

## SEVERE WEATHER PLAN

2024



<b>Reference</b>	
<b>Approving Body</b>	Resilience Assurance Committee
<b>Date Approved</b>	June 2024
<b>Implementation Date</b>	20 June 2024
<b>Version</b>	Version 10.0
<b>Updated</b>	June 2024
<b>Supersedes</b>	Severe Weather Plan version 9.0
<b>Consultation Undertaken</b>	Resilience Assurance Committee Risk Committee Executive Team
<b>Target Audience</b>	All employees of Sherwood Forest Hospitals NHS Foundation Trust. Non-Executive Directors, Volunteers, Governors and Contractors.
<b>Review Date</b>	November 2024
<b>Executive Lead</b>	Chief Operating Officer
<b>Author / Lead</b>	Mark Stone:- Emergency Planning Officer

## CONTENTS

Section	Title	Page
1	Introduction	3
2	Aim of the plan	3
3	Objectives	3
4	Activation of the Plan and Incident Management	3
5	Overview of Weather Health Alert System	5
6	Cold Weather	10
7	Wet Weather and Flooding	11
8	Heatwave	14
9	Business Continuity Planning	16
10	Communication	16
11	Recovery	16
12	Debriefing and learning lessons	17
Appendix 1	Heatwave: Roles and Responsibilities	18
Appendix 2	Heatwave: Action cards	20-30
Appendix 3	Heatwave: Fan/ Air Cooling Request Form	31
Appendix 4	UKHSA Cold Weather Action Card	33-43
Appendix 5	Cold Weather: Portable heater / Blanket Request Form	44
Appendix 6	Grit Map - Newark	45
Appendix 7	Grit Map - MCH	46
Appendix 8	Grit Map - KMH	47
Appendix 9	Protocol for Requesting 4 x 4 Assistance	48
Appendix 10	Flowchart for 4 x 4 Assistance	49
Appendix 11	4 x 4 Emergency Contact Details	50
Appendix 12	Emergency Overnight Accommodation Protocol	51-52

## **1. Introduction**

Extremes of weather have the potential to severely impact both directly and indirectly on the provision of normal services.

This can include;

- Damage to buildings and infrastructure
- Direct impact on patient experience as a consequence of severe weather
- Impacts on staff to attend work on time or the need to put emergency measures in place for the collection of children due to school closures, meet carer responsibilities etc.
- Discharge risks to vulnerable patients
- Delays in discharge
- The need to invoke emergency measures to manage the impacts of an external or internal incident

This plan intends to provide useful information to decision-makers in such circumstances, drawing on lessons learned from previous severe weather events.

It should be read in conjunction with the following plans:

- UKHSA Adverse Weather and Health Plan
- SFH Critical Care Surge Plan
- SFH Incident Response Plan

## **2. Aim**

To assist decision-makers in dealing with severe weather events.

## **3. Objectives**

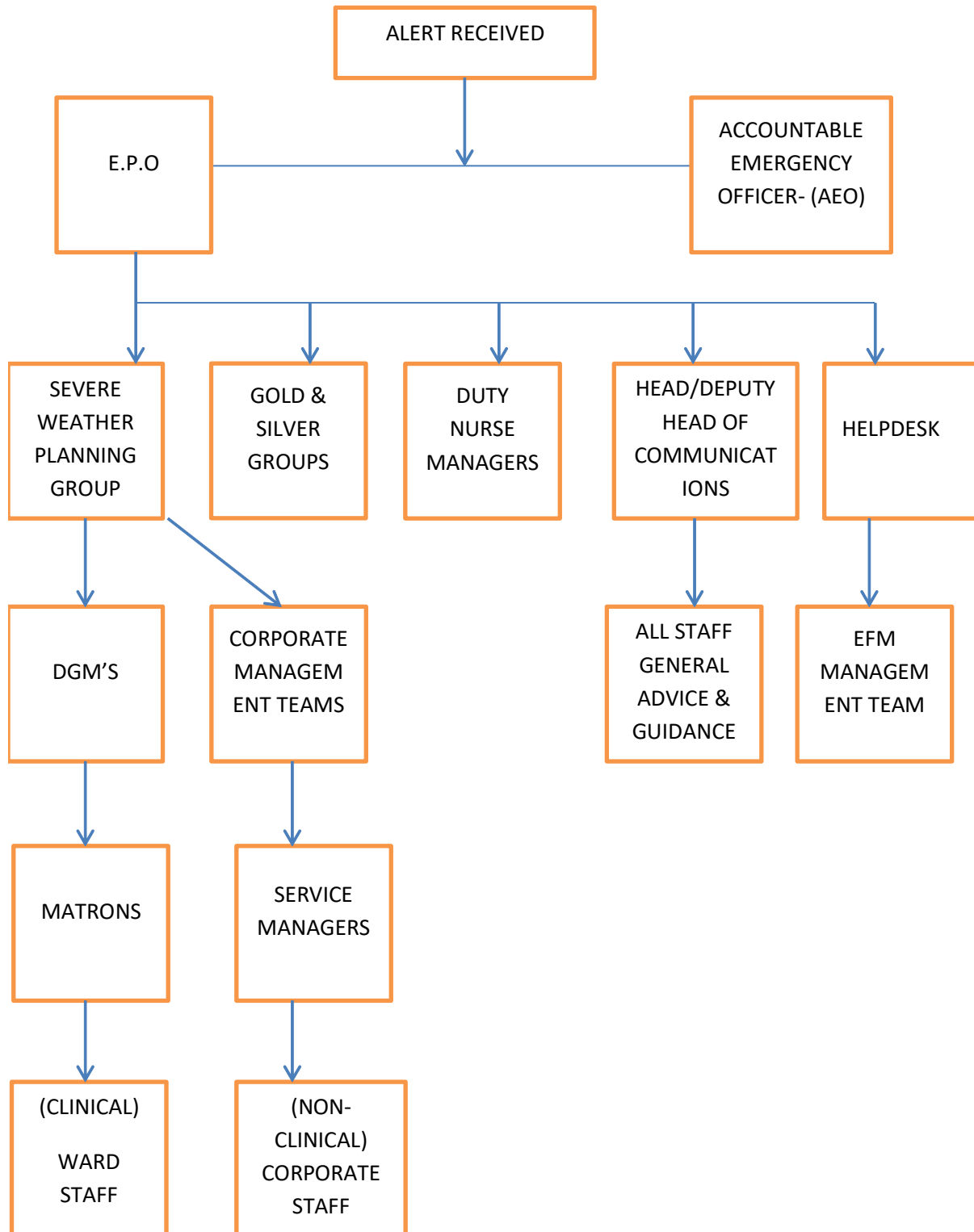
- a) To describe the risks arising from various types of severe weather event
- b) To provide information to assist the planning and preparation for such events
- c) To describe the actions which should be taken to manage and recover from severe weather events
- d) To clearly identify roles and responsibilities in managing such events
- e) To describe the local, regional and national escalation levels involved with severe weather events

## **4. Activation of the Plan and Incident Management**

The plan may be invoked at any time on the instruction of:

- a) The Chief Operating Officer (or Deputy)
- b) Strategic (Gold) on Call
- c) Tactical (Silver) on Call
- d) Duty Nurse Manager (Bronze)

Activation would arise from the Met Office Weather Warnings and/or UKHSA health alerts, or in response to localised unforeseen weather events, as per the following flowchart:



Severe weather events would be managed via the daily Capacity and Flow meetings, unless any of the above parties decide that the event has created one of the following:

- Business Continuity Incident
- Critical Incident
- Major Incident

Where an incident is declared an Incident Command Centre (Classroom 2, Level One, THQ ) will be mobilised from where the incident will be managed until stood down by the Incident Commander.

Please refer to the Trust Incident Response Plan for more information about the Trusts response to incidents.

## 5. Overview of the new Weather- Health Alert System (2023)

The heat-health alert (HHA) operates from 1 June to 30 September and the cold-health alert (CHA) operates from 1 November to 30 March. An out of season alert may still be issued if impacts from adverse weather on health (heat and cold) are expected.

Both systems are based on Met Office forecasts and data. Depending on the level of alert, a response will be triggered to communicate the risk to NHS England, the government, and public health system.

Advice and information will be sent for the public and health and social care professionals, particularly those working with at-risk groups, after an alert is issued or updated.

This includes both general preparation for hot weather and more specific advice when a severe heatwave has been forecast. Delivery groups should implement year-round planning and use the guidance in advance of the summer and winter.

The platform aims to cover the spectrum of action from different groups. In general terms:

- **Green (preparedness):** No alert will be issued as the conditions are likely to have minimal impact on health; business as usual and summer/winter planning and preparedness activities.
- **Yellow (response):** These alerts cover a range of situations. Yellow alerts may be issued during periods of heat/cold which would be unlikely to impact most people but could impact those who are particularly vulnerable.
- **Amber (enhanced response):** An amber alert indicates that weather impacts are likely to be felt across the whole health service, with potential for the whole population to be at risk. Non-health sectors may also start to observe impacts and a more significant coordinated response may be required.
- **Red (emergency response):** A red alert indicates significant risk to life for even the healthy population.

The Met Office also issues Severe Weather Warnings and Alerts for rain, snow, wind, fog and ice. A colour coding system is used in a risk matrix based on the likelihood of the event occurring and the impact caused to set the level of action required. These are accompanied by regional maps of the country which have the severe weather warning areas marked.



In England there are two early warning systems related to high temperature as part of the National Severe Weather Warning Service (NSWWS). Since summer 2021 UKHSA and the Met Office have collaborated to ensure that both warnings are aligned and work together to communicate the expected impacts so that users act to minimise the potential impact.

Early warning systems are as follows;

- **Extreme Heat Warning (EH)** is an impact-based warning designed to highlight the potential impacts of extreme heat to protect lives and property, helping people make better decisions to stay safe and thrive.
- **UK Health Security Agency (UKHSA) Heat Health Alert (HHA)** is an England only service considering the impact of prolonged extreme heat on public health, especially those with long-term health conditions.

Cold-Health Alerts will be issued to those who have signed up to the CHA system when the weather conditions have the potential to impact the health and wellbeing of the population. The alerts will be given a colour (yellow, amber or red) based on the combination of the impact the weather conditions could have, and the likelihood of those impacts being realised. These assessments are made in conjunction with the Met Office when adverse weather conditions are indicated within the forecast.

Met Office warnings are issued via the Trust's Emergency Planning team via email and are cascaded as per chart in section 4 above.



