Cumbria Partnership NHS
NHS Foundation Trust

Heatwave Plan

Document Summary

This plan sets out the Trust's preparedness and generic response to the onset of a severe heat event or a heatwave.

POLICY NUMBER	**POL/002/085**
DATE RATIFIED	**27 April 2018**
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NEXT REVIEW DATE	**March 2019**
ACCOUNTABLE DIRECTOR	**Director of Quality and Nursing**
POLICY AUTHOR	**Resilience Manager**

Important Note:
The Intranet version of this document is the only version that is maintained.

IF A HEATWAVE IS DECLARED, REFER TO THE ACTIONS CORRESPONDING TO THE RELEVANT HEAT-HEALTH WATCH LEVEL FROM PAGE 20 ONWARDS.
REMEMBER HEATSTROKE CAN KILL. IT CAN DEVELOP RAPIDLY AND SUDDENLY LEAD TO UNCONSCIOUSNESS. IF YOU SUSPECT SOMEONE HAS HEATSTROKE, CALL 999 IMMEDIATELY
While waiting for an ambulance:

- **take the person's temperature;**
- **if possible, move the person to somewhere cooler;**
- **cool them down as quickly as possible by sprinkling water or wrapping the person in a damp sheet;**
- **encourage the person to drink cool fluids if conscious (not tea, coffee or cola);**
- **do NOT give aspirin or paracetamol.**

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1.0 SCOPE

1.1 This document applies to all services and activities of Cumbria Partnership NHS Foundation Trust (the "Trust").

1.2 As there is no universal definition of heatwave, this term is used in a very broad sense to **include any severe heat event, which may occur at shorter notice than might be expected for a heatwave.**

1.3 The term 'patient' will refer to any individual (service user, client) accessing Trust services. NHS England's Cumbria and the North East team will be abbreviated to "CNE". Workforce and Organisational Development (formerly Human Resources) is abbreviated to "Workforce & OD". The terms "major incident" and "emergency" will be used interchangeably throughout this document – relevant definitions are set out in APPENDIX 6. Similarly NHS England's *Emergency Preparedness, Resilience and Response (EPRR)* is synonymous with the term "emergency planning". Presentational conventions observed in this document include: the word "must" is used to express necessity and is shown in red block capitals and underlined for emphasis (i.e. **MUST**). **Text in black bold font conveys important information** as in Section 1.4 below, whereas **red bold font indicates urgent information or possible actions for immediate consideration before, during or after a heatwave**. The word "should" is used to express recommendations, the word "may" is used to express permissibility and the word "can" is used to express possibility. The interchangeable use of "shall" and "will" is an acceptable part of standard British English.[1] The word "not" is underlined purely for emphasis. The phrase "area(s) of responsibility" refers to any geographical or functional responsibility assigned to an individual and/or documented in the corresponding job description

1.4 The Trust is required to maintain plans for responding to and recovering from a heatwave. As heatwave preparedness is an integral part of wider emergency planning and business continuity, **all departments and services are required to maintain comprehensive business continuity plans that safeguard critical activities in a heatwave**.

1.5 All Trust staff should familiarise themselves with this plan. It does not replace the Trust's Incident Response Plan, but is intended to supplement all existing plans. Additionally staff should carefully read the Trust's Business Continuity Policy and the latest versions of their own service's business continuity plan(s).

1.6 This plan is not intended to be exhaustive or restrictive and does not preclude the innovative use of strategies, other plans which are lawful, human rights compliant and which have been adequately risk-assessed. **No plan can cover every eventuality, so it is crucial that staff exercise their professional judgement when dealing with any such incident**.

1.7 Cumbria Local Resilience Forum (LRF) has a crucial role in preparing for and if responding to a heatwave, therefore this plan should also be read by partner agencies to inform them of the Trust's heatwave preparedness. Where appropriate, Trust stakeholders should develop (exercise, maintain and review) their own emergency plans and business continuity plans to cover a heatwave.

[1] *The New Oxford Dictionary of English,* p.1707

1.8 Prison healthcare staff will receive separate advice to comply with the custodial environment.

1.9 Unlike other Trust emergency plans which promote use of actions cards as appendices, this heatwave plan uses 'action tables' which mirrors the approach taken in the *Heatwave Plan for England* to aid subsequent revision. Notwithstanding this, these action tables are formatted so that they can be printed off by staff prior to a heatwave.

2.0 INTRODUCTION

2.1 The nature and scale of severe weather events in the UK and beyond necessitate having emergency plans in place to meet the challenges of shifting weather patterns, including overall increases in temperature trends and the likelihood that heatwaves may become a common occurrence in England.

2.2 A heatwave has real potential to become an emergency where its effects go beyond the health and social care setting e.g. power outages from overheating electricity sub-stations and water shortages (domestic, agriculture, fire and rescue). During a heatwave, the fit and healthy may succumb to heat illness, so it is imperative that all staff are aware of the risks posed by severe hot weather and what preventative measures are required to reduce those risks. A linear relationship between temperature and mortality was observed in summer 2006, with 75 extra deaths across England for each week for each degree of increase in temperature, although part of this increase may be attributable to air pollution or other factors that vary with temperature.[2]

2.3 This plan is based predominantly on the *Heatwave Plan for England*, overseen by Public Health England (PHE), which has been amended slightly for this year.

2.4 The risk assessment for heatwave is based in part on the respective entry in the Cumbria Community Risk Register (CRR).

2.5 Staff are strongly advised to refer to the controlled version of this plan on Staff Web (intranet). It is the responsibility of the policy/plan file holder for each service/department/team to ensure that when a revised heatwave plan is distributed, the superseded plan is removed and destroyed as confidential waste with the old content/index listing.

3.0 STATEMENT OF INTENT

3.1 This plan seeks to outline the preparedness and key actions to mitigate the major avoidable effects on health during periods of severe heat or a heatwave. The Trust will endeavour to respond to a heatwave as well as maintaining its civil protection duties as a Category 1 responder and contractual obligations as far as reasonably practicable. The Incident Director (CPFT Gold), Incident Controllers (CPFT Silver(s)) any incident response team(s) (and/or strategic-level business continuity management group (BCMG) and tactical-level Central Incident Support Team (CIST) are assisted in their decision-making by using emergency plans prepared by the Trust, Cumbria Local Health Resilience Partnership (LHRP), multi-

[2] Rapid Evaluation of 2006 Heat Wave: Epidemiological Aspects ((then) HPA 2006), p.30

agency plans used by Cumbria Resilience (LRF), and corporate/department/service/team business continuity plans.

3.2 Aims

3.2.1 To protect the Trust and its stakeholders, including patients, staff, visitors, contractors and local communities during a heatwave or extreme heat event where practicable.

3.2.2 To assist Trust stakeholders to protect themselves and to minimise any disruption to their lives during a heatwave or extreme heat event where practicable.

3.3 Priorities

3.3.1 Priorities are essential to create a cohesive strategy and/or formulate tactical-level planning with multi-agency partners. These will indicate how available resources can be deployed in the most effective and efficient manner.

+24 hours = counter immediate threat to life & co-ordinate emergency response;
+72 hours = manage communications & infrastructure and care for patients/vulnerable groups/displaced families/local communities;
+30 days = oversee restoration of infrastructure and continue care for patients/ vulnerable groups/displaced families/local communities.

3.4 Strategic objectives (depending on incident)

3.4.1 Instigate command, control and co-ordination in respect of the incident.
3.4.2 Protect the health, safety and welfare of patients, staff, visitors and contractors at Trust facilities or using its services.
3.4.3 Maintain effective communications with CNE and health/LRF partners.
3.4.4 Support CNE and health/LRF partners to preserve and protect life.
3.4.5 Mitigate and minimise the impact of an incident.
3.4.6 Warn and inform Trust stakeholders including the public.
3.4.7 Identify vulnerable patients and staff.
3.4.8 Evacuate patients and non-essential staff if applicable.
3.4.9 Minimise the consequential disruption (impact and duration) to Trust critical clinical and management functions.
3.4.10 Deliver humanitarian assistance and psychological first aid to victims of an emergency or a significant incident as directed by CNE.
3.4.11 Safeguard the environment.
3.4.12 Prevent unnecessary acute care admissions.
3.4.13 Promote early-supported discharge of appropriate patients to increase local capacity.
3.4.14 Assist an early return to normality (or as near to it as can be reasonably achieved).
3.4.15 Facilitate judicial, public, technical, or other inquiries.
3.4.16 Evaluate the response to and recovery from to the incident and identify issues and lessons.

3.5 The Heatwave Plan shall:

- be approved by the Trust Board;
- be signed-off by the Chief Executive and accountable emergency officer;
- communicated to all staff working for and on behalf of the Trust;

- reviewed at least annually, unless subject to legislative, organisational or other significant change

4.0 DUTIES

4.1 Chief Executive

Overall responsibility for ensuring the Trust has appropriate planning arrangements in place for emergency response and recovery.

4.2 Medical Director

Duties may include (before, during and after a severe heat event or heatwave but are not limited to):

- providing input into routine contingency planning;
- providing advice on clinical governance issues;
- addressing training needs of doctors;
- providing clinical support to Incident Controller(s) (CPFT Silver(s));
- ensuring effective measures are implemented to identify appropriate patients for discharge or transfer; ensuring medical staff take appropriate action during a heatwave; ensuring effective use of resources;
- communicating medical staffing requirements; and
- working with the Incident Controller (CPFT Silver) to develop/implement recovery plans for a safe and efficient restoration of normal levels of service.

4.3 Caldicott Guardian

Ensures the Trust achieves the highest practical standards for handling patient information. This includes representing and championing confidentiality requirements and issues at Board level, and where appropriate within the Trust's overall governance framework. During significant incidents/emergencies the Caldicott Guardian should advise on disclosure of information and is available to support staff.

4.4 *Director of Operations*

Duties may include (before, during and after a severe heat event or heatwave but are not limited to):

- communicating this plan to clinical staff;
- defining the strategic response of clinical staff during normal business hours, including clear strategic aim(s) and objectives and reviewing them regularly (out of hours (OOH) Gold);
- establishing a policy framework for the overall management of the event or situation;
- minimising the consequential disruption (impact and duration) affecting Trust critical clinical and management functions;
- ensuring operational processes and procedures are in place to support the safe and efficient restoration of normal levels of service;
- with the Communications Lead and multi-agency partners, formulating and implementing media-handling, public advice and communications;
- directing planning and operations beyond the immediate response in order to facilitate the recovery process.

4.5 Director of Quality and Nursing

The postholder is the accountable emergency officer and represents the Trust on LHRP. Duties may include (before, during and after a severe heat event or heatwave but are not limited to):

- monitoring patient safety;
- supporting nursing staff performing their duties;
- identifying unresolved issues and pressures;
- escalating significant risks and other concerns to the Director of Operations;
- maintaining vigilance for significant loss or change in the quality of service;
- increasing nursing capacity by mobilising teams in adjoining areas or using bank support;
- undertake measures to safeguard staff welfare;
- ensuring business continuity arrangements are in place for their (functional or geographical) area(s) of responsibility.

4.6 Deputy Director of Operations

Duties may include (before, during and after a severe heat event or heatwave but are not limited to):

- communicating this plan to Trust directorates and services;
- developing and maintaining the Trust's strategic business continuity plan to protect its most critical clinical and management functions;
- ensuring that the requirements of this plan are met by Trust directorates and services;
- ensuring the Director of Operations (accountable emergency officer) is kept informed of significant concerns in relation to Emergency Preparedness, Resilience and Response (EPRR) and business continuity management (BCM);
- ensuring EPRR and BCM are implemented throughout the Trust;
- embedding a business continuity culture throughout the Trust;
- assuming the role of 'emergency planning lead' if the Resilience Manager is absent.

