



Plan:

OPS 009 Heatwave

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Plan Version and advice on document history, availability and storage

This is version 3 of the Heatwave Policy. It builds upon the Emergency Preparedness, Resilience and Response Policy and reflects guidance from NHS England, changing it to a Plan.

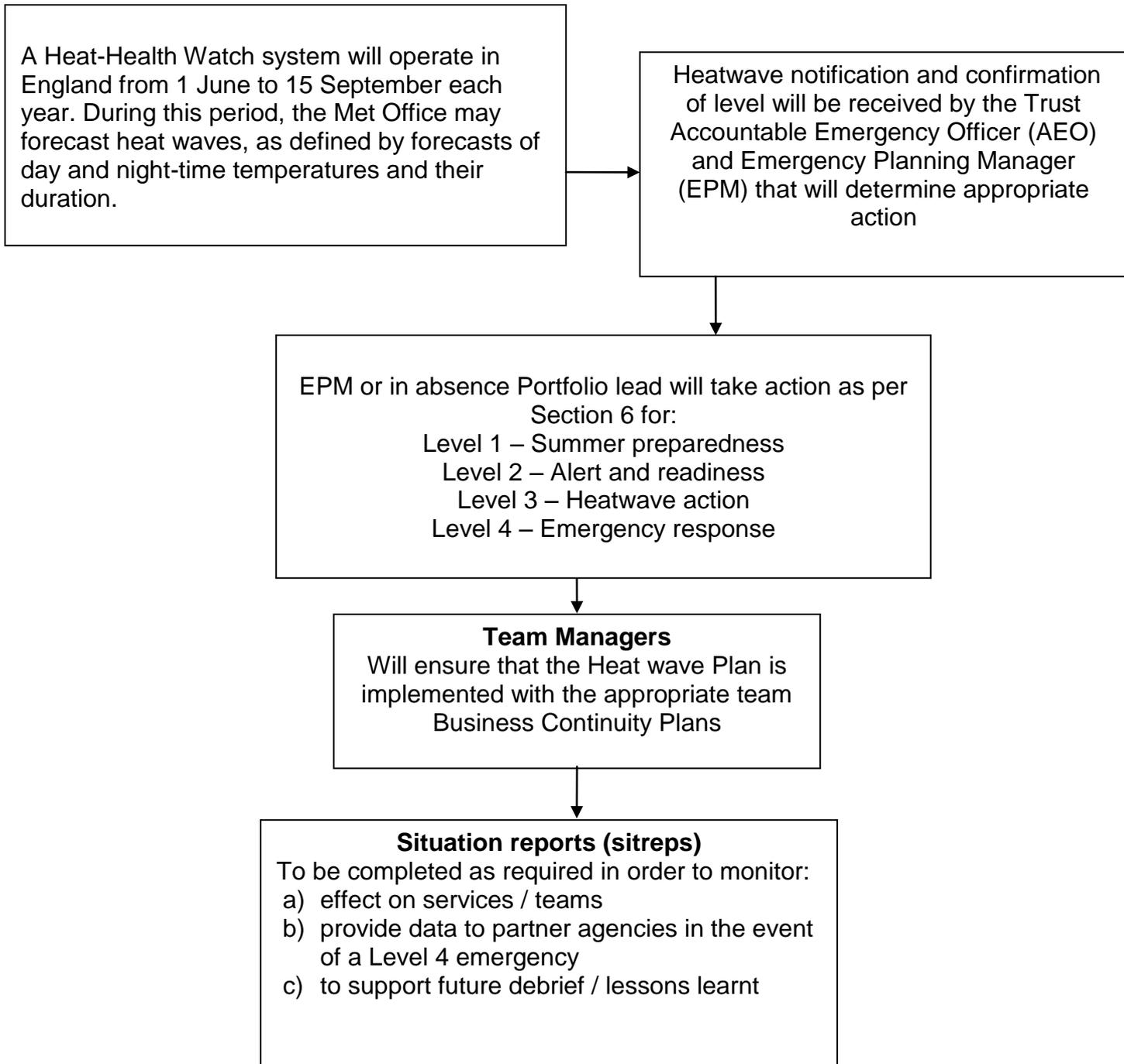
This plan will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and Internet. The previous version will be removed from the Intranet and archived.