The table below sets the actions required at each of the 3 Warning Levels:

Warning Level	Description	Trust Action
<b>Yellow Warning</b>	<p>Yellow warnings can be issued for a range of weather situations.</p> <p><b>Low impact, high likelihood:</b> Many are issued when it is likely that the weather will cause some low-level impacts, including some disruption to travel in a few places.</p> <p><b>High impact, low likelihood:</b> Other yellow warnings are issued when the weather could bring much more severe impacts to the majority of people but the certainty of those impacts occurring is much lower. It is important to read the content of yellow warnings to determine which weather situation is being covered by the yellow warning.</p>	<p>Manage through existing business continuity arrangements.</p> <p>EPO to share information with EFM, Operations and Communications Teams</p> <p>Communications Team to add information onto the intranet site</p>
<b>Amber Warning</b>	<p>There is an increased likelihood of impacts from severe weather, which could potentially disrupt services. This means there is the possibility of travel delays, road and rail closures, power cuts and the potential risk to life and property.</p>	<p>As above</p> <p>The EPO will liaise with the Risk and Assurance Manager, Accountable Emergency Officer, Silver On-call and the Communications Team to ensure that information is disseminated to staff.</p> <p>Depending on the severity / risk of severe weather to Trust Services the Accountable Emergency Officer or Deputy (fellow Director) will decide if the incident should be managed under existing business continuity plans or whether a "Critical Incident" should be declared.</p>
<b>Red Warning</b>	<p>Dangerous weather is expected. It is very likely that there will be a risk to life, with substantial disruption to travel, energy supplies and possibly widespread damage to property and infrastructure.</p>	<p>The Accountable Emergency Officer or Silver On-call will consider the situation and decide if a Major or Critical Incident should be called. If declared; the Trust Incident Response Plan will be invoked.</p>

### Heat impacts overview

Based on the epidemiological evidence, experience and professional opinion, the possible levels of potential impacts from high temperatures are described in the table below. The text within the table indicates the level of impact which, when combined with likelihood of those impacts occurring, would lead to the selection of a warning level (yellow, amber or red). The impacts outlined within the table are not exhaustive and do not include specific impacts that may occur within other sectors apart from health.

**Table 1. Heat impact criteria**

	<b>Very Low</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>
<b>Population at risk</b>	Little impact observed on health, healthcare services and social care provision.	Increased mortality amongst vulnerable population groups (for example an increase in those aged 65 years and over daily mortality dependant on time of year).	Observed increase in mortality across the population, particularly in those aged 65 years and over or those with health conditions, but impacts may also be seen in younger age groups.	Increased mortality expected across the whole population with significant mortality observed in older age groups.
<b>Demand for and impacts on health and social care services</b>		Potential for increased usage of healthcare services by vulnerable population. Internal temperatures in care settings (hospitals and care homes) may become very warm increasing risk of indoor overheating.	Increased demand for GP services, ambulance call out, remote healthcare services (NHS111) likely.  Impact on ability of services delivered due to heat effects on workforce possible. Many indoor environments likely to be overheating, risk to vulnerable people living independently in community as well as in care settings.  Staffing issues due to external	Significant increased demand on all health and social care services.  Impact on ability of services to be delivered due to heat effects on workforce.  Indoor environments likely to be hot making provision of care challenging and leading to increased risk of heatstroke and dehydration.



	Very Low	Low	Medium	High
			<p>factors (for example transport).</p> <p>Patient medication regime may lead to increased risk of dehydration.</p>	
<b>Other Sectors</b>			<p>Non-health sectors starting to observe impacts (for example travel delays).</p>	<p>National critical infrastructure failures – such as generators and power outages or major roads and rail lines closed due to melting roads or overheating rail lines.</p>

## 6. Cold Weather

### 6.1 Potential impacts for the Trust

<b>Transport</b>	<ul style="list-style-type: none"> <li>• Staff unable to attend work or late to work</li> <li>• Patient transport disruption: delays to discharge</li> <li>• Supply deliveries disrupted</li> </ul>
<b>Infrastructure</b>	<ul style="list-style-type: none"> <li>• Burst pipes</li> <li>• Equipment failure</li> <li>• Damage to road surfaces</li> </ul>
<b>Staff and patient safety and comfort</b>	<ul style="list-style-type: none"> <li>• Hospital environment</li> <li>• Staff working conditions</li> <li>• Slippery external surfaces</li> </ul>
<b>Vulnerable patients (who is at risk)</b>	<p>Many people are vulnerable to the effects of cold weather.</p> <p>These include:</p> <ul style="list-style-type: none"> <li>• people who have chronic medical conditions</li> <li>• those living with learning and/or physical disabilities that may prevent them being able to keep warm (for example because they are unable to move around) or leave them at greater risk of developing chest infections</li> <li>• those who cannot afford to keep warm enough during the winter months</li> </ul> <p>Those at risk include:</p> <ul style="list-style-type: none"> <li>• older people (aged 65 and over)</li> <li>• people with cardiovascular conditions</li> <li>• people with respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma)</li> <li>• people with mental health conditions</li> <li>• people with learning and/or physical disabilities</li> <li>• young children (particularly those aged under 5)</li> <li>• pregnant women</li> <li>• people on a low income</li> </ul> <p>People who are sleeping rough are also at greater risk from cold exposure. Further guidance is available for those working with people sleeping rough here:  <a href="https://www.gov.uk/government/publications/cold-weather-and-health-supporting-vulnerable-people/LINK">https://www.gov.uk/government/publications/cold-weather-and-health-supporting-vulnerable-people/LINK</a></p>

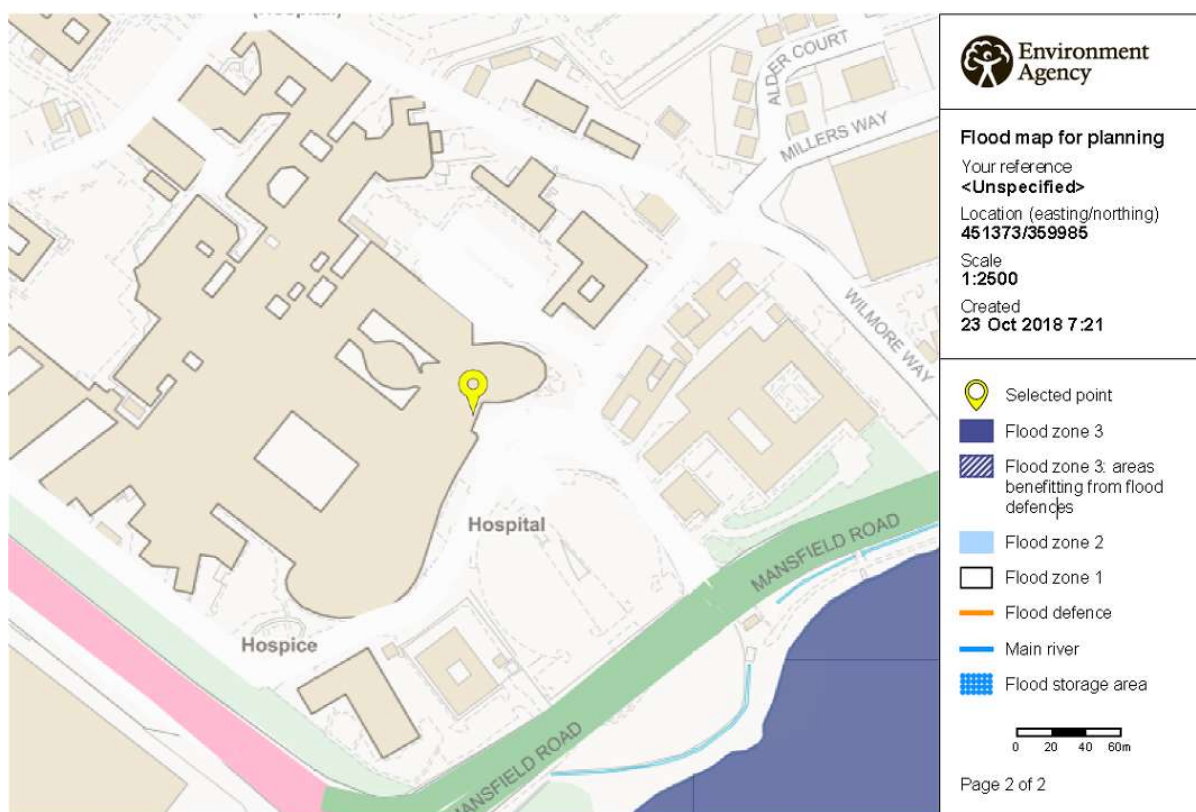
Please see Appendix 4 for updated guidance from the UK Health Security Agency and Appendix 5 for portable heater/blankets request form.

## 7. Wet Weather (including Flooding)

### 7.1 Potential impacts for the Trust

Transport	<ul style="list-style-type: none"> <li>Staff unable to attend work or late to work</li> <li>Patient transport disruption : delays to discharge</li> </ul>
Infrastructure	<ul style="list-style-type: none"> <li>Overloaded drains causing internal and external flooding</li> </ul>
Staff and Patient Safety	<ul style="list-style-type: none"> <li>Risk to health and safety on site if flooding occurs</li> <li>Increased casualties in the event of widespread flooding within Nottinghamshire</li> </ul>

### 7.2 Flood Warning Service (Environment Agency)



- Flood Zone 1 - land assessed as having a less than 1 in 1,000 annual probability of river or sea flooding (<0.1%)
- Flood Zone 2 - land assessed as having between a 1 in 100 and 1 in 1,000 annual probability of river flooding (1% – 0.1%), or between a 1 in 200 and 1 in 1,000 annual probability of sea flooding (0.5% – 0.1%) in any year
- Flood Zone 3 - land assessed as having a 1 in 100 or greater annual probability of river flooding (>1%), or a 1 in 200 or greater annual probability of flooding from the sea (>0.5%) in any year. **It should be noted that all three Trust hospitals are rated as a “Low**

*Probability” of flooding by the Environment Agency as they are all within “Flood Zone 1”, i.e. once in a thousand year likelihood.*



## Flood map for planning

Your reference  
<Unspecified>

Location (easting/northing)  
451373/359985

Created  
23 Oct 2018 7:21

**Your selected location is in flood zone 1, an area with a low probability of flooding.**

### This means:

- you don't need to do a flood risk assessment if your development is smaller than 1 hectare and not affected by other sources of flooding
- you may need to do a flood risk assessment if your development is larger than 1 hectare or affected by other sources of flooding or in an area with critical drainage problems

### Notes

The flood map for planning shows river and sea flooding data only. It doesn't include other sources of flooding. It is for use in development planning and flood risk assessments.

This information relates to the selected location and is not specific to any property within it. The map is updated regularly and is correct at the time of printing.

The Open Government Licence sets out the terms and conditions for using government data.  
<https://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/>

### **7.3 Flood Forecasting Centre (Met Office and Environment Agency)**

The Environment Agency works closely with the Met Office in the joint Flood Forecasting Centre. Their role is to provide a detailed 5 day forecast of the national flood risk. They produce Flood Guidance Statements (FGS) which are distributed to category 1 and 2 responders. These statements include a map showing the affected areas and risk assessment heat map. The FGS are received by the Emergency Planning Officer and AEO and are shared / communicated as required.

