermia

Indirect effects of cold include mental health illnesses such as depression, and carbon monoxide poisoning from poorly maintained or poorly ventilated boilers. Cooking and heating appliances and heating.

For the purposes of this plan, key groups considered to be particularly at risk in the event of severe cold weather are summarised in Table 1.

Table 1: Groups at greater risk of harm from cold weather

- | |
|--|
| <ul style="list-style-type: none"> • older people (in particular those over 75 years old, otherwise frail, and or socially isolated) • people with pre-existing chronic medical conditions such as heart disease, stroke or TIA, asthma, chronic obstructive pulmonary disease or diabetes • people with mental ill-health that reduces individual's ability to self-care (including dementia) • pregnant women (in view of potential impact of cold on fetus) • children under the age of five • people with learning difficulties • people assessed as being at risk of, or having had, recurrent falls • people who are housebound or otherwise low mobility • people living in deprived circumstances • people living in houses with mould • people who are fuel poor • homeless or people sleeping rough • other marginalised or socially isolated individuals or groups |
|--|

**BUSINESS CONTINUITY PLANS:
STAFFING SHORTAGES: WARDS**

CAUSATION:

This may be as a result of:	
	Short Term sickness
	Recruitment gaps
	Local Infection control outbreak (eg. Norovirus, flu)
	Pandemic Influenza
	Industrial Action (within or external to NHS eg schools, bus service)
	Bad weather
	Incident external to Trust affecting traffic (accident; road closures)

PREPAREDNESS:

Area	Why	Questions
Staff Details	To contact staff in an emergency where patient safety is at risk	Are the contact details of staff up to date?
		Are they available at short notice?
		Have they got their own transport or use public transport?
		Could they get in to the site /other acute site by foot?
		Could they car share (& with whom)?
Planning	To plan for potential disruptions linked to external events that may impact on SWBHT	Which staff may be affected by shortages in other services eg schools, care agencies?
		Do staff have plans in case they are unable to leave the site?
	Flexibility/skills of ward staff	What might staff be asked to do when short numbers in clinical area in order to keep the service going
Impacts of short term & long term staff reductions	Understanding the service – agreeing essential care	What services or tasks could you stand down
		What services do you impact upon
Staff with transferable skills	To help out in this clinical area or support others	What qualifications / experience do staff have
Use of volunteers / volunteers required	To identify the requirements for any support staff	What would you use volunteers for
		What skills would they need to be given

**ACTIONS FOR WARD STAFF (OPERATIONAL COMMAND)
STAFFING SHORTAGES: STAFF NUMBERS BELOW MINIMUM LEVELS**

Concern	Actions
Is it likely that patient care will be compromised if staff member(s) not replaced?	Take account of: <ul style="list-style-type: none"> • number of patients • dependency • activity • Health & Safety for staff, patients, and visitors
	Check off duty rota for any changes that can be made/grade of staff required to fill shift
	Check availability of staff rostered for: <ul style="list-style-type: none"> • study leave • annual leave • time owing
	Can any part time staff fill shift?
	Escalate to matron/CNP and agree actions to address staff shortage
	Urgent request to Trust Bank office: Bank and Agency request must be agreed by Matron or CNP/OCM (out of hours)
Concerns regarding patient care and transfer of patients to & from ward	Implement Clinical Incident Form & monitor 4 hourly.
	In hours - Nurse in charge informs Matron to escalate to group director of Nursing, Group Director of Operations, Consultant, capacity lead, Assessment Units, and Nurse Bank.
	Out of hours – Nurse in charge to inform CNP who in turn will escalate to OCM. On call Executive made aware of situation and impact on bed capacity
	Liaise closely with assessment units to facilitate flow of patients Inform Matron, Chief Nurse via email
	Review booked and urgent admissions. Agree temporary bed reduction only in conjunction with Matron/Clinical Nurse Practitioner and DGM, capacity lead and DCOO or OCE (out of hours)
	Agree with the matron / CNP the list of essential & non-essential care tasks to be carried out on the ward
	Review staffing for next shift and implement recovery plan if required
	Debrief & shared learning from the incident
	Implement continuous improvement to militate against further incidents ie sickness/absence management, training plans for staff, off duty rostering
	Agree with Matron / CNP what communications should be given to patients and their family
	Agree which other agencies need to be informed & communicate to them