Any printed copies of the previous version (V2 September 2016) should be destroyed and if a hard copy is required, it should be replaced with this version.

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Flowchart



1. Introduction

This plan sits within the Trusts Emergency Preparedness, Resilience and Response (EPRR) Policy, forming a series of plans as required within NHS England's EPRR Core Standards.

Heat waves are forecast to increase in frequency in the coming years as climate change is increasingly acknowledged to be a serious threat to population health. These impacts are highlighted in the updated report *Health Effects of Climate Change in the UK 2008* (www.dh.gov.uk/en/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/DH_080702)

The Climate Change Act 2008 makes it a requirement for all statutory sectors, including the health sector, to have robust plans in place to deal with the impact the climate change may have.

During a heatwave, temperatures which remain abnormally high over several days can prove fatal. The rise in mortality, especially amongst older people follows sharply after the rise in temperature, which contrasts with deaths associated with cold snaps in winter. By the time a heatwave starts, the window of opportunity for effective action is very short, therefore preparedness is essential.

The aim of this plan is to put in place procedures to reduce risks to health from severe heat and works in conjunction with team business continuity plans. The plan is underpinned by a system of heatwave alerts, developed by the Met Office that are issued between 1 June and 15 September each year.

2. Scope

This plan applies to all Trust staff and services.

3. Definitions

3.1 Heatwave

The Heat-Health Watch is based on threshold day and night-time temperatures as defined by the Met Office. These vary from region to region.

A heatwave for Yorkshire and Humber is triggered as soon as the Met Office forecasts that there is a 60 per cent chance of temperatures being 29°C during the day and 15°C at night, on at least two consecutive days, which will have significant effects on health. This forecast will ordinarily be made 2-3 days before the event is expected.

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

The National Heat wave Plan and further information on climate change and health can be found in the Department of Health guidance document and summary, *The Health Impact*

of Climate Change: Promoting Sustainable Communities, available at www.dh.gov.uk/en/publicationsandstatistics/DH_082690.

4. Duties

Trust staff have a duty of care to ensure that service users are supported to stay safe in a period of heat wave.

5. NHS England / Public Health England Guidance

The following information is taken from the Heatwave Plan for England 2015, revised May 2017.

Upon issue of a heatwave alert from the Met Office, NHS England, working collaboratively with Clinical Commissioning Groups (CCG's) cascade the alert to providers. The alert levels are shown in the table below:

Level 0	Long-term planning <i>All year</i>
Level 1	Heatwave and Summer preparedness programme <i>1 June – 15 September</i>
Level 2	Heatwave is forecast – Alert and readiness <i>60% risk of heatwave in the next 2-3 days</i>
Level 3	Heatwave Action <i>Temperature reached in one or more Met Office national severe weather warning service regions</i>
Level 4	Major Incident – Emergency response <i>Central Government will declare a Level 4 alert in the event of severe or prolonged heatwave affecting sectors other than health</i>

Level 1: Heatwave and Summer Preparedness

PHE will make advice available to the public and health and social care professionals in affected regions, in preparation for an imminent heatwave via NHS Choices and the websites of the Met Office, PHE and DH.

www.nhs.uk/summerhealth includes information on how to stay well in hot weather.

Level 2: Alert and readiness

The Emergency Planning Manager and Directors will be notified if level 2 is triggered and will initiate any required actions (see Section 6). It is the responsibility of Service leads to ensure that actions detailed at level 2 in this section are completed.

Level 3: Heatwave action

Actions to take at level 3 are described in Section 6.