### **7.4 Flood Advisory Service (FAS) Teleconference**

An Amber Severe Weather Warning often triggers the Environment Agency to chair a telephone conference to inform emergency responders about the likely significant impacts. If required or felt appropriate the Trust would receive an invitation to join such telephone conferences via email to the Emergency Planning Officer / AEO.

## 8. Heatwave

### 8.1 Potential impacts for the Trust

In one hot nine day period in Southeast England in August 2003 there were nearly 2,000 extra reported deaths, the majority of which occurred in over 65 year olds and among those in care homes. Timely preventative measures can reduce excess death rates. In contrast to deaths associated with cold weather, the rise in mortality during a Heatwave occurs very quickly and within one or two days of temperatures rising. This means when a Heatwave starts, the window of opportunity for effective preventative action is very short. Therefore, proper and appropriate preparedness is essential. It is important to take appropriate precautions wherever possible to reduce the adverse effects of extreme temperatures on the well-being of service users, visitors and staff and the infrastructure.

Everybody can be affected by high temperatures, but there are certain factors that increase an individual's risk during a heatwave. These include:

- Older age: especially those over 65 years old, or those living on their own and who are socially isolated, or those living in a care home.
- Chronic and severe illness: including heart or lung conditions, diabetes, renal insufficiency, Parkinson's disease or severe mental illness.
- Inability to adapt behaviour to keep cool: babies and the very young, having a disability, being bed bound, consuming too much alcohol, having Alzheimer's disease.
- Environmental factors and overexposure: living in a top floor flat, being homeless, activities or jobs that are in hot places or outdoors and include high levels of physical exertion.

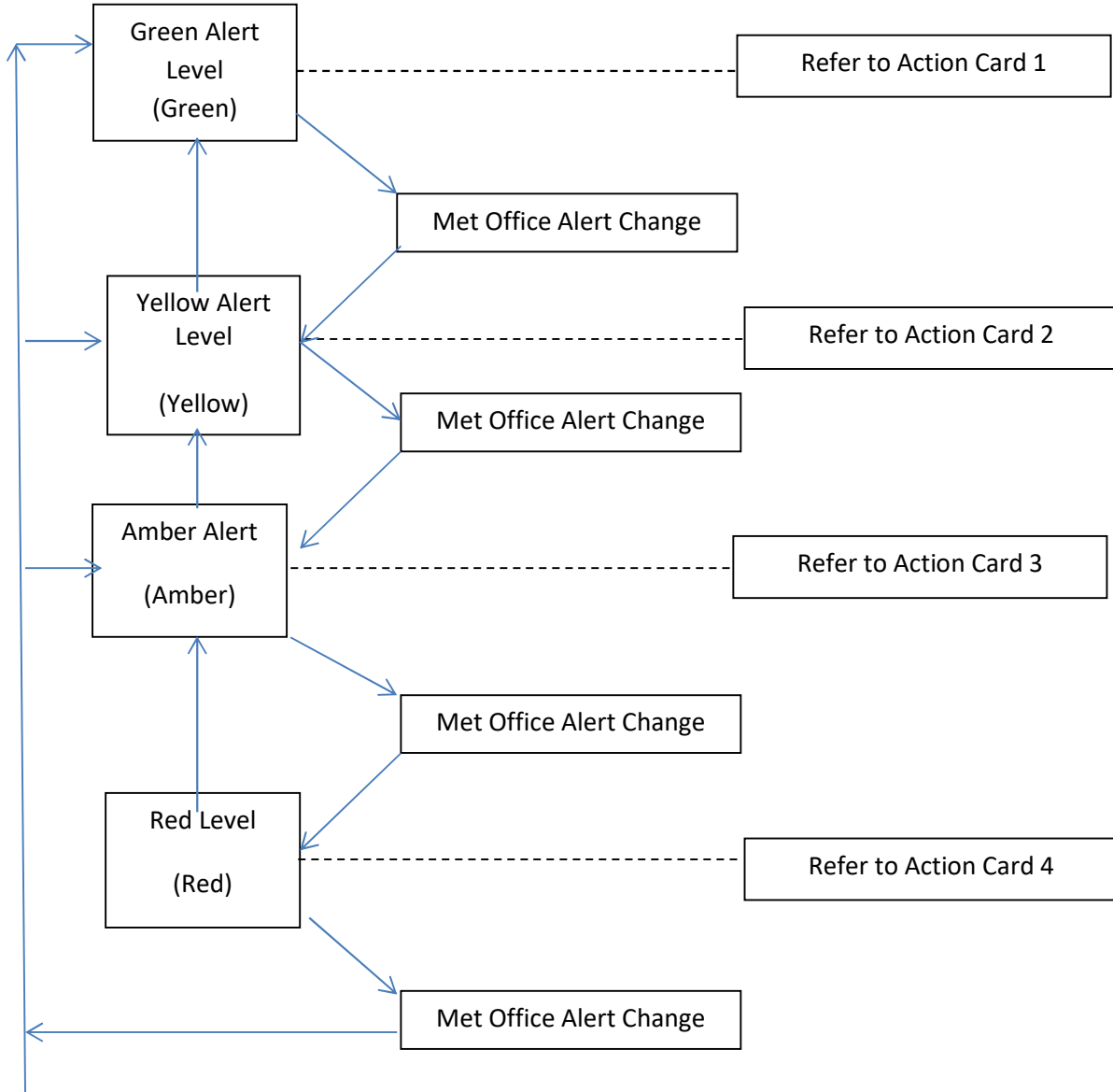
### 8.2 Met Office Heatwave Alert System and Trust Actions

A Heat Health Watch alert system operates each year from 1<sup>st</sup> June – 15<sup>th</sup> September. During this period the Met Office may issue warnings to let us know there's potential for impacts in our location. This means that any warning they issue should make you think about what steps you can take to minimise the chances of disruption. The Heatwave Warning service now colour code the warnings which, in turn, help responders clarify what actions need to be taken. Please see Appendix 1 for more detail on individual roles and responsibilities and Appendix 2 for Heatwave action cards which describe actions to be taken if a warning has been issued.



## Alert & Escalation Level Action Flowchart

(Supporting Documentation in Appendix 2)



## **9. Business Continuity Planning**

Good business continuity planning forms an essential part of this plan.

All areas of the Trust have Business Continuity Plans which identify the actions required to ensure service continuity. The plans take account all Trust critical functions and consider the requirements of staffing and the impact of utility failures which could be easily affected by an incident covered by this plan. Where buildings and infrastructure is affected local BC plans also need to account for decamp arrangements to preserve key services.

Teams will be asked to enact their business continuity plans whenever severe weather has the potential to impact on service delivery. Business Continuity Plans are held both electronically on the Trust Intranet :

<http://sfhnet.notts.nhs.uk/departments/clinicalguidelines/deptbrowse.aspx?recid=8407&holeid=7650>

And in hard copy in service locations.

## **10. Communication**

Throughout any incident that requires this plan to be activated; clear communications will be issued via the Communications Team in conjunction with the Accountable Emergency Officer / Silver On-call.

The Communication plan will take account of giving clear messages to staff in work and other staff who are rostered to come in during a declared Critical / Major Incident.

Communications will also use available channels to communicate continuity messages to patients and visitors to our sites. Communication will be a key function of the Hospital Command Team during a declared incident.

Depending on the impact of the incident; Communications will utilise a number of key channels as appropriate, including

- Internal email, intranet and screensavers
- Use of messaging in Nervecentre and through other clinical systems
- Twitter and other social media
- Phone / video conferencing with response hubs
- Local media messaging
- Manual Communications via runners (2<sup>nd</sup> Line Responders)

## **11. Post Plan activation recovery**

Once the incident moves into the recovery phase the Hospital Command Team or Gold Commander will take on the responsibility for the recovery phase in line with Trust arrangements.

## 12. Debriefing and learning lessons

At the conclusion of a Critical or Major Incident, the Accountable Emergency Officer through the Emergency Planning Officer will make arrangements for staff to be debriefed and may request other health organisations that have worked alongside the Trust in response to take part.

At the conclusion of the incident, the Emergency Planning Officer will prepare a report on the incident, to include issues identified by the debriefing process, together with an action plan to address the issues raised. The report and action plan will then be submitted to the Trust's Board and other external agencies and organisations.

In the event of a period of severe weather affecting the trust but not triggering a Critical or Major Incident; the Emergency Planning Officer will make arrangements for staff to be debriefed and will seek feedback from other organisations that have worked alongside the Trust during the response.

The debrief will take the form of a meeting attended by all affected services where feedback will be sought on the Trust's response. The Emergency Planning Officer will prepare a report containing a list of "lessons learned" with an action plan to address these issues. The report and action plan will be submitted to the Resilience Assurance Committee for agreement and oversight of actions.

## Appendix 1

### **Heatwave Roles and Responsibilities**

#### **Accountable Officer for Emergency Preparedness is responsible for:**

- Ensuring the Heat Health Watch Alert is cascaded throughout the Trust.
- Deciding (with advice) when, and in what form the command and control arrangements at the different Alert levels, will take effect.
- Ensuring Divisional Management Teams are taking appropriate action to maintain continuity of service and the safety and well-being of service users, staff and visitors.
- Ensuring situation reports are prepared and the Hospital Management Board and Trust Board are kept informed.
- Ensuring (if required) that external stakeholders are kept informed.
- Chairing the Severe Weather Planning Group or request another Executive Lead to do so.
- Ensuring agreed actions by SWPG members are followed through as agreed.

#### **Division Management Teams are responsible for ensuring that:**

- Divisional Business Continuity Plans are in place to respond to the impact of excessive temperatures.
- Service Area / Ward Managers take appropriate action to maintain continuity of service and the safety and wellbeing of service users, staff and visitors.
- Division Situation Reports are produced (as required) and submitted at agreed frequencies.

#### **Resilience Assurance Committee is responsible for:**

- Tactical and Operational support to the Trust Medical Director, Divisional Management Teams and Division Resilience Leads.
- Liaison with stakeholder Emergency Planning and Business Continuity Leads.
- Maintenance and review of the Trust Heatwave Plan.
- Review of Division / Service area / Ward Business Continuity Plans.
- On receipt of Heat Health Alert information cascade to appropriate groups. (information and cascade chart).
- Member of the Severe Weather Planning Group.

#### **Estates and Facilities Management is responsible for ensuring that the following are part of the Estates and Facilities (E&FM) Business Continuity Plan:**

- Safe storage of food in the event of a Heatwave
- Storage, maintenance, and distribution of fans and air cooling systems.
- In the event of adverse weather provide technical advice with regard to the Trust Electrical Infrastructure capability, capacity and resilience (down to individual ward / service area).
- Maintain Service Level Agreements with third party providers for the supply of Portable Air Cooling Equipment.
- The EFM is responsible for ensuring that the facilities specified in the policy and procedure is in place and relevant EFM staff are trained appropriately.
- Membership of, and attendance at the Severe Weather Planning Group.

**Head of Procurement is responsible for**, in liaison with the EFM and the Trust Infection Prevention and Control (IPC) Team)

- Managing the procurement of suitable air cooling equipment.
- Membership of, and attendance at the SWPG.