ACTIONS FOR SENIOR STAFF (TACTICAL COMMAND)

STAFFING SHORTAGES: STAFF NUMBERS BELOW MINIMUM LEVELS

**TO BE ACTIVATED BY AGREEMENT OF COO / CHIEF NURSE / DEPUTY CHIEF NURSE
/ DCOO / ON CALL EXEC**

Concern	Actions
Concerns regarding patient care and transfer of patients to & from ward	Check the actions of the matrons covering the wards concerned
	<ul style="list-style-type: none"> • Can staff be deployed to support from other clinical areas • What skills do they have
	<ul style="list-style-type: none"> • Can clinical staff working in non-clinical areas be brought in to support? • What skills do they have? [consider use of non-nursing clinical workforce]
	<ul style="list-style-type: none"> • What actions can be undertaken with Trust Bank office: Bank & Agency requests • agencies being used • rates being paid
	What tasks are to be agreed as essential on the wards
	What activity is to be ceased – elective and non-elective
	Agree with Matron / CNP what communications should be given to patients and their family
	Agree which other agencies need to be informed & communicate to them
	Review staffing for next shift and implement recovery plan if required
	Debrief & shared learning from the incident
	Implement continuous improvement to militate against further incidents ie sickness/absence management, training plans for staff, off duty rostering

DH: Summary of Heatwave Plan levels and actions

Alert Trigger	Health and Social Care Staff in all settings (Community, Hospitals and Care Homes)
<p>LEVEL 0 Long-term planning <i>All Year</i></p>	<p>Care Homes and Hospitals</p> <ul style="list-style-type: none"> • Work with service commissioners to develop longer term plans to prepare for heatwaves • Make environmental improvements to be able to provide a safe environment for patients/ clients in the event of a heatwave • Prepare business continuity plans to cover the event of a heatwave (eg covering storage of medicines: computer resilience; etc) • Work with partners and staff to raise awareness of the impacts of severe heat on health and on risk reduction awareness (eg storage of medications), • information and education <p>Professional Staff (all settings)</p> <ul style="list-style-type: none"> • Develop systems to identify and improve the resilience of high-risk individuals
<p>LEVEL 1 Heatwave and Summer preparedness programme <i>1 June–15th September</i></p>	<p>Care Homes and Hospitals</p> <ul style="list-style-type: none"> • Ensure business continuity plans are in place and implement as required • Identify cool areas • Install thermometers <p>Professional Staff (all settings)</p> <ul style="list-style-type: none"> • Identify high-risk individuals on your caseload • Include risk in care records • Increase awareness of supervised staff
<p>LEVEL 2 Alert and Readiness 60 per cent risk of heatwave in 2–3 days*</p>	<p>Care Homes and Hospitals</p> <ul style="list-style-type: none"> • Check that indoor temperatures are recorded regularly during the hottest periods for all areas where patients reside • Communicate alerts to staff and make sure that they are aware of heatwave plans • Implement business continuity • Prepare cool areas • Ensure sufficient staffing • Identify high-risk people • Sufficient cold water and ice • Consider weighing clients regularly to identify dehydration and rescheduling physiotherapy to cooler hours <p>Professional staff (all settings)</p> <ul style="list-style-type: none"> • Check high-risk people have visitor/phone call arrangements in place • Reconfirm key public health messages to clients

	<ul style="list-style-type: none"> • Check client’s room temperature if visiting
<p>LEVEL 3 Heatwave Action Heatwave temperature reached in one or more National Severe Weather Warning Service (NSWWS) region</p>	<p>Care Homes and Hospitals</p> <ul style="list-style-type: none"> • Activate plans to maintain business continuity – including a possible surge in demand for services • Check that indoor temperatures are recorded regularly during the hottest periods for all areas where patients reside • Ensure staff can help and advise clients and patients including access to cool rooms, close monitoring of vulnerable individuals, reducing internal temperature through shading, turning off unnecessary lights/equipment, cooling buildings at night, ensuring discharge planning takes home temperatures and support into account <p>Professional staff (all settings)</p> <ul style="list-style-type: none"> • Visit/phone high-risk people • Reconfirm key public health messages to clients • Advise carers to contact GP if concerns re health
<p>LEVEL 4** Exceptionally severe Heatwave. Central Government might consider declaring a Level4 alert if a wide area of England and Wales, or several sectors, are affected by the threshold temperatures</p>	<p>NATIONAL EMERGENCY Central Government will declare a Level 4 alert in the event of severe or prolonged heatwave affecting sectors other than health and if requiring coordinated multi-agency response</p>