Level 4: Emergency response

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

Actions to take in the event of a level 4 emergency are described in section 6.

6. Trust Heatwave action plan

The Emergency Planning Manager (EPM) is directly notified of heatwave alert levels via email from the Met Office. Further notification and confirmation is then received by the EPM and Accountable Emergency Officer (AEO/Deputy Chief Executive) from NHS England and/or Sheffield Clinical Commissioning Group.

The following action will be undertaken, dependant upon the level notified. In the absence of the EPM, the EPM actions will be the responsibility of portfolio leads.

Level 1 – Summer Preparedness

Business Continuity Plan authors to check Business Continuity Plans (BCP's) have contingencies in place for heatwave. EPM will issue a reminder to patient facing staff via Communications to refresh knowledge of heatwave contingencies in BCP and heatwave Plan. Reminder to services to ensure they have sufficient equipment (indoor thermometers etc.) in place for summer.

Level 2 – Alert and readiness

EPM will request that staff are alerted to the forecast rise in temperatures and the significant effects this may have on health and the subsequent need to consult BCP's and Heatwave Plan. EPM will liaise with Communications to ensure latest NHS England/PHE advice on the heatwave is shared via Intranet and all staff email updates. Clinical/Nursing staff to follow contingency procedures set out in appendix B of the Heatwave Plan and their team BCP.

Level 3 – Heatwave action

EPM to continue to keep staff updated and to issue reminders to staff to follow contingency procedures set out in the heatwave Plan and BCP's via Communications. EPM in conjunction with AEO to maintain contact with Portfolio leads who may provide situation reports as required in response to the heatwave. Possible move to Critical Incident or 'standby' situation (see Major and Critical Incident Plan) if heatwave set to last for a significant period.

Level 4 – Emergency response

In the event of a major incident being declared the AEO or deputy will implement appropriate emergency policies and procedures e.g. Major and Critical Incident Plan and reporting structure. AEO or deputy will provide sitreps and briefing to CCG/PHE/Local Authority/ NHS England as required.

During a heatwave it will be necessary for Portfolio leads to gather information from their individual teams about how they are coping. The template at Appendix E may be used for this purpose.

The AEO or deputy may require the completion of situation reports (sitreps) at any point during a heatwave to gain an overview of how Trust services are responding.

In the event of a critical or major incident being declared for a level 4 heatwave, the AEO or deputy who is co-ordinating the Trust response (Incident Director) will:

- Explain the rationale to portfolio leads for collecting sitreps from each of their teams
- Set out a clear timetable for when completed sitreps are required
- Give clear instructions as to where completed sitreps should be sent
- Be mindful where possible of allowing a reasonable timescale for information to be collected and recorded on the sitrep template.
- Be mindful of the demands for information from external organisations and ensure sitrep deadlines are met.
- Agree a Trust wide communication strategy with the Communications Team to ensure all staff are aware of the Trust response.

Portfolio leads will:

- Identify a person in each team to be responsible for completing the sitrep.
- Check completed sitreps for accuracy before sending them to the Director co-ordinating the response.
- Ensure all completed sitreps are saved on the teams shared drive.

Following a level 4 heatwave an incident debrief and lessons learned exercise may be held using completed sitreps as a guide to how the response was undertaken.

7. Heatwave contingencies

7.1 Who is at risk?

Some people may be particularly at risk during hot weather because of their general health, where they live and the amount of support they have. Health and Social Care staff are in a good position to assess individual levels of risk.

The below information has been taken from the Department of Health publication: Heat related illnesses and groups at risk 2012.