**Chief Pharmacist is responsible for** ensuring, as part of the Medicine Management Business Continuity Plan:

- The safe storage of pharmaceutical products in the event of a Heat Wave.

**Trust Infection Prevention Control Team are responsible for:**

- Providing expert advice with regard to infection prevention control measures to be taken in the event of a Heat Wave (including deployment of fans and other air cooling equipment).

**Director of ICT Services is responsible for:**

- Managing the risks to ICT equipment deemed to be critical to service delivery and identified to be at risk from hot weather as part of the ICT Business Continuity Plan.

**Communications Team are responsible for:**

- Ensuring that on receipt of Heat Health Alert, information is cascaded to all members of staff as described in the information receipt and cascade chart.
- In liaison with the Severe Weather Planning Group agreeing and developing pre-prepared information for the Trust Intranet.
- Membership of and attendance at the Severe Weather Planning Group.

**Health and Safety Team is responsible for:**

- Advice and the link into the Thermal Comfort Guidance

**Severe Weather Planning Group** is a sub-group of the Resilience Assurance Committee and will include representatives (or their deputies) from:

- EFM
- Trust energy lead
- Communications
- Directorate Resilience Leads
- Infection Control
- Emergency Planning

Each Member (or Deputy) is responsible for:

- Attendance at all Planning Group Meetings
- Ensuring the cascade of information / actions to relevant Division / Corporate Directorate reporting any shortcomings with regard to activating / undertaking agreed pre – alert activities to the Emergency Planning Officer

## Appendix 2

### Heatwave Action Cards

#### Green Alert

#### Heat Wave Action Card 1 Summer Preparedness 1<sup>st</sup> June – 15<sup>th</sup> September (Green)

Serial	Action	Responsibility	How
1	<p>Ensure an effective cascade system for informing staff that the Heat – Health Warning System is in operation and what the preventative measures are for both staff and patients.</p> <p>Preparation of Trust Intranet site for posting of 'Heatwave' info.</p>	<p>Head of Communications and External Relations</p> <p>Emergency Planning Officer</p>	<p>Use all mediums of communication to ensure all staff are made aware of when we move into the Heat Wave reporting period (1<sup>st</sup> June – 15<sup>th</sup> September).</p> <p>Trust Severe Weather Plan and all UK Health Security Agency (UKHSA) Heat Wave Information (including the National Heat Wave Plan) are put on the Trust Intranet and are accessible to all staff.</p> <p>During the reporting period daily Heatwave information banner on the front page of the Trust Intranet.</p>
2	<p>Alert Level change then UKHSA Information Leaflets are made available for distribution to Outpatient areas / Public Area Meeting Places (Retail Outlets), Public / Patient Transport Discharge Lounge and identified Vulnerable Patient Wards (Relatives, Carers etc.)</p>	<p>Emergency Planning Officer</p> <p>Duty Nurse Managers</p> <p>Service Area Managers</p> <p>Ward Sisters</p>	<p>Ensure a stock of UKHSA Information Leaflets is made available and distributed as appropriate.</p>
3	<p>When received Met Office Heat – Health Watch Alert Level information is cascaded to relevant groups in a timely manner.</p>	<p>Emergency Planning Officer</p> <p>Communications Team</p>	<p>Email the groups as named on the cascade reminder as to which Heat wave Action Card is in operation.</p> <p>If the Alert Level has changed contact the</p>



Serial	Action	Responsibility	How
			Communication Team to ensure the change has been highlighted on the front page of the Trust Intranet.
4	Ensure all relevant Local Business Continuity Plans are reviewed and updated (if required).	Divisional Resilience Representatives	Provide an assurance that this action has been undertaken and report back through the EPO.
5	Identify High Risk Areas who are at particular risk from extreme heat and if required plan changes to their care plan should the Alert Level change.	Duty Nurse Managers Ward Managers	Communicate and work with individuals, patient families and carers to raise awareness of the dangers of extreme heat and promote the implementation of protective measures.
6	Check that south facing windows have reflective film fitted and if not, that they are shaded using 'light coloured' curtains as opposed to dark curtains.	Ward Managers EFM	Undertake audit of current status and if appropriate submit minor works request for work to be undertaken. This could be done anytime throughout the year!
7	Ensure that all Ward / Patient areas have an indoor thermometer fitted to monitor and record daily temperatures. This is more important where vulnerable patients are located.	Duty Nurse Managers Ward Managers Service Area Managers	Check that there is a thermometer in place and if not create a Purchase Order and obtain through procurement.  Daily temperature monitoring will be carried out by the contract team and records passed to the EPO. Information will be used as a Management tool to prioritise areas for further attention.
8	Identify cool rooms or cool areas that can maintain an ambient temperature of 26° C or below.	Ward Managers Service Area Managers	Daily Temperature Monitoring.

Serial	Action	Responsibility	How
9	Check surge plans are up to date and aligned with current Directorate bed stock and capacity.	Divisional General Managers  Clinical Leads	
10	Confirm the operation of fans, air conditioning units and the resilience of any other equipment to confirm that there is no foreseeable risk of system failure due to overload or overheating.  Confirm electrical capacity capability to determine what type and how many portable air cooling assets could safely be used in each identified area.	EFM (Hard FM)	Audit and check of all fans and air cooling systems held in stock or located on wards / service areas to confirm numbers, types and operability.  Ensure all fans and portable air cooling equipment is PAT tested.  Capacity testing of electrical systems (EFM)  Include air conditioning units as part of the annual maintenance programme.
11	Identify the number of fans / portable air conditioning units required in the event of an Alert Level change.  Based on the number of fans / portable air cooling equipment availability identify by location (ward / service area) and priority where the equipment should be deployed.	Duty nurse Managers (DNM)  Ward Managers  Service Area Managers	Number of fans / portable air conditioning units should be commensurate with the number of patients and staff on the ward and patient vulnerability to extreme heat. (pre-Heat Wave activity)  Complete request form (Appendix 4) and submit to Helpdesk as required.
12	Ensure Food Storage facilities are not adversely affected by rising temperatures.	EFM (Catering)	Audit of food storage equipment to confirm suitability and capability.
13	Ensure pharmaceutical products that are heat sensitive and start to degrade if subjected to temperatures above 25° C are stored appropriately.	Chief Pharmacist	Complete the Daily Temperature Monitoring Chart and use the information to inform any necessary action.

Serial	Action	Responsibility	How
14	Check that the risk of the IT servers overheating due to the rise in temperature is mitigated.	Director of ICT Services EFM	Audit of current mitigating controls and supporting infrastructure to confirm suitability.
15	Arrange meeting of Trust Severe Weather Group (see appendix 1 for more detail).	Emergency Planning Officer	Meeting to be scheduled during April/May

Please note that there will be a number of other actions that fall under the Long Term Planning programme e.g. Annual Maintenance Programme, Environmental Cost Saving Programme, and Capital Programme etc. that will support a number of the above actions.

## Yellow Alert

### Heatwave Action Card 2

Serial	Action	Responsibility	How
1	Ensure all staff are notified of the Met Office Alert and the change of the Heatwave level.	Communications Team  Emergency Planning Officer	Use all mediums of communication to ensure all staff are made aware of the Alert Level change and to activate <b>Action Card 2</b> . Comms Team to ensure severe weather page is activated on the Trust intranet with alerts and required actions regularly updated.
2	Ensure that all actions in <b>Action Card 1</b> have been undertaken.	All	
3	Ensure staff are reminded to keep windows closed and blinds drawn	Duty Nurse Managers  Ward leaders  DGM's  Communications Team	Effective comms campaign, using all relevant media, reminders during bed meetings and posters were appropriate.
4	On request ensure fans, portable air cooling equipment is distributed to ward areas.	Emergency Planning Officer  EFM  Duty Nurse Managers  Ward Managers  Service Area Managers	Using the information submitted on the fan, air cooling request form deliver equipment to wards / service areas.  Priority assessed by temperature monitoring and prior identification of high risk areas.  Requests for fans and air cooling equipment will be via the Helpdesk (complete request form, Appendix 4)
5	Ensure that staffing levels are sufficient to cover the anticipated heat wave period and plan, make	Ward Managers / Bed Managers  Duty Nurse Managers	During the alert period staffing, air cooling equipment requirements etc. should be discussed

Serial	Action	Responsibility	How
	provision for potential surge capacity issues.	Silver on Call	at the bed meetings and any issues that can be resolved during the meeting resolved or cascaded to other departments / service areas for action.
6	UK Health Security Agency (UKHSA) leaflets are distributed or made available to staff, vulnerable people and members of the public.	Emergency Planning Officer Ward Managers Service Area Managers Communications Team	Information leaflets are made available in all patient / outpatient areas  Ward Managers and in particular the Discharge Lounge Manager to ensure that any vulnerable patient being discharged is given a copy of UKHSA Publications – Beat the Heat: Keep Cool at Home Checklist and Beat the Heat: Staying Safe in Hot Weather. These publications can be given to the patient's family or carer.
7	Ensure arrangements in place for staff to continue working safely and comfortably during the alert level change.	Divisional Management Teams	Refer to the UKHSA Publications Beat the Heat: Keep Cool at Home Checklist and Beat the Heat: Staying Safe in Hot Weather. Any requirements / issues that cannot be sorted at Divisional Team level are to be cascaded to the respective Silver On Call.
8	Ensure that cool rooms are ready and consistently at 26° C or below and identify other naturally cooler rooms.	Duty Nurse Managers Ward Managers Service Area Managers	Regular room temperature readings to ensure room(s) maintain 26° C.

Serial	Action	Responsibility	How
9	<p>Identify particularly vulnerable patients who may need to be prioritised to spend time in a cool room.</p> <p>Ensure cool rooms have the correct equipment / facilities to accommodate identified vulnerable patients.</p>	<p>Duty Nurse Managers</p> <p>Ward Managers</p>	<p>Develop a vulnerable patient programme that will manage the movement and length of stay in a cool environment.</p>
10	<p>Consider temperature threshold for standing down of services, e.g. in outpatient clinic areas, to be invoked at Amber alert level.</p>	<p>Divisional and Operational Leads</p>	<p>Discussion once Yellow temperature alerts received</p>



## Amber Alert

### Heat Wave Action Card 3

Serial	Action	Responsibility	How
1	Ensure that all actions in Action Cards 1 and 2 have been taken.	All	
2	Ensure all staff are notified of the Met Office Alert and the change of the Heat wave level.	Head of Communications and External Relations  Emergency Planning Officer	Use all mediums of communication to ensure all staff are made aware of the Alert Level change and to activate <b>Action Card 3</b> .
3	Repeat messages re personal management arrangements for staff and patients during the heat wave.	All	Refer to the UKHSA Publication Beat the Heat: Keep Cool at Home Checklist
4	Commence early morning pre-cooling of the hospital towers	Estates/Contract Team	Using chilled air through air handling units
5	Utilise fans, air cooling equipment, arrange for cool drinks to be distributed more regularly and move patients (where possible) in to cool rooms.	Duty Nurse Managers  Ward Sisters  EFM	Staff Management and Patient Care Plans.
6	Fans, air cooling equipment / systems break down.	Ward Managers  EFM  Service Area Managers	Contact the Helpdesk. Extn 3005 or <a href="mailto:sfh-tr.medirect_helpdesk@nhs.net">sfh-tr.medirect_helpdesk@nhs.net</a>
7	Where possible and in compliance with the patient care plan consider adapting menus to cold meals (preferably with a high water content).	Ward Managers  EFM (Catering)	Identify those patients who could, and if agreed with the patient have cold meals instead of hot. This would have to be co-ordinated through the EFM (Catering Manager).