4.7 Head of Engagement & Communications (Communications Lead)

Duties may include (before, during and after a severe heat event or heatwave but are not limited to):

- act as "Communications Lead" during such emergencies;
- formulating media-handling and implementing communications plans;
- with an Executive Director's approval preparing and communicating key messages for patients, staff, and key stakeholders;
- instigating an effective cascade to Trust staff;
- co-ordinating media enquiries;
- relaying appropriate, accurate and timely updates to Trust patients, staff, carers and the wider public;
- developing agreed pre-prepared information for Staff Web, the Trust internet site and other authorised channels of communication;
- ensuring business continuity arrangements are in place for their functional area(s) of responsibility.

4.8 Associate Directors of Operations/Heads of Service

Duties may include (before, during and after a severe heat event or heatwave but are not limited to):

- communicating this plan to their staff;
- assessing the risks that might affect services within their area(s) of responsibility (functional, geographical and/or pertaining to hosted services);
- depending on the nature of the incident, co-ordinating a tactical response and monitoring its effectiveness;
- acting as the single conduit for communications between the care delivery group/service/locality and the incident response team(s);
- assuming overall ownership and co-ordination of crisis management and operational recovery for their (functional or geographical) area(s) of responsibility;
- developing and maintaining tactical and operational business continuity plans that protect essential service within their (functional or geographical) area(s) of responsibility;
- instructing their managers and team leads to take appropriate action if required to maintain critical clinical and management functions and the safety and wellbeing of patients, staff, visitors, and contractors;
- ensuring any significant service changes or risks are noted in relevant departmental risk registers and business continuity plans (and revised versions of BCPs are to be forwarded to the Resilience Manager);
- ensuring themselves and their staff are aware of their roles and responsibilities during the response and recovery phases of a significant incident, emergency or business continuity disruption;
- ensuring situation reports are produced and forwarded at agreed intervals;
- approved Trust messages are cascaded to staff (without immediate access to e-mail/Staff Web);
- ensuring their own participation and that of their staff in related training and exercises arranged by, or including, the Trust;
- liaising with the Resilience Manager on matters pertaining to EPRR or BCM.

4.9 Senior Network Managers

Duties may include (before, during and after a severe heat event or heatwave but are not limited to):

- communicating this plan, BC policy and relevant business continuity plans to staff, including new starters, seconded, bank and agency staff;
- instigating an operational response during normal business hours (or providing tactical-level incident management in the absence of the relevant Associate Director of Operations);
- minimising the consequential disruption (impact and duration) affecting critical clinical functions within their (functional or geographical) area(s) of responsibility;
- ensuring operational processes and procedures are in place to support the safe and efficient restoration to normal levels of service;
- monitoring staff welfare;
- ensuring BCM are in place for their (functional or geographical) area(s) of responsibility.

4.10 Infection prevention lead

Duties may include (before, during and after a severe heat event or heatwave but are not limited to):

- overseeing local compliance with infection control policies and procedures and their implementation;
- disseminating infection control guidance in accordance with that issued by the Department of Health (DH), NHS England and PHE;
- supporting the raising awareness, education and training of Trust healthcare staff in measures to reduce the person-to-person spread of viruses;
- providing advice and support for Trust staff and contractors;
- liaising with other infection prevention leads on pandemic preparedness, heatwave preparedness and other infection control matters.

4.11 Chief Pharmacist

Duties may include (before, during and after a severe heat event or heatwave but are not limited to):

- providing advice and guidance on business and service continuity issues in respect of the supply, safe storage and use of medication during a heatwave;
- ensuring business continuity arrangements are in place for their functional area(s) of responsibility.

4.12 Head of Information

Duties may include (before, during and after a severe heat event or heatwave but are not limited to):

- providing any necessary IT support (including IP and analogue telephony) to the incident response team(s)and/or business continuity management group (if convened);
- assisting with **resolving faults on IT equipment or IP and analogue telephony in the incident co-ordination centre(s) if required and giving these the highest priority**;
- assessing the risks that might affect critical Trust and shared IT infrastructure, and national and Trust applications;
- monitoring continuity of Trust critical IT applications and infrastructure including, air conditioning for key locations;
- considering suspension of all non-essential work by informatics staff or third parties until stand down has been issued;
- assisting to bring systems at affected Trust sites back online in a safe, prioritised, controlled manner;
- ensuring adequate plans are in place for the recovery of Trust or shared (or outsourced) infrastructure and applications;
- minimising the consequential disruption (impact and duration) affecting Trust's critical IT services;
- develop, implement and maintain a 'mesh' of interdependent activities, so that cyber resilience and security integrates: staff/partners, IT/technical and information, detection, investigation and learning elements from across the organisation.
- ownership of relevant policies, plans, including the disaster recovery plan(s) and activities to ensure IT resilience;
- ensuring appropriate plans, procedures, systems and processes are in place to minimise the likelihood/impact of a threat to the Trust through the loss of, or underperformance or some other form of default by a third-party IT contractor or supplier;
- activation of disaster recovery plan(s) and BC arrangements for IT services;
- providing technical assets to allow a prioritised 'return-to-work' following business continuity disruption for staff delivering critical functions;

- facilitating appropriate supplier and/or other third-party support, including disaster recovery during and after business continuity disruption affecting the Trust's IT applications/systems.

4.13 Professional Head of Estates and Head of Facilities

Duties may include (before, during and after a severe heat event or heatwave but are not limited to):

- maintaining their own business continuity plans for the scope of Estates and Facilities activities;
- liaising with landlords and contractors to aid the Trust's ability to maintain or recover its infrastructure.

4.14 Resilience Manager

Duties may include (before, during and after a severe heat event or heatwave but are not limited to):

- ensuring arrangements for EPRR and BCM are kept under regular review;
- the development and implementation of the Trust's BCM programme;
- advising on compliance with respect to the CCA regime;
- ensuring that EPRR and IT resilience are co-ordinated in conjunction with the Trust's BC policy;
- providing awareness raising and training to staff appropriate for their roles and needs;
- audit compliance of business continuity plans;
- facilitating tests and exercising key aspects of EPRR and BCM;
- providing recommendations and other management feedback as appropriate.

4.15 Trust staff, including seconded, bank and agency staff

All staff are responsible for (but not limited to) ensuring that they:

- understand this plan and are aware of any possible specific roles and responsibilities relevant for their post, particularly with actions required by different staff groups corresponding to each Heat-Health Watch Level;
- know where to access a controlled version of the plan (i.e. Staff Web);
- keep up-to-date with any changes made;
- if the plan is activated, undertake appropriate precautions/measures to safeguard themselves, patients and third parties at Trust facilities from heat-related illness;
- if the plan is activated, contact their line manager, giving as much notice as possible, if heatwave conditions prevent them from attending work;
- participate in the preparation, testing, exercising and review of this plan where appropriate.

4.16 Occupation health provider

The occupational health providers' duties may include (but not limited to):

- identification of priority staff groups requiring additional support during a heatwave;
- review welfare of priority staff groups, then followed by other staff groups.

5.0 PREPAREDNESS, RESILIENCE AND RESPONSE

5.1 Heat Health Watch Alert Levels

These alert levels are intended to provide a controlled, co-ordinated, consistent and cohesive approach for assessing a heatwave and for maintaining appropriate operational readiness. Heat-Health Watch Alert Levels will be triggered by threshold day and night-time temperatures as defined by the Met Office. These vary from region to region, but the average threshold temperature is 30ºC during the day and 15ºC overnight. (See APPENDIX 5 for more details on threshold temperatures). The Met Office website (www.metoffice.gov.uk) will display further information on alert levels.

Met Office service and notifications

Service	Purpose	Distribution	Timing
Heatwave Warning	To provide early warning of high temperatures. The alert levels have been set with thresholds known to cause ill health from severe hot weather. They are to help ensure that healthcare staff and resources are fully prepared for hot weather periods that might impact on health and to raise awareness for those individuals who are more vulnerable to hot weather conditions.	E-mail	Alert issued as soon as agreed threshold has been reached and when there is a change in alert level. Issued between 1 June and 15 September
Heatwave Planning Advice	To provide advice throughout the summer period relating to high temperatures.	E-mail	Twice-a-week (9am each Monday and Friday from 1 June to 15 September)
National Severe Weather Warning Service (NSWWS)	To provide warnings of severe or hazardous weather that has the potential to cause danger to life or widespread disruption. These warnings are issued to: • the public, to prompt consideration of actions they may need to take; • emergency responders, to trigger their plans to protect the public from impacts in advance of an event, and to help them recover from any impacts after the event	Email, web, SMS, TV, radio	When required
General weather forecasts	To enable the public to make informed decisions about their day to day activities	Web, TV, radio	Every day

Source: *Heatwave plan for England*

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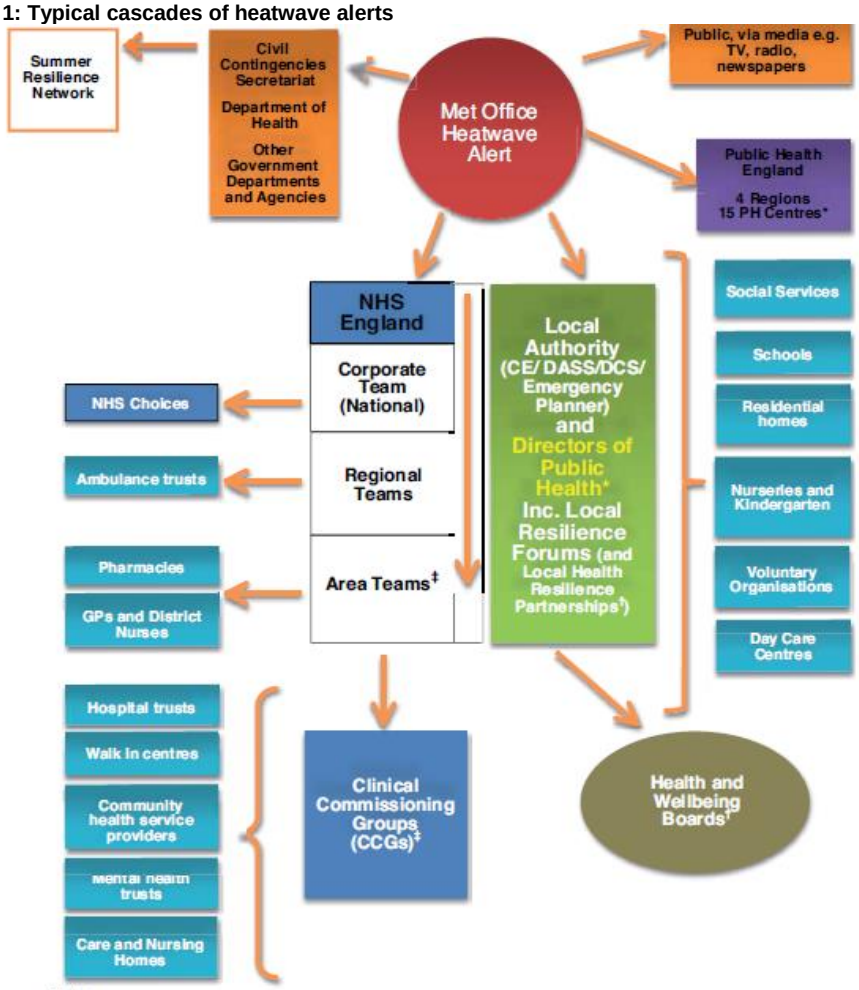
5.2 Alerting the Trust to a Heatwave

Figure 1: Typical cascades of heatwave alerts



Notes:
‡ NHS England Area Teams and CCGs should work collaboratively to ensure that between them they have a cascade mechanism for heatwave alerts to all providers of NHS commissioned care both in business as usual hours and the out of hours period in their area.
*PHE Centres would be expected to liaise with Directors of Public Health to offer support, but formal alerting would

Source: *Heatwave Plan for England*

5.2.1 During normal business hours i.e. Monday Friday (0900 - 1700 hours), CNE will notify CPFT Gold (24-hours' rota) which is manned throughout the working day. On receipt of formal notification of a heatwave, this warning will be cascaded to:

- Executive Directors;
- Head of Engagement & Communications (& Communications Helpdesk);
- Deputy Director of Operations
- Associate Directors of Operations/Heads of Service;
- Resilience Manager.