Heat related illnesses

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

- Heat cramps – caused by dehydration and loss of electrolytes, often following exercise.
- Heat rash – small, red, itchy papules.
- Heat oedema – mainly in the ankles, due to vasodilation and retention of fluid.
- Heat syncope – dizziness and fainting, due to dehydration, vasodilation, cardiovascular disease and certain medications.
- Heat exhaustion – is more common. It occurs as a result of water or sodium depletion, with non-specific features of malaise, vomiting and circulatory collapse and is present when the core temperature is between 37 and 40°C. Left untreated, heat exhaustion may evolve into heatstroke.
- Heat stroke – 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 temperature

exceeding 40°C for between 45 minutes and eight hours. It can result in cell death, organ failure, brain damage or death. Heatstroke can be either classical or exertional (e.g. in athletes).

7.2 At risk groups include:

- Older people, especially those over 75 and/or living on their own or in a care home
- People suffering from mental ill health, those with dementia and those who rely on help from other people to manage day-to-day activities.
- People who are bed-bound.
- People taking certain types of medication.
- People suffering from chronic ill health.
- People suffering from:
 - i) Cardiovascular and cerebrovascular conditions
 - ii) Obesity
 - iii) Malnutrition
 - iv) Diabetes
 - v) Parkinson's Disease
 - vi) Respiratory insufficiency
 - vii) Renal insufficiency
 - viii) Peripheral vascular conditions
 - ix) Alzheimer's or related diseases
 - x) Too much alcohol

Heatwaves can happen suddenly and rapid rises in temperature affect vulnerable people very rapidly.

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

7.3 Managing the risk

The following preparations should be made:

- Cool rooms/areas to be identified maintaining a temperature of 26°C or below. High risk groups, who are vulnerable to the effects of heat, may be physiologically unable to cool themselves efficiently once temperatures rise above this. Keep service users sufficiently hydrated at all times (see Appendix A)
- Identification of particularly vulnerable service users (those with chronic/severe illness, on multiple medications), who may require prioritisation for time in a cool room.
- Any room being used in a patient facing setting should be risk assessed with heatwave in mind to ensure it is suitable and not too hot.

Be aware of Trust clinical policies and procedures before using fans to keep the environment cool. For service user facing staff it is acceptable to use fans if in a consultative role only. The blades of the fan must be clean at all times. If not the fan must not be used until it has been appropriately cleaned.

If you are undertaking clinical procedures such as dressing changes, blood sampling or administering injections in a clinical/treatment room, fans must be turned off for at least 30

minutes before the procedure is undertaken. If you are undertaking clinical procedures in the service user's own home then the fan must be turned off for the duration of the procedure.

- Indoor thermometers to be installed in each room where vulnerable service users spend substantial amounts of time e.g. bedrooms, living and eating areas and, during a heatwave, indoor temperatures should be monitored and recorded at least four times per day.
- Detailed information on the storage of medicines on wards can be sought through Pharmacy. However the salient details are as follows:
 - i) Medicines that require refrigeration should be stored in an approved medicines fridge, which must be used solely for the storage of such medicines.
 - ii) The fridge must be connected to the electricity supply in such a manner that does not allow accidental disconnection e.g. attached to a spur to the mains electricity supply.
 - iii) The medicines fridge temperature must be checked daily and recorded on the Trust's fridge temperature monitoring form. The temperature should be between 2°C - 8°C
 - iv) Pharmacy or Facilities must be contacted if there is a problem (area specific). If a medicine query out of hours contact the drug manufacturers for guidance.
 - v) A document is available on the Specialist Pharmacy Service website – Which medicines could cause problems for patients during excessive heat exposure. <https://www.sps.nhs.uk> enter heatwave to download it.
 - vi) Repeat messages to be delivered to staff on risk and protective measures ensuring visits or phone calls are made to advise high risk service users living on their own or without regular contact with a carer.
 - vii) Seek early medical help if an individual starts to become unwell.
 - viii) Ensure that discharge planning takes into account the temperature of accommodation and level of daily care during the heatwave period.