Serial	Action	Responsibility	How
8	Review the Uniform Policy	Director of Nursing  Communications Team	If it is agreed to change or part change the Uniform Policy during the Heat wave (Alert Level 3) then changes will be communicated to all those affected immediately.
9	Reduce internal temperatures by turning off all unnecessary lights and electrical equipment.	All	
10	Implement temperature measuring and recording four times a day, monitor and minimise temperatures in all patient areas and act if there is a significant risk to patient safety.	Duty Nurse Managers  Ward Managers  Service Area Managers  Directorate Management Teams  Estates Contract Teams	Temperature monitoring using the Monitoring Chart and report any significant patient risk at first to the Matron and if further advice / assistance is required contact the Duty Nurse Manager / Silver on Call.
11	Ensure that discharge planning takes into account the vulnerability of the patient to high temperatures and the accommodation they will be going back to.	Ward Managers  Integrated Discharge Team	
12	Consider moving Hospital visiting hours to mornings and evenings to reduce afternoon heat from increased numbers of people.	Director of Nursing  Hospital Senior Management Team	A number of factors will influence whether visiting hours are changed. However certain areas may be targeted thus contributing to a reduction in temperature.
13	Staff members should take regular breaks and find somewhere cool if possible	All staff (especially those wearing PPE for long periods)	By agreement with line manager and colleagues

Serial	Action	Responsibility	How
14	Staff members should stay well hydrated (checking urine colour will help identify whether you are properly hydrated)	All staff (especially those wearing PPE for long periods)	Ready access to and consumption of drinking water
15	Be aware of the signs of heat stress, don't wait until you feel unwell before you take a break	All staff (especially those wearing PPE for long periods)	Avoid thirsty/dry mouth and be aware of urine colour and amount. Be aware also of feeling unwell, lacking concentration and dizziness (fainting).
16	Use a buddy system with your team to look out for signs of heat stress	All staff (especially those wearing PPE for long periods)	Working with colleagues
17	Between shifts try to stay cool, as this will give your body a chance to recover	All staff (especially those wearing PPE for long periods)	Stay out of direct heat whenever possible, cool showers and cold drinks
18	Arrange for management of staff in renowned hotspot areas such as; <ul style="list-style-type: none"> <li>• TB3</li> <li>• Level 6 restaurant</li> <li>• Histopathology</li> <li>• Sonography</li> <li>• EAU</li> <li>• KTC</li> </ul>	Service line managers in relevant areas	Arrangements to include, working from home, regular staff rotation/breaks, accessible hydration, flexible working hours, flexible dress code
19	Redirect cooled air from un, or under-used areas to areas more in need	Divisional Managers Operational Leads	Consider standing down some services in e.g. outpatient clinical areas.
20	Requests for cool water/ice/ice lollies for staff and patients.	Duty Nurse Managers Ward Managers Service Area Managers  Infection Prevention Control Team  EFM	Requests for cool water / ice / ice lollies through Helpdesk Extn 3005 or <a href="mailto:sfh-tr.medirect_helpdesk@nhs.net">sfh-tr.medirect_helpdesk@nhs.net</a>

**Red Alert**  
**Heat Wave Action Card 4 – Red Alert**

Serial	Action	Responsibility	How
1	Activation of Trust Incident Response Plan / Business Continuity and Internal Incident Plans	Medical Director	On receipt of Red Alert the Emergency Planning Officer will ensure the information is immediately cascaded (cascade diagram) and assist with the response.

### Appendix 3

#### **REQUEST FOR PURCHASE OF ELECTRICAL WHITE GOODS & SMALL KITCHEN APPLIANCES**

There are several safety factors that must be considered before the Trust can purchase any Electrical White Goods. This includes Fans, Kettles, Sandwich Makers, Toasters, Washing Machines, Dishwashers, Microwave Ovens, Fridges and Fridge Freezers, etc.

Other than fans all white goods / appliances must be located within a fire compartment room. Prior to completing this form, you can check this by looking at the door to the room, if it has a circular sign on the door that says FD30 / FD60 / FD90 then chances are the room is a fire compartment.

**Please note only fans may be approved for locations that do not display this sign.**

**Portable fan heaters are not allowed to be used in the Trust as they represent a significant fire risk, please see Trust E&F008 Electrical policy and E&F015 Energy Policy for further details.**

In order to gain approval for the requested white goods please complete the information below and email to [gary.tibbs@nhs.net](mailto:gary.tibbs@nhs.net) - once approved this will be passed to our Estates team for final approval prior to a requisition being raised.

<b>Please complete all the following information and return to all the email addresses below:</b>	
Name of person making the request	
Your Role / Position in the Trust	
Telephone Number	
Email Address	
<b>Appliance Details:</b>	
Description of Appliance Requested	
Quantity Required	
<b>Location:</b>	
Proposed Use (staff / Patient drinks etc)	
Room Name – location of use	
Room Number – location of use	
<b>Step 1 - Fire Department Approval:</b>	
Name of Approver	Gary Tibbs Fire Safety Manager - <a href="mailto:gary.tibbs@nhs.net">gary.tibbs@nhs.net</a>
Approved Y/N	

Signature	
Comments / reason for rejection	
<b>Step 2 - Estates Department Approval:</b>	
Name of Approver	Estates - <a href="mailto:lee.fox2@nhs.net">lee.fox2@nhs.net</a> or <a href="mailto:david.price22@nhs.net">david.price22@nhs.net</a>
Approved Y/N	
Signature	
Comments / reason for rejection	

Estates will notify you confirming if the request has been approved or denied. If approved, you will then need to raise a requisition on Integra attaching the signed White Goods Form to the order.

**White goods forms received by Fire/Estates/Procurement that are not fully completed will not be Processed.**



## Appendix 4

### Cold Weather Action Card for Health and Social Care Providers

This Cold-Health Alert (CHA) action card summarises the suggested actions that providers of health or social care should consider to prepare for and respond to each CHA type. It is intended primarily for managers and staff working in the following settings:

- hospitals
- adult or children's social care providers in care homes and other residential settings
- health and/or social care providers in the community operating from fixed sites such as GP surgeries
- services delivering care to people in their homes

These include actions to consider:

- all year round to support winter preparedness
- for pre-winter readiness and winter preparedness
- for a yellow alert
- for an amber alert
- for a red alert

The actions are illustrative. Providers should work with organisations including NHS England, local authorities, Local Health Resilience Partnerships (LHRPs) and Local Resilience Forums (LRFs) to ensure that local plans are developed and in place for the coming winter as part of wider preparedness and response to adverse cold weather.

In a clinical or care setting with a patient or client, staff should exercise professional judgement and respond appropriately to the patient's needs. Staff should be aware of the effects of cold weather on health, and when they notice a client or patient at risk of cold, for example from living in a home that is too cold, should know what immediate actions to take to ensure the patient's safety. There should be clear guidelines for them to make other necessary arrangements (for example addressing housing issues) in the immediate and longer term.

Not all actions recommended in this action card will apply to managers working in all of the settings listed above: sections below disaggregate actions by setting where relevant. Managers and staff should carefully consider those actions that apply to the settings in which they work, for the health and wellbeing of their clients or patients and staff and read this action card alongside guidance for social care, for healthcare settings, for people who sleep rough and others as appropriate.

## About cold weather and health: who is at risk

Whilst exposure to cold can affect anyone, some people are particularly at risk.

These include:

- older people (aged 65 and above)
- people with cardiovascular (heart and circulation) conditions
- people with respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma)
- people with mental health conditions
- people with learning and/or physical disabilities
- young children (particularly those aged under 5)
- pregnant women
- people on a low income

There are many reasons for the increased risk of ill-health in cold weather.

These include:

- poor-quality housing and particularly cold homes
- the higher frequency of circulating infectious diseases, such as flu and norovirus during the winter months
- physical hazards such as snow and ice

During cold weather, people may also use malfunctioning or inappropriate appliances to heat their homes. This can increase the risk of carbon monoxide poisoning. When a house is damp as well as cold, mould is more likely to occur. This can increase the risk of illness, especially from asthma.

Further information on who is at risk from cold and why can be found in the AWHP supporting evidence document - <https://www.gov.uk/government/publications/adverse-weather-and-health-plan>

## About the Cold-Health Alert action cards

The Cold-Health Alert (CHA) action cards have been updated to reflect the new 'impact-based' CHA warning systems, which have been developed in tandem with the Adverse Weather and Health Plan (AWHP) - <https://www.gov.uk/government/publications/adverse-weather-and-health-plan>. The AWHP, CHA action cards and associated documents provide a broad framework for action, and local areas and organisations should tailor these good-practice suggestions to their local needs and ensure that these fit with wider local arrangements.

A CHA should trigger a series of actions by different organisations and professionals as well as the public, building upon year-round planning activities to ensure cold-weather preparedness. The action cards emphasise the importance of joint working across agencies including the voluntary and community sectors and highlight one aim of the AWHP: to

ensure that there is an integrated response to severe weather events across sectors. Local areas will need to consider those actions indicated in the relevant section which will need to be taken jointly across organisations and sectors.

**Using the Cold-Health Alert action cards**

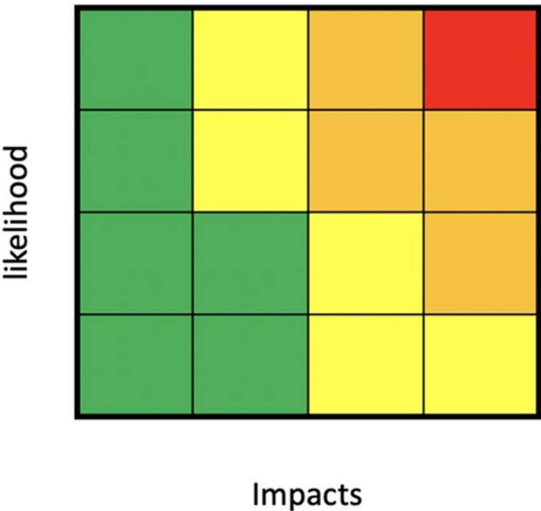
In line with other weather-warning systems in operation within England (and the UK), CHAs will be issued when the weather conditions have the potential to impact the health and wellbeing of the population. The alerts will be given a colour (yellow, amber or red) based on the combination of the impact the weather conditions could have and the likelihood of those impacts being realised (Figure 1). These assessments are made in conjunction with the Met Office when adverse weather conditions are indicated within the forecast.