5.2.2 On receipt of heatwave warnings from the Met Office, the communications team will post agreed pre-prepared key messages on Staff Web and the Trust's internet site. Further cascade of information will be channelled via the Trust's line management structure to raise staff awareness and instigate appropriate action.

5.2.3 If a heatwave warning is issued out of hours, CNE 1st on-call manager will notify CPFT Gold. Out of hours, CPFT Gold will notify CPFT Silver who will inform CPFT Bronze (plural i.e Bronze Community Services and Mental Health North/South) to ensure awareness and to take appropriate action.

5.3 *Activation of the Heatwave Plan*

5.3.1 An Executive Director (or if OOH CPFT Gold) will **ALWAYS** take the decision whether to activate the Trust's Heatwave Plan (or Incident Response Plan) based on the information available at the time; this response may differ from that of other organisations. **The nominated Executive Director should record the time when the decision was taken to activate this plan. The Trust's response may differ from that of other responder organisations.**

5.3.2 If the decision is taken by an Executive Director not to activate this plan, the local (and, if applicable, regional and national) situations will be monitored and re-assessed constantly in consultation with CNE's on-call manager and/or other affected or relevant responder(s). The situation will be reassessed as further information becomes available to determine if any additional action is required. **The nominated Executive Director should record the time and the rationale for when the decision was taken not to activate this plan (or Incident Response Plan).**

5.4 Command, Control and Co-ordination

5.4.1 If this plan is to be activated, the Trust will employ the Gold-Silver-Bronze (GSB) system of command and control. CPFT Gold will usually instruct the Trust switchboard to **contact key staff (minimum of CPFT Silver and Communications Lead)**. Either CPFT Gold, CPFT Silver or the Communications Lead will issue a message to all staff appropriate to the Heat-Health Watch Alert Level.

5.4.2 The following principles will apply during normal business hours (on-call managers oversee response out of hours) when responding if the Trust's heatwave plan is activated:

- Associate Directors of Operations and Heads of Service will co-ordinate the tactical response to a heatwave (i.e. from the care delivery group/service), monitor its effectiveness, and provide situation reports (SITREPs) to any incident response team(s) (or CIST if convened).
- Senior Network Managers (or equivalents in other directorates/services) instigate operational management and report to their line managers. This level of management will co-ordinate the deployment of resources and monitor staff safety and welfare.
- **All managers and team leads are responsible for maintaining the Trust's critical functions within their area of responsibility.**

5.5 *Incident response team(s) (including business continuity management group (BCMG) and central incident support team (CIST))*

5.5.1 Depending on the severity of the situation, the Trust may convene an incident response *team(s) to consider the management of Heat-Health Watch Alert Levels.*

5.5.2 At Level 2, a strategic-level BCMG may also be convened to manage the continued impact of a heatwave. BCMG may consist of:

a) Chair – Chief Executive or CPFT Gold*
b) Director of Operations
c) Deputy Director of Operations†;
d) CPFT Silver† - one Associate Director of Operations to act liaison for other care delivery groups;
e) Communications lead †(member of the communications team);
f) Professional Head of Estates† (on-call Estates manager);
g) Head of Facilities (Facilities team lead);
h) Head of Information† (IT Technical Architect and Security Manager);
i) Head of Strategic Planning & Risk;
j) Resilience Manager;
k) Loggist (maintains decision log on behalf of the chair);
l) administration support (i.e. produce any action notes of meetings).

5.5.3 Structures and processes for facilitating recovery from emergencies are detailed both in the Incident Response Plan and respective business continuity plans. **The incident response team(s) receives priority over any strategic-level BCMG or tactical-level CIST.** The nature and scale of recovery issues from a heatwave may warrant a simultaneous emergency response and an (an internal) business continuity response. If this two-pronged approach is required, each team will locate to a different incident co-ordination centre if practicable in order to maintain their separate focus, but effective methods and frequency of communications between both teams should be maintained e.g. a CIST liaison officer with the incident response team. Recovery priorities may be divided sensibly between these teams, but this will depend on the circumstances and remain a matter for the Executive Directors heading each team to decide.

5.5.4 BCMG:

- will meet on a frequency proportionate to the level of disruption;
- objectives include (but are not limited to):

i. ensuring delivery of critical patients services in a safe, effective and structured manner;
ii. implementing and monitoring flexible working practices;
iii. overseeing the Trust's participation in wider Cumbria health economy and/or Cumbria LRF recovery activities.

** In the event that CPFT Gold forms an incident response team(s) to deal with the heatwave or is responding to an unrelated significant incident or emergency, the Chief Executive or another Executive Director will be asked to chair BCMG.*

† Might be required as part of an incident response team to provide emergency response to a heatwave, or for managing a concurrent significant incident or emergency – staff in brackets are those deputies who could possibly attend BCMG as deputies.

5.5.5 The option exists to convene CIST to oversee tactical-level communications, co-ordination, leadership and decision-making during a business continuity incident (i.e. to deal with the business continuity issues arising from a heatwave).

5.6 Level 0 – Long term planning

High-risk groups **Community**: Over 75, female, living on own and isolated, severe physical or mental illness; urban areas, south-facing top flat; alcohol and/or drug dependency, homeless, babies and young children, multiple medications and over-exertion **Care home or hospital**: over 75, female, frail, severe physical or mental illness; multiple medications; babies and young children		
Long-term planning: All year		
HEAT-HEALTH WATCH LEVEL	**Level 0 – see *'making the Case'* for further details**	
Action	**Owner**	**Date**
Review latest PHE Heatwave Plan.	Resilience Manager	
Update and re-issue Trust heatwave plan based on changes to *Heatwave Plan for England,* any lessons or issues identified.	Resilience Manager	
Review the proposed cascade of Heat-Health Watch Alerts.	Comms Lead Resilience Manager	
Work with CNE to develop and implement long-term preparedness plans.	Resilience Manager	
Confirm e-mail addresses (with DH) to receive Heat-Health Watch Alerts.	Resilience Manager	
Meet regularly with key colleagues to discuss responsibilities; confirm arrangements and agree any amendments to communications strategy.	Resilience Manager	
Ensure staff awareness of the Trust's heatwave plan.	Comms Lead	
Check/agree local health economy/LRF arrangements Confirm any other local planning, particularly how local communities will be informed.	Resilience Manager	
Communications team: Agree key messages with CNE Comms Lead	Comms Lead	
Check window restrictors and report defects.	Ward managers	
Check resilience of medical equipment, including any back-up batteries and temperature tolerances.	Professional Head of Estates	
Check availability (and serviceability) of fans, air-conditioning units, clinical and domestic fridges and water-cooling machines.	Professional Head of Estates	
Review server cooling arrangements, including local servers in GP Practices, and **disaster recovery.**	Head of IT	
Consider environmental improvements to the Trust estate where appropriate (e.g. external shading) and **infrastructure changes (**e.g. porous pavements).	Professional Head of Estates	
Ensure SLAs contain an appropriate clause in respect of heatwave planning.	Contracting	
Request a Housing Health and Safety Rating System (HHSRS) assessment from Environmental Health for patients with long-term conditions who may be at particular risk from a heatwave.	Relevant healthcare professionals	
Review security arrangements: increased patrols/presence if cooling Trust buildings at night – higher mortality rates with high night-time temperatures. Briefings/instructions for: CMHT Managers, Ward Managers.	LSMSs IT Technical Architect and Security Manager Professional Head of Estates Resilience Manager	
Ensure future capital building projects consider the potential for heatwaves.	Professional Head of Estates	
Prepare business continuity plans to cover heatwave e.g. storage of medication.	All managers/team leads	
Work collaboratively with partners to raise the impact of a heatwave and reduce risks.	All managers/team leads	

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5.7 Level 1 – Summer preparedness

High-risk groups **Community**: Over 75, female, living on own and isolated, severe physical or mental illness; urban areas, south-facing top flat; alcohol and/or drug dependency, homeless, babies and young children, multiple medications and over-exertion **Care home or hospital**: over 75, female, frail, severe physical or mental illness; multiple medications; babies and young children		
Summer preparedness – 1 June – 15 September		
HEAT-HEALTH WATCH LEVEL	**LEVEL 1**	
Action	**Owner**	**Date**
Inform staff about PHE advice on heatwave.	Comms Lead	
Use Team Brief to outline responsibilities and awareness of the heatwave plan.	Line managers	
Add advice on Staff Web and Trust internet.	Comms Lead	
Work with local media to promote practical ways to keep cool.	Comms Lead	
Contact **team leads with VERY HIGH and HIGH critical functions** (prioritised activities) to confirm business continuity plans have been reviewed. Clarify arrangements to ensure staff welfare (e.g. fans, air-conditioning units, and water cooling machines) and essential resources will remain available to these VERY HIGH and HIGH critical functions. Double-check critical equipment against the risk of overheating or interfering with calibration.	Associate Directors of Operations/Senior Network Managers Ward managers Palliative care leads Children and Families managers, Community Rehab/ STINT teams	
Distribute PHE heatwave information to individuals who are in contact with all those defined as vulnerable persons. Staff to give copies to patients.	Palliative care leads CMHART managers Ward managers Children and Families managers/team leads Community Rehab/ STINT teams	
Has CCG distributed PHE heatwave information *to managers of Local Authority funded and private residential and nursing care homes and the wider communities?*	CNE	
Identify vulnerable patient groups at risk from severe heat, especially those aged over 75 years. Consider the potential impact on these high-risk groups. See *vulnerable patients and staff* section below. Work with partner agencies to confirm roles and responsibilities.	Senior Network Managers Ward managers CMHART managers Palliative care leads Children and Families managers/team leads Community Rehab/ STINT teams	
Amend individual care plans for those in high-risk groups. Check for GP details, formal and informal carers details.	Palliative care Leads CMHART managers Ward managers	
Review ventilation in patients' homes as well as in Trust in-patient accommodation to minimise: health risks, patient discomfort, (fire) safety and security issues. Cross-ventilation on in-patient facilities	Palliative Care leads CMHART managers Ward managers	
Check suitability of patients' clothes: light, loose-fitting, cotton clothing and encourage then to wear these garments during severe heat or a heatwave	Palliative care leads CMHART managers Ward managers	
Raise awareness among families and informal carers of risks posed by severe heat and how to keep cool: ensuring proper hydration, safe and secure ventilation, fans and fridges are in working order.	Palliative care leads CMHART managers Ward managers	
Consider moving and handling issues, including equipment and staff required if a patient needs to be moved to a cool room/area.	Palliative care leads CMHART managers	