7.4 Protective Factors

The key messages are:

- Stay out of the heat- keep out of the sun between 11.00am and 3.00pm
- If you have to go out in the heat, walk in the shade, apply sunscreen and wear a hat and light scarf.
- Avoid extreme physical exertion.
- Wear light, loose-fitting cotton clothes.
- Have plenty of cold drinks, and avoid excess alcohol, caffeine and hot drinks.
- Eat cold foods, particularly salads and fruit with a high water content.
- Cool yourself down by sprinkling water over the skin or clothing, or keep a damp cloth on the back of your neck. Take a cool shower, bath or body wash.

7.5. Keep your environment cool:

- Place a thermometer in your main living room and bedroom to keep a check on the temperature.
- Keep windows that are exposed to the sun closed during the day, and open windows at night when the temperature has dropped.
- Care should be taken with metal blinds and dark curtains, as these can absorb heat – consider replacing or putting reflective material in-between them and the window space.

Heatwave Plan (OPS 009 version 3 2019)

- 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.

7.6 Community Team manager considerations

- Identify individuals who are at particular risk from extreme heat (see 7.2 above). These people are likely to be already receiving care.
- Identifying any changes to individual care plans for those in high-risk groups, including those with chronic illness or severe mental illness, which might be necessary in the event of a heat wave, including initiating daily visits by formal or informal carers to check on people living on their own. Staff should arrange, where appropriate, for a daily visit/phone call by a formal or informal carer, family, neighbour, friend, voluntary and community sector workers during the heat wave period. Visits should be considered especially for those living on their own and without the contact of a daily carer
- Working with the families and informal carers of at-risk individuals to ensure awareness of the dangers of heat and how to keep cool and to put simple protective measures in place, such as installing proper ventilation and ensuring that fans and fridges are available and in working order.
- Reviewing surge capacity and the need for, and availability of staff support in the event of a heat wave, especially if it lasts for more than a few days. During the summer months, sufficient staff must be available so that appropriate action can be taken in the event of a heat wave.
- Where individual households are identified as being at particular risk from hot weather, making a request to Environmental Health to do an assessment using the Housing Health and Safety Rating System (HHSRS). If residents find their home uncomfortably hot and there are concerns about the heat negatively affecting their health, seek advice from the Environmental Health Department within the local authority, who can undertake a Housing Health and Safety Rating System assessment.

8. Associated policies and plans

Emergency Preparedness Resilience and Response (EPRR) Policy
Major and Critical Incident Plan

9. Related documents and references

Climate Change Act 2008

NHS England EPRR Core Standards 2015

Heatwave Plan for England 2015 (revised 2017)

Department of Health Publication 2012 – Heat related illnesses and groups at risk

www.nhs.uk/summerhealth

Specialist Pharmacy Service website – Wessex Drug and Medicines Information Centre 2010

10. Monitoring and review

This plan will be audited by review as part of the governance and reporting procedures included in it. Any failure to complete or update the plan within the timescales will be addressed as it occurs.

Furthermore, monitoring of related documents and references will be conducted by the Emergency Planning Manager to ensure the plan remains up to date, irrespective of its normal review dates.

11. Equality Impact Assessment

The Trust management are committed to providing equality of opportunity, not only in its employment practices but also in the services for this plan for which it is responsible. The Equality Impact Assessment of the plan is neutral.

The Trust values and respects the diversity of their respective employees and the communities they service. In applying this policy they will have due regard for the need to:

- Eliminate unlawful discrimination
- Promote equality of opportunity
- Provide for good relations between people of diverse groups

12. Version Control

Version No.	Type of Change	Date	Description of change(s)
1.0	New Policy created	August 2016	New policy commissioned by EDG
1.1	Ratification and issue	September 2016	Amendments made during consultation, prior to ratification. Aligned with NHS England EPRR core standards
2.0	Review, ratification, issue	September 2016	Early review undertaken to update the policy
3.0	Review undertaken	May 2019	Change from Policy to Plan, re-formatted in line with other Trust Plans and Policies. Aligned with NHS England EPRR core standards.