Yellow and amber alert assessments cover a range of potential impacts (for example impacts on specific at-risk groups, such as rough sleepers or people using adult social care services, through to wider impacts on the general population) as well as the likelihood (low to high) of those impacts occurring. This combination of information on impacts and likelihood should help those making decisions about the appropriate level of response during an alert period. Within the alert, the combination of impact and likelihood will be displayed within a risk matrix as illustrated below.

Once a CHA is issued, it will be cascaded to everyone registered to receive the alerts as well as being made available on the dedicated web platform. CHAs will be issued with as much lead time to the cold weather event as possible to allow users time to make local assessments and to initiate all appropriate actions to reduce harm to health. Users should review every CHA when issued to ensure they fully understand the potential impacts and how likely they are to occur.

The following sections explain the alert levels in more detail.

Figure 1. Impact and likelihood risk matrix



### **Green (winter preparedness)**

No alert will be issued as the conditions are likely to have minimal impact on health. However, during periods when the risk is minimal, it is important that organisations ensure that they have plans in place and are prepared to respond should an alert (yellow, amber or red) be issued.

### **Yellow (response)**

Yellow alerts cover a range of situations in which action is required within the health and social care sector. Yellow CHAs may be issued during periods of cold weather which would be unlikely to impact most people. However, those who are particularly vulnerable (for example older people with multiple health conditions and on multiple medications, or those who are sleeping rough and at greater risk of cold exposure) are likely to struggle to cope in these conditions. A yellow alert may also be issued if the confidence in the weather forecast is low, but there could be more significant impacts if the worst-case scenario is realised. In this situation the alert may be upgraded as the confidence in both the weather forecast and the likelihood of observing those impacts increases.

### **Amber (enhanced response)**

An amber CHA represents a situation in which the expected impacts are likely to be felt across the health and social care sectors, with potential for the whole population to be at risk. Other sectors, apart from health and social care (for example transport) may also start to observe impacts, indicating that a coordinated response is required. In addition, in some circumstances a National Severe Weather Warning Service (NSWWS) warning may be issued for snow, ice or wind in conjunction with and aligned to the CHA. This situation would indicate that significant impacts are expected across multiple sectors.

### **Red (emergency response)**

A red CHA would indicate significant risk to life for everyone, including the healthy population. Severe impacts would be expected across all sectors, and a coordinated response is essential. The UK government will declare an emergency if there is severe or prolonged cold weather affecting sectors other than health and social care, and if the conditions require a coordinated multi-agency response.

## **Actions to consider all year round to support cold weather preparedness**

### **Long-term, strategic actions**

Managers and staff should consider the following:

#### **Identify those at risk**

If you work for a service delivering care to people in their homes, establish methods to identify, alert and monitor individuals most vulnerable to cold-related illnesses on your caseload. Methods for identifying vulnerable people should include reference to clinical

advice if staff are unsure whether someone is at risk. These considerations should also extend to carers – considering their needs and what care they may be able to give in the event of adverse cold weather.

Work to identify those at risk may include developing and maintaining a register of the most vulnerable individuals.

Ensure that organisations and staff are prompted to signpost vulnerable people to relevant sources of support to help protect them from cold (for example for energy efficiency measures, benefits or related advice).

## **Business continuity plans (BCPs) and/or cold weather plans**

In all settings:

- ensure that you are engaged with local Emergency Preparedness, Response and Recovery (EPRR) and other strategic arrangements for winter planning
- ensure that the organisational BCP includes adverse cold weather as a potential risk and that plans are in place for possible surges in demand for services during the winter
- consider how best to mobilise and engage community organisations and support the development of community emergency plans.

## **Work with partners**

In all settings, work with commissioners, other providers, businesses and other partners as appropriate to coordinate BCPs and/or cold weather plans, ensuring vulnerable and marginalised groups are appropriately supported and are involved in the planning process.

## **Training plans**

If you work in a community setting, develop a training plan to ensure that staff are aware of the local cold weather plans and are engaged in preparing for adverse cold weather. The plan should also help staff to identify those most likely to be at risk from cold weather and advise on how to raise concerns where necessary, drawing on established resources such as UKHSA's Helping People Living in Cold Homes

<https://www.e-lfh.org.uk/programmes/cold-homes/> e-learning module.

## **Data sharing agreements**

In all settings, ensure appropriate data-sharing agreements or protocols are in place to allow organisations to share data or intelligence, including details of the most vulnerable people where appropriate.

## **Surveillance and monitoring**

Ensure surveillance and monitoring systems are in place to enable evaluation of the effectiveness of any locally established cold weather interventions, drawing on sources such as relevant Public Health Outcomes Framework indicators and metrics

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

and UKHSA's syndromic surveillance systems

<https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses>

as appropriate.

## Environmental improvements

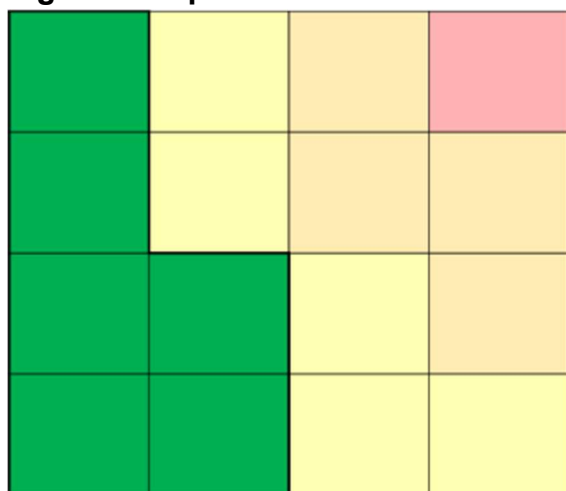
In all settings, consider environmental improvements that need to be made to your premises to provide a safe environment during cold weather.

For example:

- draught-proof windows, doors and other points of energy loss
- ensure heating systems are maintained and in good working order

## Cold weather preparedness (green)

**Figure 2. Impact and likelihood risk matrix: green**



Suggested areas you can support preparedness are:

### Alerts

In all settings:

- test out and ensure that organisational systems for distributing CHAs are fully operational and effective, and that staff can access advice, and understand what actions to take depending on the alert level
- review and update relevant distribution lists for information and weather alert cascades

### Audit

In all settings, complete an audit of organisational BCPs and/or cold weather plans to ensure that these are up to date, including reviewing AWHP and CHA action cards to adapt suggestions for local circumstances.

### Communication

In all settings:

- ensure staff are familiar with this action card, any relevant guidance and your local plans before 1 November each year

- ensure that the most important public health messages around preparedness for cold weather exposure are communicated using channels that maximise accessibility (for example posters)
- take advantage of clinical contacts to reinforce public health messages about cold weather and cold homes on health
- develop proactive messages aimed at the people using your services, especially to vulnerable groups and underserved populations, to communicate during weather alerts on simple actions they can take to guard against health risks from cold – these can draw on materials such as UKHSA's 'keeping warm and well' guidance (these messages, and the channels through which they are communicated, should be co-developed with representatives from the relevant populations)

## Protecting people at risk

In all settings:

- promote vaccination for COVID-19 and/or flu among service users who are eligible, to help reduce risks from respiratory infections during the winter – this should also apply to staff as a preventive measure to reduce the risk of respiratory infections during winter, depending on their eligibility
- ensure staff members are taking other actions as set out in UKHSA cold weather guidance for vulnerable groups, including those in healthcare settings, in adult social care settings, and for people who are sleeping rough – as appropriate to your setting

If you work in a care home or other residential setting, a hospital or a fixed site in the community, such as a GP surgery:

- ensure that plans are in place to be able to monitor room temperature, body temperature, pulse rate and blood pressure to protect residents
- identify points of higher risk of injury on their premises in the event of ice and/or snow, such as at entrances and exits and playground areas, and prioritise these for clearance or gritting when snow and/or ice occur – this would include ensuring adequate supplies of relevant equipment (for example shovels and gloves)

If you deliver care to people in their homes, ensure that organisations and staff are prompted to signpost those vulnerable to cold weather to:

- sources of support for keeping their home warm and with cost of living support, including help to manage energy bills, as needed
- advice on simple measures to improve home energy efficiency and safety to reduce risks that may increase in cold weather (for example from carbon monoxide exposure) as outlined in UKHSA's Keeping warm and well: staying safe in cold weather guidance <https://www.gov.uk/government/publications/keep-warm-keep-well-leaflet-gives-advice-on-staying-healthy-in-cold-weather>
- advice on things that can be done to find out what's causing damp and/or mould at home and how to address it, where relevant – new guidance from the Office for Health Improvement and Disparities (OHID) outlines what private and social rented landlords should do to respond to damp and mould and take preventative action



## Training

In all settings, ensure relevant staff members are aware of and understand BCPs and/or cold weather plans, including ensuring relevant staff have received training on appropriate actions to take under these plans where applicable.

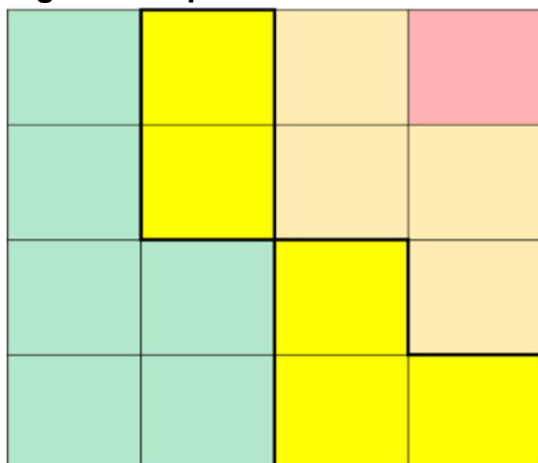
## Work with partners

In all settings:

- agree plans with local partners for coping with surges in demand for services and make sure that emergency contacts are up to date
- where relevant, liaise with providers of emergency shelter for people experiencing homelessness to agree plans for adverse cold weather and ensure capacity to scale up provision

## Suggested actions to consider for a yellow alert

**Figure 3. Impact and likelihood risk matrix: yellow alert**



## Suggested actions once an alert is issued

In all settings:

- ensure relevant staff members are aware of and understand BCPs and/or cold weather plans, including cascading plans to relevant members of staff
- use the CHA impact matrix to inform the local risk assessment for and response to cold weather
- consider how to make best use of available capacity in preparation for surges in demand, for example by using community beds for at-risk patients who do not need an acute bed and enabling access to step-down care
- ensure road/pavement gritting preparations are in place to allow access to critical services and pedestrian hotspots if ice and/or snow are expected



If you work in a care home or other residential setting, a hospital or a fixed site in the community such as a GP surgery:

- monitor temperatures inside buildings especially where people spend most time and aim to keep to 18°C (for example by keeping windows and doors closed to reduce draughts)
- prioritise maintenance of heating systems to keep rooms being used warm
- ensure that clients/patients have access to other ways of keeping warm (for example blankets and warm drinks) if needed

If you work for a service delivering care to people in their homes:

- ensure that staff are prompted to signpost vulnerable people to other sources of support
- communicate proactive messages aimed at the people using your services, especially to vulnerable groups and underserved populations to help them understand health risks from cold weather and simple actions they can take to guard against these, drawing on materials such as UKHSA's Keeping warm and well: staying safe in cold weather guidance <https://www.gov.uk/government/publications/keep-warm-keep-well-leaflet-gives-advice-on-staying-healthy-in-cold-weather>

### **Suggested actions once an alert is in effect**

In all settings:

- activate BCPs and emergency plans as required
- use the CHA impact matrix to inform the local risk assessment for and response to cold weather
- activate road and pavement gritting to allow access to critical services and pedestrian hotspots, if ice and/or snow occur

If you work in a hospital, a fixed site in the community such as a GP surgery or for a service delivering care to people in their homes:

- increase evidence-based advice to health and social care workers on ways of identifying those at risk from cold and ways to manage their needs, drawing on UKHSA guidance for adult social care managers and healthcare providers, and general population messages as appropriate
- increase pro-active communication aimed at the public, especially to underserved populations and vulnerable groups, to help reduce risks from cold exposure
- ensure staff are undertaking appropriate home checks when visiting clients or patients, for example room temperature, medications and food supplies, and that unpaid carers are receiving appropriate advice and support
- ensure that high-risk individuals are actively monitored during cold weather episodes, and that those most vulnerable to cold-related illnesses have visitor or phone call arrangements in place
- ensure that staff are prompted to signpost vulnerable people to other sources of support (for example for energy efficiency measures, benefits or related advice)

## Suggested actions to consider for an amber alert

**Figure 4. Impact and likelihood risk matrix: amber alert**


## Suggested actions once alert is issued

In all settings:

- activate local BCPs and/or cold weather plans, including cascading alert to relevant members of staff
- use the CHA impact matrix to inform the local risk assessment for and response to cold weather
- support staff to determine how and where to prioritise travel, especially if ice and/or snow occur
- activate road and pavement gritting to allow access to critical services and pedestrian hotspots, if ice and/or snow occur

If you work in hospital, a fixed site in the community such as a GP surgery, or for a service that delivers care to people in their homes:

- increase evidence-based advice to health and social care workers on ways of identifying those at risk from cold and ways to manage their needs, drawing on UKHSA guidance for adult social care managers and healthcare providers, and general population messages as appropriate
- increase evidence-based communication aimed at the public, especially to underserved populations and vulnerable groups, to help reduce risks from cold exposure – using resources such as UKHSA’s Keeping warm and well in cold weather poster  
<https://www.gov.uk/government/publications/keep-warm-keep-well-leaflet-gives-advice-on-staying-healthy-in-cold-weather>
- ensure that high-risk individuals are actively monitored during cold weather episodes, and that those most vulnerable to cold-related illnesses have visitor or phone call arrangements in place

## Suggested actions to consider for a red alert

**Figure 5. Impact and likelihood risk matrix: red alert**


## Suggested actions once alert is issued

In all settings:

- follow all local emergency response plans and feed into local (and, where appropriate, national) coordination and response
- use the CHA impact matrix to inform the local risk assessment for and response to cold weather
- activate road and pavement gritting to allow access to critical services and pedestrian hotspots, if ice and/or snow occur
- support staff to determine how and where to prioritise travel
- continue other actions as per amber alert above unless advised to the contrary

If you work in hospital or for a service that delivers care to people in their homes:

- increase evidence-based advice to health and social care workers on ways of identifying those at risk from cold, and ways to manage their needs, drawing on UKHSA guidance for adult social care managers and healthcare providers, and general population messages as appropriate
- increase evidence-based communication aimed at the public, especially to underserved populations and vulnerable groups, to help reduce risks from cold exposure – using resources such as UKHSA's Keeping warm and well in cold weather poster <https://www.gov.uk/government/publications/keep-warm-keep-well-leaflet-gives-advice-on-staying-healthy-in-cold-weather>
- ensure that high-risk individuals are actively monitored during cold weather episodes, and that those most vulnerable to cold-related illnesses have visitor or phone call arrangements in place
- mobilise community and voluntary support especially for those who are at-risk from cold, and who may not be able to readily access services via other routes

**Appendix 5**

**DIVISION – SERVICE AREA  
Portable Heater/ Blankets Request Form**

Prior to sending this form a Purchase Order has to be generated by the Trust Procurement System and included on this form.

This Form is to be completed and sent to the Trust EFM

Email: [sfh-tr.medirest\\_helpdesk@nhs.net](mailto:sfh-tr.medirest_helpdesk@nhs.net)

Confirmation of Receipt will be sent by Email

**Name of Person Completing the Form**

.....

**Position** .....

**Division**.....

**Campus** .....**Request**

**Approved By EFM (Hard FM) Yes / No**

(Refer to Portable Equipment Priority Table, Electrical Capacity Information)

**Date** .....

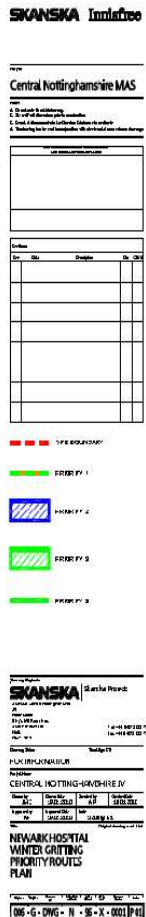
**Purchase Order Number** .....

**Date Submitted** .....

**Date Receipt Confirmation** .....

Ward / Service Area	No of Heaters Required	No of Blankets Required (when using Action Card 3 only)