	Ward managers	
Place indoor thermometers in all rooms where vulnerable patients spend substantial time. **Risk-assess type of thermometer for use in MH in-patient areas.**	Ward managers	
Prepare recording sheets for monitoring indoor air temperatures (APPENDIX 1).	Ward managers	
Create and risk-assess cool rooms/areas – maintain temperature at 26ºC or below.	Ward managers	
Review surge capacity and staff availability if a heatwave lasts more than a few days.	Associate Directors of Operations	
Confirm situation report requirements and teleconference arrangements with CNE.	Resilience Manager	
Contact LRF to confirm partners' arrangements.	Resilience Manager	
Ensure on-call staff have been briefed on heatwaves and have a copy of the Trust's Heatwave Plan.	Director of Operations	

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Level 2 - Heatwave is forecast - Alert and Readiness

As death rates rise soon after temperature increases and with many deaths occurring in the first two days of a heatwave, this is an important stage to ensure readiness and swift action to reduce harm

High-risk Groups **Community**: Over 75, female, living on own and isolated, severe physical or mental illness; urban areas, south-facing top flat; alcohol and/or drug dependency, homeless, babies and young children, multiple medications and over-exertion **Care home or hospital**: over 75, female, frail, severe physical or mental illness; multiple medications; babies and young children		
ALERT AND READINESS: 60 per cent risk of heatwave in 2-3 days*		
HEAT-HEALTH WATCH LEVEL	**LEVEL 2**	
Action	**Owner**	**Date**
Confirm declaration of Level 2: Alert and Readiness.	Resilience Manager (EPL)	
Disseminate Met Office Level 2 warning to ALL staff.	Comms Lead	
In conjunction with CNE's Comms Team, **provide local media** with Met Office warnings.	Comms Lead	
Revisit Level 1 actions and repeat/reinforce those that are still relevant.	Incident response team(s)/CIST if convened	
Reinforce the risks posed by severe heat and protective measures to all Trust staff.	Line managers	
Contact team leads with VERY HIGH and HIGH critical functions to confirm business continuity plans have been activated. Confirm arrangements to ensure sufficient staff and other critical resources will remain available for the anticipated heatwave and make provision for surge capacity.	Associate Directors of Operations/Senior Network Managers Children and Families managers Palliative care leads	
Review dress code policy – staff on duty **MUST** carry photographic ID at all times.	Executive Directors	
Consider establishing BCMG if required.	Executive Directors	
Ensure vulnerable patients at risk from severe heat have been identified by health and social care professionals, **including those to be discharged shortly back into the community.** Ensure plans are in place if a predicted **heatwave occurs during a weekend (review available resources from Friday am onwards**). Consider the potential impact on these high-risk groups. See *Vulnerable Persons* section below. Work with partner agencies to confirm roles and responsibilities and agree actions. Co-ordinate activity with CCC ASC Managers.	Associate Directors of Operations/Senior Network Manager Ward managers, CMHART managers, Children and Families managers/team leads, Palliative care leads, Community Rehab/STINT teams	
Review and, if necessary, amend individual care plans.	CMHART managers, Ward managers	
Prioritise current caseload – identify and risk-assess non-essential duties that could be suspended – refer to teams' business continuity plans.	Community nurses, Palliative care leads, Community Rehab/ STINT teams community children's nurses, CPNs, health visitors, school nurses	
If appropriate, **suggest to patients at particular risk to heat to contact their GP for review of medication/treatment.**	Community nurses, Palliative care leads, Community Rehab/ STINT teams community children's	

	nurses, CPNs, health visitors, school nurses	
Ensure cool rooms/areas are ready and temperature maintained at 26ºC or below.	Ward managers	
Check indoor thermometers are in place, recording sheets printed and protocols in place to measure temperature 4 times a day.	Ward managers	
Prioritise particularly vulnerable patients for time in the cool area.	Ward managers	
Ensure supplies of ice/cool water.	Ward managers	
Risk-assess in-patient visiting hours during mornings and evenings to reduce risks to visitors.	Ward managers	
Check staff cover is sufficient for the anticipated heatwave period. If not, escalate.	All managers/team leads	
Continue to provide advice to vulnerable patients and managers/staff at local authority-funded and private residential and nursing care homes.	CMHART managers Community nursing leads Palliative care leads	
Arrange where appropriate **a daily visit/phone call to vulnerable patients in the community.** Co-ordinate activity with Cumbria County Council (CCC) Adult Social Care (ASC) managers.	CMHART managers Children and Families managers/team leads Palliative care leads; Community Rehab/ STINT teams	
Assess the ongoing impact on **patient safety and VERY HIGH and HIGH critical functions** and, if necessary, Executive Directors consider activating the Incident Response Plan to co-ordinate the Trust's response.	All managers/team leads Incident response team(s) CIST Executive Directors	
Risk-assess staff required to work outdoors during the hottest parts of the day. Review contractors' method statements in terms of working in severe heat. Make provision for adequate cool drinks for staffs and contractors. Provide PPE for staff whose duties are primarily performed outdoors e.g. hats and (hypoallergenic) sunscreen.	Professional Head of Estates	
In the event of a declared or internal significant incident or emergency, staff should refer to the Trust's Incident Response Plan, **but all Level 2: Alert and Readiness actions of this plan continue to apply.**	**ALL STAFF**	
Work with **key service providers** to confirm they have activated their business continuity plans or have reviewed arrangements to ensure staff and other critical resources/supplies are available (e.g. CHOC and Acute Trusts). **Explore mutual aid.**	Incident response team(s) (BCMG if convened) Resilience Manager Emergency planning lead (EPL)	
Hold daily conference call with key staff to confirm actions have been completed, those outstanding and where further intervention is required.	CPFT Gold or Silver (Chair BCMG)	
Risk-assess potential input from **voluntary-sector partners.**	CPFT Gold or Silver (Chair BCMG)	

***Level 2 is based on a prediction, there may be jumps between levels.**

5.8 Level 3 – Heatwave Action

High-risk groups **Community**: Over 75, female, living on own and isolated, severe physical or mental illness; urban areas, south-facing top flat; alcohol and/or drug dependency, homeless, babies and young children, multiple medications and over-exertion **Care home or hospital**: over 75, female, frail, severe physical or mental illness; multiple medications; babies and young children		
Heatwave Action: Temperature reached in one or more Met Office National Severe Weather Warning Service regions		
HEAT-HEALTH WATCH LEVEL	**LEVEL 3**	
Action	**Owner**	**Date**
SEEK EARLY MEDICAL ASSISTANCE if a patient becomes unwell.	**ALL STAFF**	
Confirm declaration of Level 3: Heatwave Action.	Resilience Manager (EPL)	
Disseminate Met Office Level 3 **warning** to all staff.	Comms Lead	
In conjunction with CNE's Comms Team, **provide local media** with Met Office warnings.	Comms Lead	
Revisit Level 2: Alert and Readiness **actions** and repeat/reinforce.	Incident response team(s) (BCMG if convened)	
Advise CCC ASC colleagues or informal carers to contact GP (OOH CHOC) if concerned about patient's health.	All relevant managers/team leads	
Continue to disseminate latest heatwave advice to staff.	Comms Lead	
Provide patients with plenty of cool drinks.	Ward managers	
Check on staff welfare – ensure staff are having plenty of cool drinks.	Line managers	
Stop non-essential activities and commence daily contact with patients at risk.	All managers/team leads	
Repeat key messages on protective measures to patients and carers, including signs and symptoms of specific heat-related illnesses (APPENDIX 2).	All managers/team leads	
Discharge planning – takes account of the likely temperature of patient's home environment and level of daily care.	All relevant managers/team leads	
Reduce internal temperatures: turn-off any unnecessary lights & equipment.	**ALL STAFF**	
Check indoor temperatures are recorded 4 times a day.	Ward managers	
Ensure cool rooms/areas are maintained at 26ºC or below and prioritise patients for time in cool room.	Ward managers	
Vehicle and road safety, including: • parking in shade and utilising sunscreens; • vent vehicle for a few minutes before driving; • remove hazardous materials (e.g. pressurised canisters); • check material safety data sheet for clinical products (e.g. alcohol gel).	**ALL STAFF**	
Assess the ongoing impact on **patient safety and VERY HIGH** and **HIGH critical functions** and, if not done so, Executive Directors consider activating the Incident Response Plan to co-ordinate the Trust's response.	All managers/team leads Incident response team(s), CIST Executive Directors	
Vent and cool buildings at night with cross-ventilation – assess security and (fire) safety risks.	Ward managers	
In the event of a declared or internal significant incident or emergency, staff should refer to the Trust's Incident Response Plan, **but all** Level 3: Heatwave Action **measures continue to apply.**	**ALL STAFF**	
Revisit arrangements in place for **high-risk patient groups and other vulnerable persons that the Trust has contact with.** Ensure plans are in place if a predicted **heatwave occurs during a weekend**	Senior Network Managers, Community Managers Ward managers	

Level 3 – Heatwave Action (continued) **(review available resources from Friday *am* onwards)**. Consider the potential impact on these high-risk groups.	CMHART managers Children and Families managers/team leads Palliative care leads	
Consider staffing issues to support monitoring individuals at high risk to severe heat.	Workforce & OD	
Provide additional care and support to ensure at least daily contact for at-risk individuals living in their own homes.	Senior Network Managers Ward managers CMHART managers Children and Families managers/team leads Palliative care leads	
Continue to provide daily visits/phone calls where appropriate for high-risk individuals living on their own or who have no regular daily contact. Co-ordinate activity with CCC ASC managers.	CMHART Managers Children and Families managers/team leads Palliative Care leads	
Advise partner agencies, including ASC colleagues, or informal carers to contact GP or, if out of hours, to contact CHOC if patient's conditions deteriorates.	Associate Directors of Operations Ward managers CMHART managers Palliative Care leads	
Confirm arrangements and frequency of CNE's or LRF's teleconference.	Resilience Manager (EPL)	
Hold daily conference call with key staff to confirm actions that have been completed.	CPFT Gold/Silver (Chair BCMG)	
Review safety and security concerns for staff and Trust property as a standing agenda item at relevant meetings.	CPFT Gold/Silver (Chair BCMG)	
Risk-assess potential input from **voluntary-sector partners.**	CPFT Gold/Silver (Chair BCMG)	
Liaise with **voluntary-sector partners to identify and support at-risk individuals.**	Associate Directors of Operations/Heads of Service/Senior Network Manager	
Consider **review of Trust policies and procedures,** based on risk assessments, with due cognisance of any health & safety, insurance and legal issues, including: • **clinical and corporate governance issues** of temporary secondments to, or arrangements with, other NHS organisations (e.g. pan Cumbria/cross-boundary /cross-border); • **staff/patient ratios;** • **proximity of key staff to workplace;** • **temporary recruitment** (retirees, agency and volunteers); • establishing **childcare facilities in cool areas.**	Chair BCMG	
Attend LRF checkpoint meetings with partner agencies to review the Cumbria-wide response and broader health and social care actions.	Resilience Manager	
Reinforce key messages to Trust staff, including any staff safety messages.	Comms Lead	
Send alert e-mails as appropriate to the Executive Team and Heads of Service (ensuring ALL those on CPFT Gold, Silver and Bronze rotas are included in the distribution list).	Resilience Manager	

Following Level 3, wait until temperatures cool to Level 1 before stopping Level 3 actions

5.9 Level 4 – Major incident – emergency response

Central government will declare a Level 4 alert in the event of severe or prolonged heatwave affecting sectors other than health and if requiring a co-ordinated multi-agency response