13. Contact details

Title	Name	Phone	Email
Terry Geraghty	Emergency Planning Manager	0114 226 3147	Terry.Geraghty@shsc.nhs.uk

Supporting People in their own home during a heatwave

A checklist for professionals, volunteers and carers

During a Level 4 heatwave (and possibly in a long term Level 3) anyone in a high risk category living alone is likely to need at least daily contact either in person or via telephone, whether by care workers, volunteers or informal carers. In such circumstances Trust Directors will liaise with partners via Sheffield Clinical Commissioning Group to identify how this will be co-ordinated.

People with mobility or mental health problems, who are on certain medication, or living in accommodation that is hard to keep cool, are likely to need some additional care and support.

KEEP OUT OF THE HEAT

- Keep curtains at windows exposed to the sun closed while the temperature outside is higher than it is inside
- Once the temperature outside has dropped lower than it is inside, open the windows. This may require late night visiting
- Advise buying a fan, particularly if their home is difficult to keep cool

KEEP BODY TEMPERATURE DOWN

- Suggest regular cool showers, baths or at least an overall body wash
- Advise them to wear light, loose cotton clothes to absorb perspiration and prevent skin irritation
- Suggest sprinkling clothes with water regularly and splashing cool water on their face and back of neck
- Recommend cold food, particularly salads and fruit with a high water content
- Advise them to drink regularly, preferably water or fruit juice (avoid alcohol and caffeine if possible)
- Monitor their daily fluids intake, particularly if they have several carers or are not always able to drink unaided

PROVIDE EXTRA CARE

- Keep in regular contact throughout the heatwave and try and visit at least once a day
- Keep giving advice on what to do to reduce the risks of heat stroke
- Check that their care plan has full details of their informal carers and other support, in case extra help is needed.

Caring for Residents to prepare for a heatwave

A Checklist for Home Managers and Staff (e.g. Registered and Supported Living homes)

THE BUILDING

- Check windows can be shaded, preferably by curtains rather than metal blinds
- Check that there are no problems opening windows, including security considerations
- Ensure staff know which rooms are most easy to cool and which are more difficult and review the distribution of residents accordingly
- If one exists, check the cooling or air conditioning system works properly. It should be able to keep the air temperature at or below 26°C in at least one large room.
- Make sure you have enough thermometers to monitor accurately temperatures throughout the building

FACILITIES

- Check you have adequate supply of fans and water sprays
- Check water and ice is widely available. Ice must be dispensed from a touch free ice dispenser
- Arrange for cold drinks to be distributed in the event of a heatwave
- Plan to adapt menus to cold meals, preferably with a high water content, like fruit and salads, in consultation with residents

WORKING ARRANGEMENTS

- Work out a protocol for changes to management arrangements in the event of a heatwave to cover:
 - i) Mobilisation of staff, including possible recall of those on holiday
 - ii) Changes to rotas
 - iii) Getting extra help from relatives of residents
 - iv) Getting extra help from volunteers

If outside activities are planned, consider if these are still appropriate.

RESIDENTS

- Make sure you know who is most at risk, ask primary health care staff if you are unsure
- Ensure you have protocols to monitor residents most at risk and to provide additional care and support
- Ask GP's of at-risk residents about possible changes in treatments or medication in the event of a heatwave
- Check the residents have light, loose fitting cotton clothing

Caring for residents during a heatwave

Checklist for Home Managers and Staff

ENVIRONMENT

- Try to keep the care home as cool as possible
- Keep curtains and windows closed whilst the temperature outside is higher than it is inside
- Open windows once the temperature outside has dropped lower than it is inside
- Discourage residents from physical activity and going out during the hottest part of the day (11am-3pm)
- Monitor temperatures inside the building

MONITOR RESIDENTS

- Check body temperature and weight regularly
- Watch for any changes in behaviour
- Watch for signs of headache, unusual tiredness, weakness, giddiness, disorientation or sleeping problems

