

heatwave

SUPPORTING VULNERABLE PEOPLE
BEFORE AND DURING A HEATWAVE

Advice for health and social care professionals

Extreme heat is dangerous to everyone. During a heatwave, when temperatures remain abnormally high over more than a couple of days, it can prove fatal. Climate change means heatwaves are likely to become more common in England. In one hot spell in London in August 2003, deaths among people aged over 75 rose by 60 per cent.

This factsheet is part of a national programme to reduce the health risks by alerting people to the dangers and encouraging them to plan in advance what to do in the event of a heatwave. Heatwaves can occur with little warning so it is best to make the following preparations **before** high temperatures are forecast. Ideally these should be complete before the end of June.

You should be reading this, and are urged to act on it, if you work, whether as an individual or part of a team, in primary care or social services or are a home care provider. It offers advice both on caring for people most at risk during a heatwave, and on organising others who provide care.

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 workers are in a good position to assess individual levels of risk.

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 (see **Additional notes**).
- People suffering from chronic ill health (see **Additional notes**).

What are the risks?

Heat exhaustion is usually one of the first signs that someone is at risk of developing heatstroke. Symptoms include headaches, dizziness, nausea and vomiting; muscle weakness or cramps, pale skin, weak pulse and high temperature.

Heatstroke can develop if the symptoms of heat exhaustion are left untreated. It can also occur suddenly and without warning. Symptoms include confusion and disorientation, convulsions, unconsciousness, racing, thumping pulse, flushed, hot and dry skin and very sudden rise in temperature. Heatstroke can result in organ failure, brain damage or death.

Reducing the risk Before a heatwave

Heatwaves can happen suddenly, and rapid rises in temperature affect vulnerable people **very rapidly**. Make as much use as possible of existing care plans to assess which individuals are at particular risk, and to identify what extra help they might need.

Health and social care providers need to plan ahead to ensure that care and support for people at risk can be accessed in the event of a heatwave. Anyone living alone is likely to need at least daily contact, whether by care workers, volunteers or informal carers. People with mobility or mental health problems, who are on certain medication, or living in accommodation that is hard to keep cool, will probably need extra care and support.

If you are caring for someone in their own home, these are the steps you should take **before** the weather gets hot. Where possible, involve their family and any informal carers in these arrangements.

Environment

- Check any south-facing windows, which let in most sunlight, can be shaded, preferably with curtains. Metal Venetian blinds may make things worse.
- Check the person's home or room can be properly ventilated, without causing any additional health risk, discomfort or security problems.
- Consider the possibility of moving the person to a cooler room. People living in top floor accommodation may be at particular risk as heat rises.

Facilities

- Check fridges and freezers work properly.
- Check fans and air conditioning work properly.
- Check that the person has light, loose-fitting, cotton clothing to wear.
- If you plan to move the person somewhere cooler in the event of a heatwave, consider what equipment or help you might need.

Organisation

- Check that extra care and support is available if needed.
- Check that the person can contact the primary care team if one of their informal carers is unavailable.
- Check that their care plan contains contact details for their GP, other care workers and informal carers.
- Check that there are adequate arrangements for food shopping.

If a heatwave is forecast for your region

- Make sure you have taken the steps outlined above.
- Monitor the current situation by checking the 'Heat-Health watch' level on the Internet (www.metoffice.gov.uk) or listening to local weather news.
- Make sure you know what advice to give people at risk. A public information leaflet with tips on what to do in a heatwave is available from GP practices, pharmacies, NHS walk-in centres, hospitals, care homes, benefit offices and voluntary organisations.
- Suggest people at particular risk consult their GP about possible changes to their treatment and/or medication (see **Additional notes**).

During a heatwave

Keep out 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 temperatures down

- Suggest regular cool showers, baths or at least an overall body wash.
- Advise them to wear light, loose, cotton clothes to absorb sweat and prevent skin irritation.
- Suggest sprinkling clothes with water regularly, and splashing cool water on their face and the back of their neck.
- Recommend cold food, particularly salads and fruit with a high water content.
- Advise them to drink regularly, preferably water or fruit juice, but avoid alcohol and caffeine (tea, coffee, colas).
- Monitor their daily fluid 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 to visit at least once a day.
- Keep giving advice on what to do to reduce the risk of heatstroke.
- Check that their care plan has full details of their informal carers and other support, in case extra help is needed.

Be alert

As well as the specific symptoms of heat exhaustion and heatstroke, watch out for signs which could be attributed to other causes, such as:

- Difficulties in sleeping.
- Changes in behaviour.
- Tiredness.

Emergency treatment

If you suspect someone has heatstroke, call 999. While 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.
- Encourage them to drink fluids, if they are conscious.
- Do **not** give aspirin or paracetamol.

Additional notes

The medication listed on the next page can increase the risk of heatstroke, or the severity of the condition.

People suffering from the following are likely to be at particular risk:

- Cardiovascular and cerebrovascular conditions
- Obesity
- Malnutrition
- Diabetes
- Parkinson's Disease
- Respiratory insufficiency
- Renal insufficiency
- Peripheral vascular conditions
- Alzheimer's or related diseases

Further information

The full heatwave plan can be accessed on the Department of Health website at www.dh.gov.uk/publications. It outlines the responsibilities of health and social care organisations at different stages during a heatwave.

NHS Direct Online at www.nhsdirect.nhs.uk can provide additional advice on heatstroke and other heat-related conditions.

You can get advice on skin protection during hot weather from the Cancer Research UK SunSmart campaign website at www.cancerresearchuk.org/sunsmart/

The following drugs are theoretically capable of increasing risk in susceptible individuals. It may be worth careful review of the medication such individuals are taking, and assessing the risks and benefits of any changes to their regime.

MEDICATIONS LIKELY TO PROVOKE OR INCREASE THE SEVERITY OF HEATSTROKE		
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, ciclosporin	
Those with levels affected by dehydration	Lithium, Digoxin, anti-epileptics, Biguanides, statins	
Those which interfere with thermoregulation:	by central action	Neuroleptics, Serotonergic agonists
	by interfering with sweating	Anti-cholinergics <ul style="list-style-type: none"> – Atropine,hyoscine – tricyclics – H1 (first generation) anti-histamines – certain anti-parkinsonian drugs – certain anti-spasmodics – neuroleptics – disopyramide – anti-migraine agents
		Vasoconstrictors
		Those reducing cardiac output <ul style="list-style-type: none"> – beta blockers – diuretics
	by modifying Basal Metabolic Rate	Thyroxine
Drugs which exacerbate the effects of heat		
by reducing arterial pressure	All anti-hypertensives Anti-anginal drugs	
Drugs which alter states of alertness (including those in section 4.4 of the British National Formulary)		



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