High-risk groups **Community**: Over 75, female, living on own and isolated, severe physical or mental illness; urban areas, south-facing top flat; alcohol and/or drug dependency, homeless, babies and young children, multiple medications and over-exertion **Care home or hospital**: over 75, female, frail, severe physical or mental illness; multiple medications; babies and young children		
MAJOR INCIDENT – EMERGENCY RESPONSE		
HEAT-HEALTH WATCH LEVEL	**LEVEL 4**	
Action	**Owner**	**Date**
WHEN THIS LEVEL IS DECLARED REGIONALLY OR NATIONALLY, THE HEATWAVE IS SO SEVERE AND/OR PROLONGED THAT ITS EFFECT EXTEND BEYOND HEALTH – POSSIBILITY OF POWER AND WATER SHORTAGES AND A SEVERE THREAT TO CONTINUED OPERATION OF INTEGRATED HEALTH AND SOCIAL CARE		
Level 3: Heatwave Action **measures** continue to apply.	**All STAFF**	
If not invoked, Executive Directors consider activating the Trust's Incident Response Plan to co-ordinate the Trust's response.	Executive Directors	
In the event of a declared or internal significant incident or emergency, staff should refer to the Trust's Incident Response Plan, **but all Level 4: Emergency actions** continue to apply.	**ALL STAFF**	
Review local arrangements in support of the Trust's most critical functions.	Incident response team(s), CIST (BCMG if convened)	
Review the **security situation** and discuss any staff safety issues with police. Seek police advice and **issue** appropriate **staff safety messages.**	LSMSs Comms Lead Resilience Manager (EPL)	
NHS England/PHE will provide regular briefings and advice to the Department of Community and Local Government (DCLG) Resilience and Emergencies Division.	NHS England/PHE	
NHS England will continue to ensure Level 3 actions continue at regional and local levels.	NHS England	
Further risk-assessments of public and sports events, the potential closure of schools, provision of local cool centres, reducing urban heat and poor air quality by minimising unnecessary transport and energy use.	Public Health colleagues Partner agencies	
The Government's **News Co-ordination Centre** (NCC) will assume overall responsibility for communications.	COBR	

NATIONAL EMERGENCY – CONTINUE ACTIONS AS PER LEVEL 3 UNLESS ADVISED TO THE CONTRARY

6.0 COMMUNICATIONS

6.1 If Heat-Health Watch Alert Levels 2, 3, or 4 are declared, key messages will be issued by the Trust's communications team. **Any other communications relating to a heatwave MUST be signed-off by an Executive Director.**

6.2 Internal

Communications will be disseminated via:

- e-mail;
- posters (preferably laminated for infection prevention);
- Communications Helpdesk;
- Staff Web and Trust website - heatwave section;
- *Partnership News*;
- *Team Brief*;
- team meetings.

6.3 External

Clinical staff should take every opportunity to promote heatwave advice and offer appropriate support to those patients who may be at risk from the effects of a heatwave or severe heat. **Communications with external stakeholders should adhere to the Trust's Media Relations Protocol.**

6.4 Core messages

Level 1: Summer preparedness

No warning is required unless there is a 60 per cent probability of the situation reaching Level 2 somewhere in the UK within the next three days, then something along the lines of:

"If this does turn out to be a heatwave, we'll try to give you as much warning as possible. But in the meantime, if you are worried about what to do, either for yourself or somebody you know who you think might be at risk, for advice go to NHS Choices at www.nhs.uk/summerhealth. Alternatively ring NHS 111."

Level 2: Alert and readiness

The Met Office, in conjunction with PHE, will issue the following heatwave warning for [regions identified]:

"Heatwaves can be dangerous, especially for the very young or very old or those with chronic disease. Advice on how to reduce the risk either for yourself or somebody you know can be obtained from NHS Choices at www.nhs.uk/summerhealth, NHS 111 or from your local chemist."

Level 3: Heatwave action and **Level 4 - RED: Emergency**

The Met Office, in conjunction with PHE, will issue the following heatwave warning for [regions identified]:

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

7.0 HAZARDS

7.1 Heatwaves can be a relative experience as people gradually adapt to changing temperatures, thus affecting different people in different ways. When the ambient temperature is higher than skin temperature, the body compensates by losing heat via sweating. Any factor that reduces the body's ability to sweat, such as dehydration, tight-fitting clothing or certain medication can cause the body to overheat. More vulnerable persons may have impaired thermoregulation. When the body overheats, a number of heat-related illnesses can occur and these are detailed at APPENDIX 2 Heat-related Illness.

8.0 SAFETY AND WELFARE

8.1 There is an obligation on each member of staff to provide support in terms of colleagues' welfare and bring to the attention of a line manager any matter which might cause harm to themselves or a colleague, or causes concern to you or a colleague.

8.2 The same applies to fire safety on Trust premises. During severe temperatures, heightened awareness and careful adherence to fire precautions is required throughout the Trust estate, or when driving. Increased risk of fire may result from:

- staff actively seeking to improve ventilation in patient accommodation and in office space, thus increasing through draft (staff **MUST** observe the mandatory signs on fire doors);
- electrical appliances can overheat;
- the usual greenery in surrounding areas may become tinder-dry during a heatwave, allowing wildfires to spread rapidly.

8.3 Whilst every effort should be taken to implement precautionary measures to safeguard the wellbeing of patients and third parties on Trust premises, staff should be equally mindful of the safety and security risks presented by a heatwave. Staff should remain vigilant to any suspicious activity and observe local security arrangements.

8.4 Portable air-conditioning units

8.4.1 **Units employing an internal water reservoir and wick to promote evaporative cooling MUST not be used on Trust (healthcare) premises.**

8.4.2 The Infective Prevention Team **MUST** be consulted prior to deployment of portable air-conditioning units.[3]

[3] Guidance taken from Section 5.28 – 5.32, Health Technical Memorandum 03-01: Specialised ventilation for healthcare premises. Part B

8.4.3 Requests for such units should be made through CPFT Estates – cost code required. These units typically incorporate internal recirculation air filters and drainage systems to remove condensate from the coiling coil.

8.4.4 On receipt of units from CPFT Estates, they should be inspected and thoroughly cleaned before being taken into use. Units that are to be used in areas containing immunocompromised patients will, unless new, need to be fumigated before use.

8.4.5 The agreed procedure is for the department/ward/office to ensure ALL portable units should be inspected and cleaned every week that they remain in use (i.e. department/ward/office is responsible for the weekly cleaning of the filter(s) and to empty the drip tray as required).

8.4.6 Units that have been used in isolation rooms or areas containing infective patients will need to be fumigated before being used in other locations, or returned to CPFT Estates or the hirer.

9.0 VULNERABLE PATIENTS AND STAFF

9.1 Certain factors increase an individual's risk during a heatwave and include:

- **Older age**: especially women over 75 years 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, peripheral vascular conditions, Parkinson's disease, 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 Disease, a disability, being bed-bound, too much alcohol, babies and the very young;
- **Environmental factors and overexposure**: living in urban areas and in south-facing top-floor flats, being homeless, activities or jobs that are in hot places or outdoors and include high levels of exertion.

9.2 During a heatwave, Trust clinical staff will identify, risk-assess affected or potentially affected vulnerable patients and amend their care plans accordingly.

9.3 Some schools may have to close classrooms where conditions are too hot. Please refer to PHE guidance: *Looking after schoolchildren and those in early years settings during heatwaves: Guidance for teachers and other professionals* (see bibliography).

9.4 Heatwaves tend to be associated with poor air quality, which poses a risk to patients suffering from respiratory conditions. High levels of ozone which are formed more rapidly in strong sunlight; small particles (PM10s) also increase in concentration during hot, still air conditions. Both are associated with respiratory and cardiovascular mortality. Advice to those with respiratory problems should be consistent with advice to others during a heatwave – to keep windows shaded and closed when outside temperatures are hotter during the daytime to reduce heat (and ozone) entering the home. Safety and security

issues should be carefully considered when opening windows at night or when it is cooler outside to aid the removal of heat from homes.

9.5 If required, the Trust will escalate any requests for assistance from local authorities and voluntary organisations. Collaboration with partners will also facilitate identification of other potentially vulnerable people in local communities and establish where responsibility lies.

10.0 RISKS TO EQUIPMENT, FOODSTUFFS AND MEDICATION

10.1 Severe temperatures pose a significant risk in terms of food hygiene.

10.2 Most medication (i.e. that not stored in clinical fridges) is heat-sensitive and starts to degrade or denature if stored at higher than room temperature. Please refer to the Trust's Medicines Policy for guidance on clinical fridges) or seek advice from the Trust's Chief Pharmacist.

10.3 In the event that a severe heatwave is accompanied by water shortages, there are a number of preparations of medication which do require reconstitution with water, particularly liquid formulations of antibiotics for children, or those patients with swallowing difficulties. Current advice is that standard bottled water (check seal is intact and 'best before' date on bottle) will suffice for this purpose as a short-term measure.

10.4 Some consumables bear manufacturer's warnings relating to exposure to high temperature.

11.0 RISKS TO TRANSPORT INFRASTRUCTURE/VEHICLES

11.1 The temperatures of vehicle body parts and interiors may exceed the ambient air temperature which may cause discomfort or possible burns to exposed skin.

11.2 Road surfaces may start to degrade as temperatures rise and staff should take care to drive according to such road conditions. The presence of increased road works to repair heat damage may lead to traffic queues, which, in conjunction with high air temperature may increase the risk of engines overheating. **Check all fluids on your vehicle in line with the manufacturer's guidelines.**

11.3 Rail infrastructure will be disrupted by extreme or prolonged temperatures, but this will vary according to specific local factors including local geography and the maintenance status of the track. As a very approximate guide, staged preventative measures begin to be applied when air temperatures reach 22°C. The most extreme precautions would only cut in at air temperatures of 36°C (which is likely to give a railhead temperature of over 50°C).

12.0 RISKS TO POWER INFRASTRUCTURE

12.1 Rising temperatures increase the demand for supply due to the use of air-conditioning units and the reduced power-carrying capacity of the system as it is harder to cool conductors – this will restrict the 'maintenance window' available and could ultimately require greater redundancy on the system to permit such work. Rising temperatures cause cooling problems for power stations as they may be unable to cool key components.

13.0 ENVIRONMENT POLLUTION

13.1 Regular updates on levels of particulate matter (PM10), sulphur dioxide, nitrogen dioxide, ozone, and carbon monoxide are available at www.airquality.co.uk (Air Quality Archive) which also provides health advice to those who may be particularly sensitive to air pollution. **Freephone Air Pollution Bulletin Service 0800 55 66 77**. BBC Weather page: http://www.bbc.co.uk/weather/ Sky News Air Pollution bulletin - normally shown on Sky News (Channel 501) in the evenings at approximately 18:45. Additionally there is a useful Defra website http://uk-air.defra.gov.uk/forecasting/ which gives daily air quality forecasts for the UK on a scale of 1 to 10.

13.2 Ozone is the main pollutant that affects respiratory symptoms and has a diurnal variation: peaking during the hottest period during the day and dropping to very low levels at night. Other air pollutants tend to be lower indoors, and therefore advice to those with respiratory problems is to restrict going outside, especially during the hottest part of the day.

13.3 Prolonged sunshine can affect water quality (e.g. accelerate the growth of blue-green algae, causing problems for public recreational water activities). A heatwave may also cause increased environmental problems, including odour, dust and vermin infestation.