REDUCE THE RISK OF HEATSTROKE

- Encourage residents to remain in the coolest part of the home as much as possible
- Monitor their fluid intake, particularly if they are not able to drink unaided
- Advise them to avoid caffeine (tea, coffee, colas) or very sweet drinks and alcohol
- Encourage them to wear light, loose cotton clothes to absorb perspiration and prevent skin irritation
- Regularly sprinkle or spray cool water on exposed parts of the body
- Arrange cool showers or baths if possible
- If residents are taking part in exercise outside ensure they are not in direct sunlight for long periods, take regular cool drinks and are wearing sun screen

EMERGENCY TREATMENT

If you suspect someone has heatstroke call 999.

Whilst waiting for the ambulance:

- Take the person's temperature
- If possible, move them somewhere cooler
- Cool them down as quickly as possible by giving them a cool shower, sprinkling them with water or wrapping them in a damp sheet; and using a fan to create an air current
- If conscious, encourage them to drink fluids
- Do not give aspirin or paracetamol

Public Health Core Messages

Below are the core messages to be broadcast as official PHE warnings alongside national and regional weather forecasts. They may be expanded or otherwise refined in discussion with broadcasters and weather presenters. Trust Communications may provide links to these messages in order to raise awareness to staff, service users and public along with these draft messages:

Level 1: Summer preparedness and long term planning

No warning required unless there is a 60% probability of the situation reaching level 2 somewhere in the UK within the next 3 days, then:

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 1: Draft all staff message

June 1st to September 15th is the period most likely to see the country affected by heatwave. All staff, particularly those who are service user facing, are encouraged to familiarise themselves with the Trust Heatwave Plan and their own team Business Continuity Plan for a heatwave. The Trust Heatwave Plan can be found on the Trust Intranet page under Policies or on the SHSC web page on the Internet.

Level 2: Alert and readiness

The Met Office, in conjunction with PHE is issuing the following heatwave warning for (regions identified)

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

Level 2: Draft all staff message

A heatwave has been forecast with a 60% likelihood that it will begin in the next 2-4 days. All staff, particularly those who are service user facing, must now follow the advice within the Trust Heatwave Plan and your own team's Business Continuity Plan for a heatwave. The Trust Heatwave Plan can be found on the Trust Intranet page under Policies or on the SHSC website on the Internet.

Level 3 and 4: Heatwave action / emergency response

Heatwave Plan (OPS 009 version 3 2019)

The Met Office, in conjunction with PHE, is issuing the following heatwave advice 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.

Level 3: Draft all staff message

All staff are encouraged to continue to follow the advice detailed in the trust Heatwave Plan. Requests for information may be made by Managers in order to ascertain how services are coping. Your co-operation with these requests is greatly appreciated.

The Trust Heatwave Plan can be found on the Trust Intranet under Policies and on the SHSC website on the Intranet

Emergency Planning Situation Report (Sit Rep)

This Situation Report is to be completed by the Team Managers. Please return this to your Service lead on a daily basis until usual service is resumed. In the event of an IT outage please use this template as a structure to phone in the information.

Note: Please complete all fields. If there is nothing to report, or the information request is not applicable, please insert NIL or N/A.

Directorate:		Date:	
Name & Role (completed by):		Time:	
Mobile Telephone number:			
Email address:			

Type of Incident	Heatwave
Have you experienced any <u>serious</u> operational difficulties e.g. travel to community service users, staff unable to attend for duty, requests for assistance.	
Impact on services and service users:	
Have you invoked Business Continuity Plans?, e.g. identifying vulnerable service users, using cool areas, providing extra care.	

Impact on other service providers		
Mitigating actions taken		
Additional comments,		
Staff Unable to attend work Please list job roles and numbers:	<i>Role</i>	<i>Number unable to attend</i>
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