SWBHT: Areas with Cooling

City Site	Sandwell Site	Rowley & Community Sites
<p>All Operating Theatres Labour Suite Theatres Cardiology Theatre Eye Centre Theatres Clean Cataract Facility Dermatology Minor Ops Theatre Birthing rooms in Midwifery led unit</p> <p>ED Majors, Resus , Post Resus , Children’s Cubicles and Suture Theatre Area ED X Ray rooms 1+2 Fracture Clinic</p> <p>OPD X Ray Rooms</p> <p>Ward D14 Renal Dialysis. Ante Natal Clinic Consulting Rooms</p> <p>MRI and CT Suite</p>	<p>All Operating Theatres ESC Cath Lab SDU Theatres Suite</p> <p>ESC Building</p> <p>X Ray Rooms MRI and CT Areas</p> <p>OPD Waiting Area</p>	<p>Rowley Nil</p> <p>Halcyon Birth Centre: Birthing rooms</p> <p>Leasowes Gym</p>

SWBHT: Resilience of Estate & Equipment

<i>Department</i>	At Risk Equipment	Risk	Contingency
Telecoms	<p>PABX equipment failure in frame room due to extreme heat.</p> <p>Extreme temperature in office accommodation</p>	<ul style="list-style-type: none"> PABX Equipment will malfunction in temperatures above 60° C Staff not being able to work effectively due to extreme heat 	<ul style="list-style-type: none"> Each PABX cabinet is fitted with air circulation fans. Two air conditioning units are installed in the frame room. If both air conditioning units fail, portable units will be hired. Portable fans provided for staff. Staff allowed to have frequent drinks Additional breaks allowed when needed Temperature alarm monitoring sensors to be installed within the frame room. Temperature alarms monitored 24/7 on central alarm monitoring computer
Pathology	<p>The majority of modern analysers are not designed to function outside of normal room temperatures at extremes of heat.</p> <p>Most now have air conditioning.</p>	<ul style="list-style-type: none"> Hot weather coupled with analysers & other equipment generating heat leads to a failure of the analysers. If analysers fail there is an increased turn around time for results & if tests are for external agencies (e.g. Immunology & Toxicology) a possible loss of income. Areas with old & unreliable air conditioning have a risk of analyser failure. 	<ul style="list-style-type: none"> Areas with new or reliable air conditioning have no problem with hot weather. No air conditioning – try to cool overheated equipment with fans or wait until temperature drops later in the day. Look at transferring work to the other Hospital site.
EBME	<p>Reliability of Medical Equipment: eg.</p> <ul style="list-style-type: none"> Ventilators CT scanners 	<ul style="list-style-type: none"> No real known temperature-related problems Any chillers will work harder, batteries would deteriorate more rapidly. Random electronic failures would be accelerated (but these are impossible to predict). 	<ul style="list-style-type: none"> Current arrangements (including on call) felt to be sufficient Provided that environmental controls work (eg air conditioning in CT & MRI suites) the equipment will be fine

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

HEATWAVE ALERT GUIDANCE TO STAFF

Please be aware of the potential impact of the current temperatures upon a patient's condition.

Factors which increase an individual's risk during a heatwave include:

- 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, babies and the very young

Actions to be taken include the following:

- Minimising heat increase by drawing blinds or curtains
- Where possible switch off anything connected to the power system and likely to produce heat eg computers, printers, additional lighting
- Maintaining hydration in patients
- Ensure that discharge planning takes into account the temperature of the accommodation and level of daily care during the heatwave period

Further advice for health & social care professionals on supporting vulnerable people before and during a heatwave is available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/310605/10089-2902329-TSO-Heatwave-Advice_for_Health_Professionals_ACCESSIBLE.pdf