14.0 SUN PROTECTION

14.1 Ten ways to minimise Ultraviolet Ray (UVR)-induced skin and eye damage:

- Take sensible precautions to avoid sunburn, particularly with children.
- Limit unprotected personal exposure to solar radiation, particularly during the four hours around midday, even in the UK.
- Seek shade, but remember sunburn can occur even when in partial shade or when cloudy.
- Remember that overexposure of skin and eyes can occur while swimming and is more likely when there is a high level of reflected UVR, such as from snow and sand.
- Wear suitable headwear, such as a wide-brimmed hat, to reduce exposure to the face, eyes, head and neck.
- Cover skin with clothing giving good protection - examples are long-sleeved shirts and loose clothing with a close weave.
- Sunglasses should exclude both direct and peripheral exposure of the eye to UVR (i.e. be of a wraparound design).
- Apply sunblock, or broad-band sunscreens with high sun protection factors to exposed skin. Apply generously and reapply frequently, especially after activities that remove them, such as swimming or towelling.

14.2 Remember that certain individuals may have abnormal skin responses to UVR and may need medical help. Certain prescribed drugs, medicines, foods, cosmetics and plant materials can also make people more sensitive to sunlight.

15.0 WATER SHORTAGES

15.1 Water companies have plans in place to deal with failure in the supply of mains water or sewerage services. These plans are regularly reviewed and tested by the water companies and are independently certified every year. In the event of a loss of mains supply, water companies are required to supply water by alternative means, such as in static tanks or bottled water. There is a requirement to provide not less than 10 litres per person per day, with special attention given to the needs of vulnerable people, hospitals and schools. Where an interruption to the piped water supply exceeds five days, the minimum requirement rises to 20 litres per person per day.

16.0 RISK OF SURFACE-WATER ISSUES

16.1 A prolonged heatwave will effectively 'bake' top soil and reduce its ability to absorb rainwater. When rainfall does eventually occur, there is likely to be considerable run-off, thus increasing the likelihood of surface-water flooding issues.

17.0 BUSINESS CONTINUITY

17.1 Managers are advised to consider the above and review where necessary which staff are required to maintain critical services, and identifying which staff or what activities may be re-located. All business continuity plans should seek to align to the international business continuity standard, ISO 22301. **Each Heat-Health Watch Alert Level should be assessed as to what critical services the Trust is willing and able to provide.** Senior management may need to assess the potential for supply-chain failures and consider any special arrangements required to secure critical supplies for high-risk patients groups. The Trust's critical suppliers should be reviewed to ensure current business continuity arrangements are sufficiently robust, particularly for those small-and-medium sized enterprises (SMEs). Scaling back of services by the Acute Trusts and ASC will have a knock-on effect for both the Trust's community services (and colleagues in primary care).

18.0 INFORMATION TECHNOLOGY (IT) RESILIENCE

18.1 The Head of Information will consider suspending all non-essential work by informatics staff or third parties until stand down has been issued. All informatics staff should be tasked to support (a) incident co-ordination centre(s); and (b) other critical functions. Arrangements should be in place for on-call IT staff during a heatwave.

19.0 ON-CALL STAFF ARRANGEMENTS

19.1 If a heatwave is anticipated, it is recommended that on-call staff monitor the Met Office website. Specific warning will be also posted on the NHS Choices and GOV.UK websites. Measures should be put in place to ensure the resilience and welfare of on-call managers.

20.0 SITUATION REPORTS (SITEPS)

20.1 NHS organisations in Cumbria will be required to submit situation reports to NHS England at regular intervals throughout a heatwave. If either Heat-Health Watch Alert Level 2 or 3 is declared, then Heads of Service and Locality General Managers (and their Team Leads) will be required to submit SITREPs on a daily basis.

21.0 RECOVERY

21.1 During a heatwave the Trust's strategic focus will be on both response and recovery activities, involving an incident response team(s) and/or a business continuity management group.

21.2 The recovery phase should begin at the earliest opportunity following the onset of a heatwave, running in tandem with the response activities. It continues until the disruption has been rectified, demands on services have returned to normal levels, and the needs of those affected (directly and indirectly) have been met.

21.3 The incident response team(s) (and/or the business continuity management group if convened) will meet to assess the current and anticipated disruption to Trust's critical clinical and management functions. Assessments will include (but not limited to:

- current and anticipated staffing levels (sickness, overtime);
- psychosocial support for affected staff;
- effects on critical functions (prioritised activities) in each care delivery group and corporate services;
- damage to Trust property and shared facilities;
- the challenges and issues for service delivery in the short-, medium-, and long-term;
- financial losses.

22.0 RECOVERY OF LOCAL COMMUNITIES

22.1 Bereavement, continued serious health complications and carers' responsibilities will put local communities under tremendous pressure. Some may have previously not required specialist or secondary mental healthcare, may now require referral. The Trust has specialist services for delivering psychosocial support to staff, contractors, patients, carers, and families.

23.0 STAND DOWN

23.1 An Executive Director will **ALWAYS** take the decision whether to issue a 'STAND DOWN' message for a heatwave. The nominated Executive Director should record the time when the decision was taken to issue the stand down.

23.2 On receipt of this message all incident documentation **MUST** be secured and any equipment used should be appropriately cleaned, checked and returned to its correct storage location in readiness for another incident. Any consumables used should be replenished as soon as reasonably practicable.

24.0 DEBRIEFING/LESSONS IDENTIFIED

24.1 Hot debriefs

A hot debrief will be conducted by either CPFT Silver(s) or the Resilience Manager with involved staff within 24 hours and as soon as reasonably practicable after de-

escalation and stand down. If required a full debrief will be held within 14 working days of the incident. The initial incident report will be produced within 28 working days.

24.2 Participants should be given every opportunity to contribute their observations freely and honestly. CPFT Silver(s) or the Resilience Manager **MUST** ensure that the full debriefing process is followed.

24.3 An operational debrief should not be confused with discussing staff welfare issues, which should form part of the Trust's psychosocial care for such incidents.

24.4 Debriefs should not interfere with or comment on any investigation of the incident.

24.5 A post-incident report will reflect the actual events and actions taken throughout the response as well as indicating areas where improvements can be made in future, including but not limited to:

- a brief description of the incident;
- involvement of the Trust;
- involvement of other responding agencies;
- implications for the strategic management of the Trust;
- actions undertaken;
- vulnerabilities/future threats/forward look;
- chronology of events;
- organisational learning and main areas for progression;
- an action plan (including owner and completion date for each action).

24.6 It is important to note that such debriefs and related documentation are disclosable to those involved in any legal proceeding.

25.0 COLD/MULTI-AGENCY DEBRIEFS

25.1 It is the responsibility of CPFT Gold to ensure that the Trust is adequately represented at any cold/multi-agency debriefing sessions following any significant incident or emergency (or heatwave).

26.0 POST-INCIDENT PSYCHOSOCIAL AND MENTAL HEALTHCARE

26.1 Patients will be treated using whatever services that are most appropriate for their needs. A stepped approach for offering psychosocial support to staff is detailed in the Trust's *Untoward Incidents/Formal Complaints/Claims Investigation Policy,* including, depending on need, access to psychological first aid through the Trust's occupational health providers.

27.0 PLAN MAINTENANCE AND REVIEW

27.1 This plan will be reviewed at least annually, unless subject to legislative, organisational or other significant change. Consultation on successive iterations may include health (including PHE) and LRF partners. Routine editorial tasks will also be undertaken by the Resilience Manager.

27.2 Proposals for amendments are welcome from staff at any level within the Trust or from partners. Any such requests should be made in writing (e-mail) to the Resilience Manager, setting out the reason for the proposed change and any supporting documentation. All superseded hardcopy versions of this plan should be destroyed as confidential waste. The record of amendment for this plan should be completed following approval of each change and a revised version considered for immediate release.

28.0 TRAINING AND EXERCISING

28.1 An awareness of emergency planning and business continuity forms part of mandatory training, *Risky Business,* which is available via the Learning Network portal.

28.2 All Trust staff require a level of understanding about heatwaves and how this phenomenon might impact on their individual role and how to respond accordingly. Advice and guidance will be cascaded through the Trust line management structure to ensure staff understand their roles and responsibilities in preparing for, responding to and recovering from a heatwave.

28.3 Where appropriate, key knowledge and skills for staff will be based on the National Occupation Standards for Civil Contingencies. Staff familiarity with emergency plans and their likely roles and responsibilities helps to ensure that such arrangements run smoothly. The involvement of relevant partner agencies in testing and exercising will improve understanding of each other's response plans and ensure that any links and assumptions are identified and validated.

28.4 Related training and exercises are detailed in the resilience annual workplan.

29.0 FREEDOM OF INFORMATION ACT 2000 (FOIA) AND ENVIRONMENTAL INFORMATION REGULATIONS 2004 (EIR) REQUESTS

29.1 This document is publicly available.

30.0 HUMAN RIGHTS

30.1 The Trust **MUST** uphold the Human Rights Act 1998, which requires consideration of a range of factors including the dignity of individuals receiving treatment; end-of-life considerations; prioritisation of treatments and transparency in relation to decision-making as well as individual preferences.

30.2 During a significant incident or emergency preservation of life has primacy, which is the core of Article 2 of the Human Rights Act 1998.

30.3 If for any reason, an emergency necessitates restricting any human right, such as freedom of movement or freedom of assembly, this should be proportionate and only for the minimum duration possible. The reason for such a decision being taken should be communicated to the people affected by it and recorded accurately.

31.0 MONITORING COMPLIANCE WITH THIS POLICY

31.1 The table below outlines the Trusts' monitoring arrangements for this policy. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Plan review	Peer review	Resilience Manager	Annual	Quality & Safety Committee	

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33.0 RELATED TRUST POLICY/PROCEDURES

Annual Leave Policy
Aseptic Technique Policy
Business Continuity Policy
Business Travel Policy
Capacity Policy
Care of Deceased Persons
Code of Conduct
Communications with Media Policy
Guidelines and Risk Assessment of new and expectant mother at work
Decontamination Policy
Disinfection Policy
Equality and Diversity Policy
Hand Hygiene Policy
Health & Safety Policy/Procedure
Incident and Serious Untoward Incident and Near Miss Reporting Policy
Incident Response Plan
Information Governance Policy
Isolation Facilities Policy
Isolation of Service Users/Clients Policy
Laundry Policy
Management Supervision Policy
Medical Gas Cylinder Policy
Medicines Policy
Packaging Handling and Delivery of Laboratory Specimens Policy
Policy for Lone Working
Policy for the Recruitment of Agency Staff
Policy to Promote Flexible Working
Policy on Prevention and Management of Violence and Aggression
Policy for the Control of Contractors engaged in Construction and Engineering Works
Preparing for a Serious Security Occurrence (Lockdown) Policy
Risk & Safety Strategy & Policy
Service Delivery Health & Safety Risk Assessment Policy
Standard and Enhanced Infection Control Precautions
Untoward Incidents/Formal Complaints/Claims Investigation Policy
Use and Care of Invasive Devices Policy
Waste Management Policy

Supplementary documents to this plan:
CPFT Emergency Communications Plan;
CPFT Incident Response Plan;
CPFT Pandemic Influenza Plan;
CPFT Severe Weather Plan;
CPFT Guidance for incidents involving hazardous materials;
CPFT Evacuation/Lockdown Plans.

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APPENDIX 1 - TEMPERATURE RECORDING CHART

Ward/Room (delete as appropriate) ……

	Date:				Date:				Date:				Date:				Date:			
Temp	06:00	12:00	18:00	00:00	06:00	12:00	18:00	00:00	06:00	12:00	18:00	00:00	06:00	12:00	18:00	00:00	06:00	12:00	18:00	00:00
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APPENDIX 2 - HEAT-RELATED ILLNESS

The main causes of illness and death during a heatwave are **respiratory and cardiovascular diseases**. This is due to the effect of heat has on air pollution and directly on the cardiovascular system as large quantities of extra blood are circulated to the skin in order to cool the body.