## Grit Map – Newark Hospital



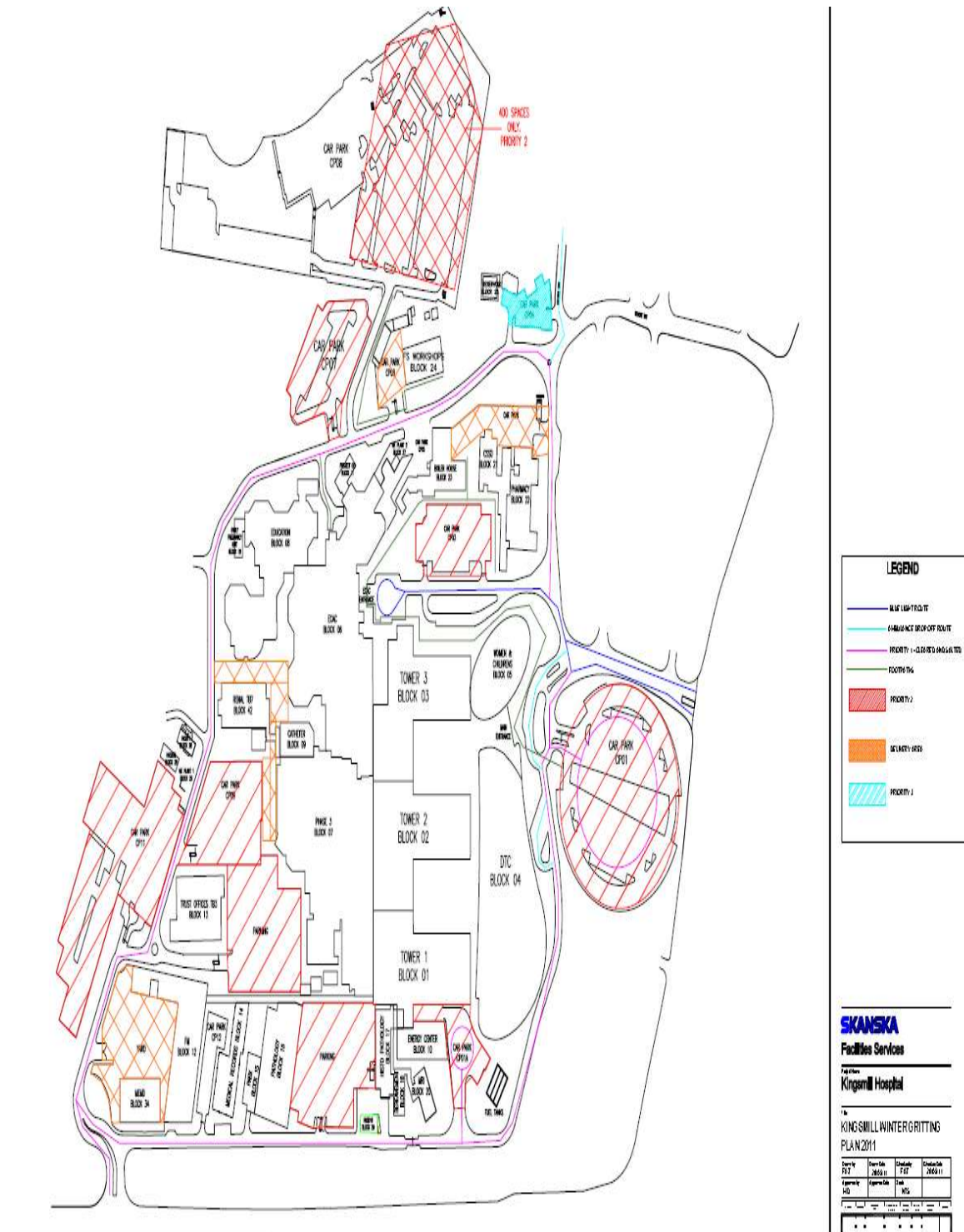


### Grit Map – Mansfield Community Hospital



## Appendix 8

### Grit Map – King's Mill Hospital



## Appendix 9

### **Protocol for Requesting 4 x 4 Vehicle Relief in Heavy Snow**

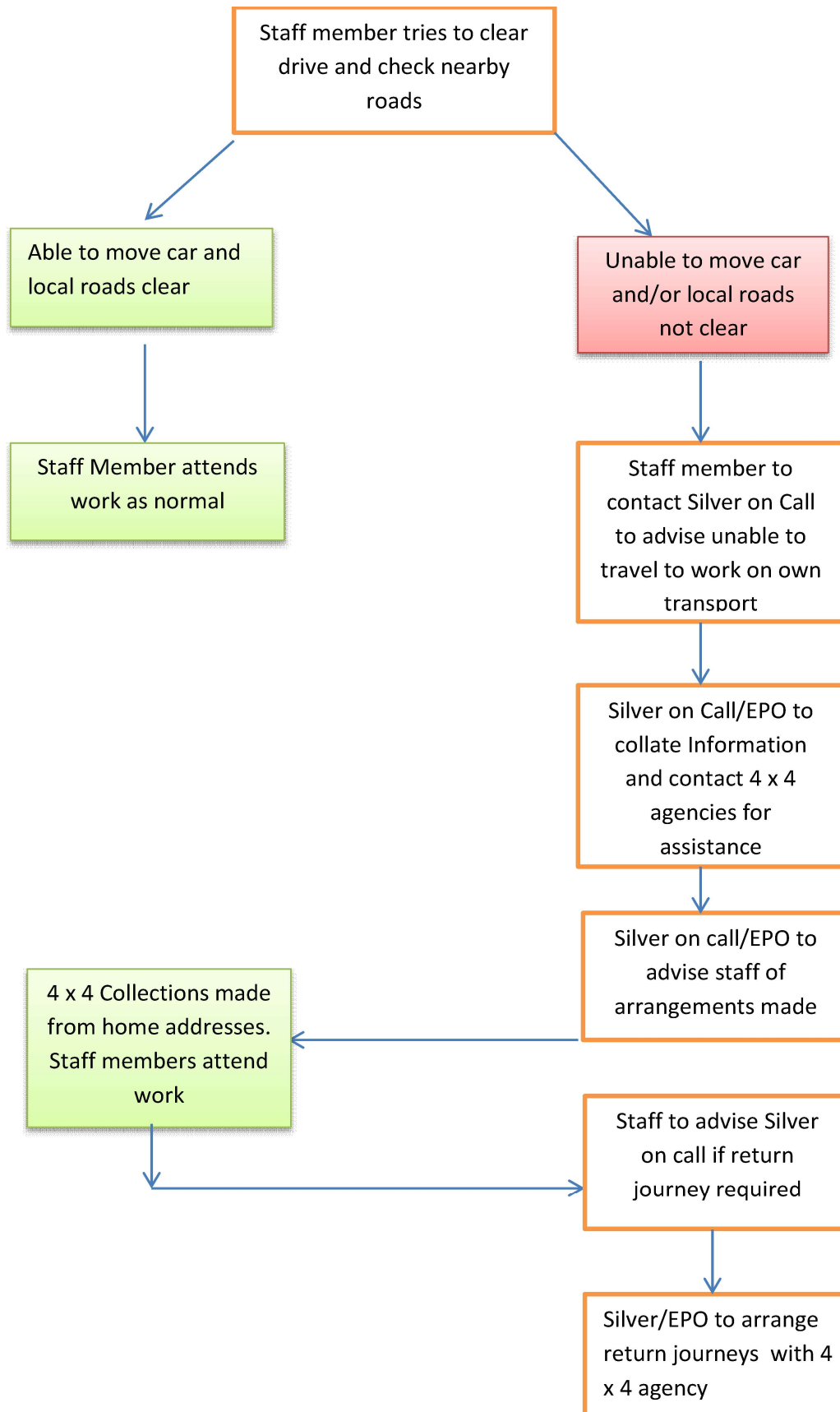
The protocol should be used for emergency staff rescue only and be considerate that the service is voluntary, and in such circumstances is likely to be placed under severe strain by a broad range of needy and essential staff in multiple organisations. It is not a staff taxi service:

- Staff should make every effort to get to work, including using public transport
- Staff should check the roads outside of their immediate place of residence. Main roads only a few yards away may be clearer than driveways and residential parking areas
- Staff should endeavour to clear snow themselves from their driveways and parking areas.
- Where staff feel unable to get themselves into work due to snow and ice, they should contact Silver-on-call to make them aware, advising of their normal place of work, their home address details and contact number.
- Silver-on-Call will collate information of all staff who are unable to get themselves into work and decide who's attendance is essential.
- If considered essential Silver Command or the EPO will contact voluntary 4 x 4 services to arrange as much support as necessary and pass on contact and address details.
- Once arranged Silver Command/EPO will advise of the estimated pick up times for the stranded staff members
- Silver command will feed this information back to the DGM's.
- DGM's will make their staff aware of this information as a matter of priority and instruct staff to be ready for collection at the relevant time
- As a general rule individual staff members **SHOULD NOT** contact voluntary services themselves. This should be done by the EPO or Silver on Call only.



Appendix 10

**FLOWCHART FOR USING 4 X 4**



## Appendix 11

### **4 x 4 Relief – Emergency Contact Details:**

#### **BRITISH RED CROSS**

##### **EMERGENCY CONTACT NUMBER: ACTIVATION AND ALERTING PROCEDURE**

Ring 0300 023 0700 (call centre).

Dictate your message to the operative including a contact name and number (e.g.) "Help with incident in [place]. Please contact 01623 xxxxxx. [name]".

Send as a text to British Red Cross 'on call duty manager', who will contact person/number given in message.

Emergency Response Officer – 07850 514 347

Nottingham office - 0115 8528000 (Monday – Friday 9-5pm)

Or

#### **Rhea Sutton**

Emergency Response Officer – Derbyshire and Nottinghamshire British Red Cross – Central Area

Mobile (primary) : 07850 514347

Telephone: 0115 8528000

Email: [RheaSutton@redcross.org.uk](mailto:RheaSutton@redcross.org.uk)

Web: [www.redcross.org.uk](http://www.redcross.org.uk)

Or

#### **NOTTINGHAMSHIRE 4 x 4 RESPONSE**

##### **EMERGENCY CONTACT NUMBER: ACTIVATION AND ALERTING PROCEDURE**

0115 6777928 Is to be used for all activation & Call outs, or e-mail:

[controller@notts4x4response.uk](mailto:controller@notts4x4response.uk)

Or

#### **ST JOHN AMBULANCE**

##### **EMERGENCY CONTACT NUMBER: ACTIVATION AND ALERTING PROCEDURE**

If you wish to request our support in an urgent or emergency situation, please call

**0303 003 0104 Option 1.**

The EPRR team also have a 24/7 support line which is 0333 015 4413

## Appendix 12

### **Emergency Overnight Accommodation Protocol**

Where notification is received of forthcoming heavy snow and / or ice, each day the EPO/Silver on Call should make PA Housing aware that there may be a need to accommodate key staff and establish what capacity there is. PA will advise of the bed capacity and make the relevant “Emergency Keys” available in the key collection box (please refer to PA Housing Information leaflet on page 51; “Collecting Your Keys”). Keys can be collected anytime during the day or night and over the weekend using this method.

Contact details 01623 482838 or internal Extn 2838. Or use e-mail:

[Kings.mill@pahousing.co.uk](mailto:Kings.mill@pahousing.co.uk)

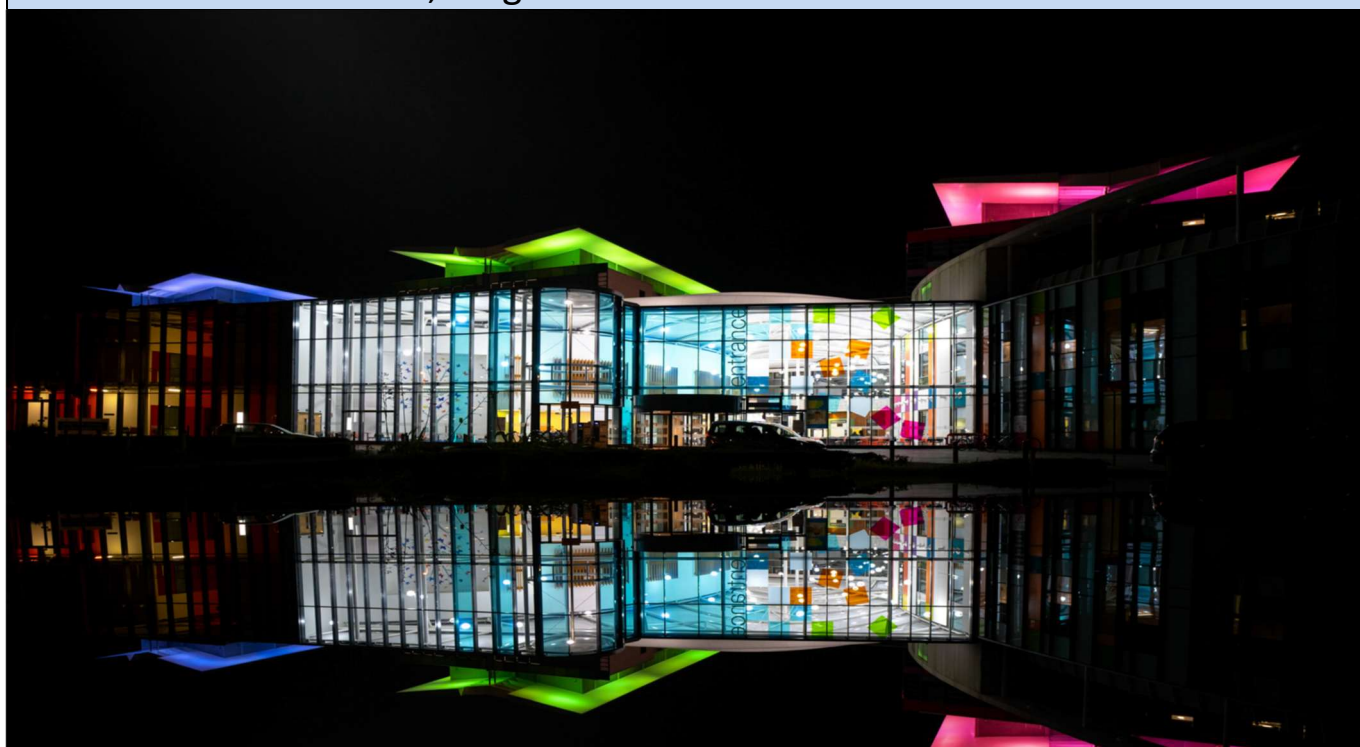
If PA Housing are unable to accommodate all the staff required, Silver on call will identify ward and clinic areas where bed spaces may be available (e.g. Clinic 9)

Where the Trust is unable to safely accommodate staff, either through PA Housing or within other areas of the Trust, local hotel rooms should be used.

Any staff booked in with PA Housing, who are unable to make it to site should make PA Housing aware at the earliest opportunity so that their room can be made available for other users.

## PA Housing

### Accommodation advice, Kings Mill



Finding Us	Collecting Your Keys
When you approach Kings Mill Hospital from the A38 do not take the turning up the main drive of the Hospital but take the immediate turn left after the traffic lights where you will pass Morrisons Superstore.	Your keys will be inside the key box in an envelope with you name and address on outside of the Willow House Office. Use the code 2838# to open it.
Proceed straight, and then take your immediate first turning right, before the island, into Millers Way, then your immediate left into Alder Court	You will either be in Willow or Larch House, however if you have been allocated Alder Court, you will need to go back through the barrier which will raise automatically on your approach.
Follow the road through till you see a barrier, key in 1999 to raise.	Please ensure you sign your slip when collecting your keys so we know if you have arrived or not.
Go straight through the car park to the two multi-storey blocks.	If you have a satnav, the postcode for Alder Court is NG17 4NZ.
These are Willow and Larch House.	If you arrive after hours, your keys will be left in the box.

**Please ensure you return your keys to the Office on your departure.**