Death rates also increase for patients with renal impairment. A peak in homicide and suicide rates during previous UK heatwaves has been observed.

Additionally, there are specific heat-related illnesses including:

- **Heat cramps** - caused by dehydration and loss of electrolytes, often following exercise.

- **Heat rash** - small, red, itchy papules.

- **Heat oedema** - mainly in the ankles, due to vasodilation and retention of fluid.

- **Heat syncope** - dizziness and fainting, due to dehydration, vasodilation, cardiovascular disease and certain medications.

- **Heat exhaustion** - is more common. It occurs as a result of water or sodium depletion, with non-specific features of malaise, vomiting and circulatory collapse, and is present when the core temperature is between 37ºC and 40ºC. Left untreated, heat exhaustion may evolve into heatstroke.

- **Heatstroke** - can become a point of no return whereby the body's thermoregulation mechanism fails. This leads to a medical emergency, with symptoms of confusion; disorientation; convulsions; unconsciousness; hot dry skin; and core body temperature exceeding 40ºC for between 45 minutes and eight hours. It can result in cell death, organ failure, brain damage or death. Heatstroke can be either classical or exertional (e.g. in athletes).

Source: Supporting vulnerable people before and during a heatwave – Advice for health and social care professionals. Public Health England 2015.

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APPENDIX 3 - PROTECTIVE FACTORS

The key message for preventing heat-related illness and death is to keep cool. The best ways to do this include the following:

Stay out of the heat:

- Keep out of the sun between 1100 and 1500 hours. (NOTE: the maximum temperature on a hot summer day almost always occurs after 1500, typically between 1600 and 1700 hours, illustrating the lag between solar elevation and thermal response of the air/ground).
- If you have to go out in the heat, walk in the shade, apply sunscreen and wear a hat and light scarf.
- Avoid extreme physical exertion.
- Wear light, loose-fitting cotton clothes.

Cool yourself down:

- Have plenty of cold drinks and avoid excess alcohol, caffeine (tea, coffee and colas) and hot drinks
- Eat cold foods, particularly (properly-washed) salads and fruit with a high water content
- Take a cool shower, bath or body wash
- Sprinkle water over the skin or clothing, or keep a damp cloth on the back of your neck.

Keep your environment cool:

- Place a thermometer in your main living room and bedroom to keep a check on the temperature.
- Keeping your living space cool is especially important for infants, the elderly or those with chronic health conditions or those who can't look after themselves.
- Keep windows that are exposed to the sun closed during the day, and **open windows at night when the temperature has dropped, but be mindful of the security risks**.
- Care should be taken with metal blinds and dark curtains, as these can absorb heat – consider replacing or putting reflective material in-between them and the window space.
- Consider putting up external shading outside windows.
- Have your loft and cavity walls insulated – this keeps the heat in when it is cold and out when it is hot.
- Use pale, reflective external paints.
- Turn off non-essential lights and electrical equipment – they generate heat.
- Grow trees and leafy plants near windows to act as natural air-conditioners
- Keep indoor plants and bowls of water in the house as evaporation helps cool the air.
- If possible, move into a cooler room, especially for sleeping

Look out for others:

- Keep an eye on isolated, elderly, ill or very young and make they are able to keep cool.
- Ensure that babies, children or elderly people are not left alone in stationary cars.
- Check on elderly or sick neighbours, family or friends every day during a heatwave.
- Be alert and call a doctor or social services if someone is unwell or further help is needed.

Source: Looking after yourself and others during hot weather – the latest advice. Public Health England 2015.

APPENDIX 4 - Medication likely to exacerbate the severity of heat-related illness

Medication likely to exacerbate the severity of heat-related illness		
Those causing dehydration or electrolyte imbalance		Diuretics, especially loop diuretics Any drug which causes diarrhoea or vomiting (colchicine, antibiotics, codeine)
Those likely to reduce renal function		NSAIDS, sulphonamides, indinavir, cyclosporin
Those with levels affected by dehydration		Lithium, digoxin, antiepileptics, biguanides, statins
Those that interfere with thermoregulation	by central action	Neuroleptics, serotoninergic agonists
	by interfering with sweating	Anticholinergics: - atropine, hyoscine - tricyclics - H1 (first generation) antihistamines - certain antiparkinsonian drugs - certain antispasmodics - neuroleptics - disopyramide - antimigraine agents
		Vasoconstrictors
		Those reducing cardiac output: - beta blockers - diuretics
	By modifying basal metabolic rate	Thyroxine
Drugs that exacerbate the effects of heat		
by reducing arterial pressure		All antihypertensives Antianginal drugs
Drugs that alter states of alertness (including those in section 4 (Central Nervous System) of the British National Formulary) – particularly (Hypnotics and Anxiolytics and 4.7 (Analgesics).		

Source: Supporting vulnerable people before and during a heatwave – Advice for health and social care professionals. Public Health England 2015.

APPENDIX 5 - THRESHOLD TEMPERATURES

Threshold day and night temperatures defined by the Met Office National Severe Weather Warning Service by region are set out below.

Temperatures are in degrees centigrade. Region	Day	Night
London	32	18
South East	31	16
South West	30	15
Eastern	30	15
West Midlands	30	15
East Midlands	30	15
North West	30	15
Yorkshire / Humber	29	15
North East	28	**15**

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APPENDIX 6 DEFINITIONS

For the purposes of this plan, the following terms and definitions apply. Further information on definitions and abbreviations used in the Trust's emergency planning (EPRR) (and business continuity management (BCM)) can be found in the *UK Civil Protection Lexicon* [4] and Joint Emergency Services' Interoperability Programme (JESIP) glossary.[5]

Activity
A process or set of processes undertaken by the Trust (or on its behalf) that produces or supports one or more products.

Assessment
Examination to determine whether activities and related results conform to planned arrangements and whether these arrangements are implemented effectively and are suitable for achieving the Trust's stated objectives.

Assets
Anything that has value to the Trust. *NOTE: There are many types of assets, including: a) information; b) software; c) physical (e.g. computer hardware); d) services; e) people, and their qualifications, skills and experience; and f) intangibles, such as reputation and image.*
(Source: BS ISO/IEC 27000:2012, 2.4)

Bronze (operational)
A tier of command at which operational delivery of tasks is undertaken. **Bronze is below Silver.**

Business as usual (BAU) - normal execution of Trust activities either by a team or an individual.

Business continuity
The strategic and tactical capability of the Trust to plan for and respond to incidents and business disruptions in order to continue business operations at an acceptable predefined level.

Business continuity Incident (an 'emergency')
For the purposes of this document a business continuity incident will be defined as: an actual or impending situation that may cause injury, loss of life, destruction of property or cause the interference, loss or disruption of an organisation's normal business operations to such an extent that it poses a threat.[6]

Business continuity management (BCM)
The holistic management process that identifies potential threats to the Trust and provides a framework for building resilience and the capability for an effective response that safeguards the interests of its key stakeholders, reputation and value-creating activities.

Business continuity management group (BCMG)
A group convened by the Chief Executive or other Executive Director, to maintain the Trust's prioritised activities during disruptive challenges.

Business impact analysis (BIA)
The process of analysing business functions and the effect that a business disruption might have upon them.

Civil Contingencies Secretariat, Cabinet Office (CCS)
Provides the central focus for the cross-departmental and cross-agency commitment, co-ordination and co-operation that will enable the United Kingdom to deal effectively with disruptive challenges.

Casualty - someone who has sustained a physical or mental injury, or who has been killed.

[4] *UK Civil Protection Lexicon Version 2.0.1*. (Cabinet Office 2011).
https://www.gov.uk/government/publications/emergency-responder-interoperability-lexicon
[5] http://www.jesip.org.uk (Accessed 1 April 2014)
[6] Business Continuity Institute Glossary.

Category 1 responder
A person or agency listed in Part 1 of Schedule 1 to the Civil Contingencies Act 2004. These are likely to be at the core of the response to most emergencies. As such, they are subject to the full range of civil protection duties in the Act.

Category 2 responder
A person or agency listed in Part 3 of Schedule 1 to the Civil Contingencies Act 2004. These are co-operating responders who are less likely to be involved at the heart of multi-agency planning work, but will be heavily involved in preparing for incidents affecting their sectors.

(Cumbria) Clinic Commissioning Group (CCG)
CCG is responsible for assessing local needs and risks and commissioning related services. It also provides a 24-hour rota to support the management of surge/operational escalation.

Community
The general population, outside of a hospital or clinical environment.

Command
The exercise of vested authority that is associated with a role (or rank) within an organisation, to give direction in order to achieve defined objectives.

Community Risk Register (CRR)
A register communicating the assessment of risks within a Local Resilience Forum area which is developed and published as a basis for informing local communities and directing civil protection workstreams.

Competences
Competences include the knowledge, judgement, skills, energy, experience and motivation required to respond adequately to the demands of one's professional responsibilities.

Compliance - fulfilment of specified requirements.

Control - application of authority, combined with the capability to manage resources, to achieve defined objectives.

Co-ordination
The integration of multi-agency efforts and available capabilities, which may be interdependent, in order to achieve defined objectives. The co-ordination function will be exercised through control arrangements, and requires that command of individual organisations' personnel and assets is
appropriately exercised in pursuit of the defined objectives.

Critical care
Care of patients with life-threatening conditions

Critical function – see *Prioritised activity* below

(BC) Culture - predominating attitudes and behaviours that categorize the functioning of a group or organisation.

Declared major incident
Emergencies that are notified by the North West Ambulance Services (NWAS), CNE or another Category 1 responder to which the Trust will be expected to respond.

Dynamic risk assessment (DRA)
Continuing assessment appraisal, made during an incident or emergency, of the hazards involved in, and the impact of, the response.

Emergency
An event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or the security of the UK or of a place in the UK.

Emergency Powers
Last-resort option for responding to the most serious of emergencies where existing powers are insufficient, and additional powers are enacted under part 2 of the Civil Contingencies Act (2004) and elsewhere.

Emergency Preparedness, Resilience and Response (EPRR)
The extent to which emergency planning enables the effective and efficient prevention, reduction, control and mitigation of, and response to emergencies.

Environment - surroundings including plan and animal life.

Exercise
A simulation designed to validate the Trust's capability to manage incidents and emergencies. Specifically exercises will seek to validate training undertaken and the procedures and systems within emergency or business continuity plans.

Gold (strategic)
A tier of command, control and co-ordination at which policy, aim and objectives, including the overall response framework, are established and managed. **Gold is a higher tier than Silver.**

Governance - the system by which the Trust is directed and controlled.

Hazard – a situation that poses a level of threat to life, health, property, or the environment.

Health strategic commander
NHS England Director or senior manager available to attend the local Strategic Co-ordinating Group and commit NHS resources to support the response. **Sometimes referred to as "NHS Gold" or Health Gold".**

Heatwave
There is no universal definition of a heatwave. It varies by region, but in the North West a heatwave will be declared when the temperature reaches 30ºC or more during the day and 15ºC or more during the night. It is important to note that it is the combined effect of both day and night-time temperatures that affects health.

Impact - aggregate of the evaluated possible or actual consequences of a particular outcome.

Incident - event of situation that requires a response from the emergency services or other responders.

Incident co-ordination centre (ICC)
A Trust or health facility for communications, co-ordination, leadership and decision-making during a significant incident or emergency.

Incidents involving hazardous materials (HAZMAT)
This might be an unforeseen event in which two or more persons are exposed to a non-radioactive, chemical substance(s).

Incident response team (IRT)
Senior managers and other key staff who formulate, implement and monitor the Trust's response to a significant incident or emergency.

Inner cordon - surrounds the immediate area of the incident and provides security for it. It comprises of hot and warm zones.

Integrated Emergency Management (IEM)
This is the term used within statutory guidance to describe the multi-agency approach to emergency management**,** entailing six key activities – **anticipation, assessment, prevention, preparation, response and recovery.**

Internal incidents
Fire, breakdown of utilities, critical equipment failure, healthcare acquired infections, violent crime (NB: some of these may also be categorised as a 'serious untoward incident' and will be managed and

investigated in accordance with the Trust's *Untoward Incidents/Formal Complaints/Claims Investigation* Policy).

Internal major incident
Any event, the impact of which cannot be handled within the Trust's routine service arrangements and which poses a significant risk of disruption.

Leadership - capacity to influence people, by means of personal attributes and/or behaviours, to achieve a common goal.

(Cumbria) Local Health Resilience Partnership (LHRP)
The LHRP will ensure co-ordinated planning for emergencies impacting on health or continuity of patient services and effective engagement across local health organisations.

Local Resilience Forum ((Cumbria) LRF or Cumbria Resilience Form)
The process for bringing together all the Category 1 and 2 responders within a police force area for the purpose of facilitating co-operation in fulfilment of their duties under the Civil Contingencies Act.

Lockdown
The process where the doors leading outside or to other parts of a building are locked and people may not enter or exit at those points. Please refer to the Trust's *Preparing for a Serious Security Occurrence (Lockdown)* Policy. Full guidance is available in *Lockdown Guidance – Protecting your NHS*. Security Management Service 2009).

Mass casualty incident
An incident (or series of incidents) causing casualties on a scale that is beyond the normal resources of the emergency services.

Monitoring
Determining the status of a system, a process or an activity.

Mutual aid
An agreement between Category 1 and 2 responders and other organisations not covered by the Act, within the same sector or across sectors and across boundaries, to provide assistance with additional resource during an emergency.

News Co-ordination Centre
Cabinet Office unit working with the lead government department to provide co-ordinating media and public communications support during an emergency.

NHS England's Cumbria and the North East team ("CNE")
CNE will oversee a co-ordinated NHS response to an event or situation which may impact on NHS services, the wider community or the local population within Cumbria.

Normal business hours
For the purposes of incident response and recovery, this is defined for the Trust as the working period between 0900 hours – 1700 hours on weekdays i.e. not weekends nor bank/public holidays. The period outside of the above definition is referred to 'out of hours' (OOH).

Organisations (or agencies)
Public, private or voluntary agencies.

Personal protective equipment (PPE)
Protective clothing, helmets, goggles, or other garments designed to protect the wearer's body from injury by blunt impacts, electrical hazards, heat, chemicals, and infection.

Plan invocation
The act of declaring that a Trust emergency plan(s) and/or business continuity plan(s) needs to be activated to continue to deliver key services.

Plan maintenance
Procedures for ensuring plans are kept in readiness for emergencies and that planning documents are kept up-to-date.

Plan validation
Measures to ensure that an emergency plan meets the purpose for which it was designed. Validation may include a range of measures, including various forms of exercises and tests.

Prioritised activity
A service or operation the continuity of which a Category 1 responder needs to ensure, in order to meet its business objectives and/or deliver essential services.

Procedure - specified way of carrying out an activity or a process.

Process set of interrelated or interacting activities, which transforms inputs into outputs. (Source: BS EN ISO 9000:2005, 3.4.1)

Public Health England (formerly the Health Protection Agency)
A non-departmental public body charged with protecting the health and wellbeing of United Kingdom citizens from infectious diseases and with preventing harm and reducing impacts when hazards involving chemicals, poisons or radiation occur. Under CCA 2004 PHE, as its predecessor, is a Category 1 responder. Produces Heatwave Plan for England.

Recovery
The process of restoring, rebuilding and rehabilitating in the aftermath of an incident.

Resilience - the ability at every level to detect, prevent and, if necessary, handle disruptive challenges.

Resources
Resources in the context of this plan mean the provision of human resources, equipment and supplies to meet the strategic, tactical and operational needs of the commanders at all three tiers, i.e. Gold, Silver, Bronze.

Risk - Measure of the significance of a potential emergency in terms of its assessed likelihood and impact.

Risk assessment - the overall process of risk identification, analysis and evaluation.

Silver (tactical)
A tier of command, control and co-ordination at the tactical level, where the response to the incident is actually managed. **Silver is the tier below Gold but above Bronze.**

Stakeholder - those with a vested interest in an organisation's achievements.

Threat - intent to, or incident that may inflict harm or loss on a(nother) person(s).

Threat level - these are designed to give a broad indication of the likelihood of a terrorist attack.

Timescales
For the purposes of Trust emergency planning (EPRR) and business continuity management (BCM):

Short term	**= up to 48 hours**
Medium term	**= up to 7 operational days**
Long term	**= over 7 operational days**

Traffic-light approach
This is used to illustrate the impact on service delivery and the proposed response for each of the following phases:

Level 0 - Long-term planning

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

Level 1: Summer preparedness

During the summer months, social and healthcare services raise awareness of heatwaves and maintain background preparedness.

Level 2: Heatwave is forecast - Alert and readiness

This is triggered as soon as the Met Office forecasts that there is a 60 per cent chance of temperatures being high enough on at least two consecutive days (and the intervening night) to have a significant effect on health. This will normally occur 2–3 days before the event is expected.

Level 3: Heatwave Action

This is triggered as soon as the Met Office confirms that threshold temperatures have been reached in any one region or more. This stage requires specific actions targeted at high-risk groups.

Level 4 - RED: Emergency

This is reached when a heatwave is so severe and/or prolonged that its effects extend outside health and social care. At this level, illness and death may occur among the fit and healthy, and not just in high-risk groups and will require a multi-sector response at national and regional levels.

Triage
The process of determining the priority of casualties' (patients') treatment based on the severity of their condition.

Unusual incident
This may include a localised weather event i.e. an incident that does not trigger a declared major incident, but CNE will assess the situation and decide upon an appropriate response.

Vulnerable person
Cabinet Office (2008) defines vulnerable people as those 'that are less able to help themselves in the circumstances of an emergency', hence planning should note survivors/victims may require external assistance to become safe.

World Health Organisation (WHO)
A specialised agency of the United Nations that acts as a co-ordinating authority on international public health.

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RECORD OF AMENDMENTS

All amendments should be considered for immediate inclusion in a revised version and re-issued when approved. All superseded versions of this plan should be destroyed as confidential waste. This record should be completed following approval of each amendment. **Changes to plan ownership MUST be written in bold**.

Date of request	Version	Page	Section	Description of change	Requested by	Approved by	Date re-issued
09/04/12	0.1	N/A	N/A	Initial draft	RG	N/A	N/A
18/04/12	0.2	N/A	N/A	Further revision	RG	N/A	N/A
23/04/12	1.0	N/A	N/A	Final version	RG	PMG	30/04/12
01/06/13	1.1	N/A	N/A	Amended version to take account of *Heatwave Plan for England 2013* and associated guidance	RG	PMG	11/06/13
01/06/13	1.1	N/A	N/A	Further revision – minor amendments	RG	N/A	N/A
01/06/13	1.2	N/A	N/A	Further revision – minor amendments	RG	N/A	N/A
01/06/13	1.3	N/A	N/A	Further revision – minor amendments	RG	N/A	N/A
02/06/14	1.4	N/A	N/A	No substantive change indicated in the *Heatwave Plan for England 2014.* Minor editorial changes (pagination and changes in roles)	RG	N/A	N/A
04/06/14	1.4	N/A	N/A	Review by Operational Management Group (OMG)	RG	N/A	N/A
25/07/14	1.4	N/A	4.15; 9.0	Added **Director of Operations as Accountable Director**. Clarified Business Continuity responsibilities of the Estates and Facilities Departments at Section 4.15. Amended alphabetic order of policies in Section 9.0	RG	N/A	25/07/14
24/06/15	1.5	28	8.3	No substantive changes indicated in the *Heatwave Plan for England.* Inverted order of paragraphs 8.3 and 8.2 for emphasis. Other minor editorial changes (e.g. pagination and changes in roles) in preparation for review at Trust Management Group (TMG)	RG	N/A	N/A
26/06/15	1.5	25	8.4	Added procedure on use of portable air-conditioning units provided by CPFT Estates	RG	N/A	N/A
05/07/15	1.5	30, 42	13.1, APPENDIX 3, APPENDIX 6	Added comments from Met Office Civil Contingencies Advisor. Review following activation of CPFT Heatwave Plan (v1.4). Submission for annual review by (now) TMG.	RG	N/A	N/A
13/05/16	1.6	7	4.7	Minor changes	RG	N/A	N/A
19/05/16	1.6	N/A	N/A	Approved by TMG	RG	TMG	19/05/16
17/03/17	1.7	N/A	N/A	Minor changes (to job titles)	RG	N/A	N/A
26/03/18	1.8	N/A	N/A	Minor changes (to job titles)	RG	N/A	N/A

ABBREVIATIONS

ASC	Adult Social Care
BC	Business Continuity
BCM	Business Continuity Management
BCMG	Business Continuity Management Group
BCP	Business Continuity Plan
BMA	British Medical Association
BNF	British National Formulary
BSI	British Standards Institute
Cat 1	Category 1 responder (CCA)
Cat 2	Category 2 responder (CCA)
CCA	Civil Contingencies Act 2004
CCC	Cumbria County Council
CCG	Clinical Commissioning Group
CHOC	Cumbria Health On Call (Out of hours provider)
CI	Critical Infrastructure
CIC	Cumberland Infirmary Carlisle
CMHART	Community Mental Health Assessment and Recovery Team
CNE	(NHS England) Cumbria and the North East
CO	Cabinet Office
COBR	Cabinet Office Briefing Rooms
CONOPs	Concept of Operations (Central Government)
COPD	Chronic Obstructive Pulmonary Disease

CPFT	Cumbria Partnership Foundation Trust
CPN	Community Psychiatric Nurse
CRR	Community Risk Register
DCLG	Department of Communities and Local Government
DCLG RED	Department of Communities and Local Government Resilience and Emergencies Division
DECC	Department of Energy and Climate Change
Defra	Department for Environment, Food and Rural Affairs
DH	Department of Health
EIR	Environmental Information Regulations (2004)
EPL	Emergency Planning Lead
EPRR	Emergency Preparedness, Resilience and Response
FOIA	Freedom of Information Act 2000
HHSRS	Housing Health and Safety Rating System
(HPA)	(Health Protection Agency) Now **Public Health England**
HSE	Health & Safety Executive
ICC	Incident Co-ordination Centre
IRP	Incident Response Plan
ISO	International Standards Organisation
IT	Information Technology
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
LSMS	Local Security Management Specialist
NCC	News Co-ordination Centre
NOS	National Occupational Standards (Skills for Justice)
NWAS	North West Ambulance Service
OOH	Out of hours
PAS	Publicly Available Specification
PHE	Public Health England (formerly Health Protection Agency)
SCG	Strategic Co-ordinating Group
SIRO	Senior Information Risk Officer
SITREP	Situation Report
SLA	Service Level Agreement
SME	Small-and-medium sized enterprises
SMS	Short message service
STAC	Science and Technical Advice Cell
TCG	Tactical Co-ordinating Group
TMG	(CPFT) Trust Management Group
UVR	Ultraviolet Ray
WHO	World Health Organisation
WTR	Working Time Regulations

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