

Background

- 1. This protocol has been drafted with reference to the following documents:
 - 1.1 The Heatwave Plan for England (UK Government 2014, updated 2022);
 - 1.2 Looking after children and those in early years settings during heatwaves: for teachers and professionals (UK Government, updated 2022);
 - 1.3 Sun Safety (Cancer Research UK, updated 2021).

Trigger

- 1. The measures outlined in this protocol are to be triggered when:
 - 1.1 Temperatures are likely to be over 30°C for a sustained period of three days or more; OR
 - 1.2 The UK MET Office issues either an amber or red extreme heat warning; OR
 - 1.3 RBF is in receipt of official guidance from local/national authorities regarding extreme heat; OR
 - 1.4 RBF Leadership Team independently consider the current weather situation to justify its implementation.
- 2. While the measures in this protocol may be helpful in some respects relating to overseas trips taken by RBF team/service users, these measures are primarily for application for UK based projects as they relate to UK infrastructure and policy guidance. Separate risk assessments and protocols should be implemented for RBF overseas activities.

Risk

- 1. People's risks of adverse affects due to high temperatures vary. Groups particularly at risk include:
 - 1.1 Children under four;
 - 1.2 Those who are isolated/elderly;
 - 1.3 Homeless people;
 - 1.4 People who are overweight;
 - 1.5 People with pre-existing health conditions.
- 2. It is particularly relevant to note the children cannot control their body temperature as efficiently as adults during hot weather because they do not sweat as much and so can be at higher risk of ill-health from heat.

Mitigations

- 1. RBF Leadership Team will advise staff on where this protocol has been triggered and any specific mitigations that they are specifying must be use due to particular circumstance. Otherwise, RBF staff/volunteers should adopt from the following any and all mitigations they feel would be beneficial to their service users for the duration of the extreme high temperature period.
- 2. General mitigations:
 - 2.1 Groups/activities which are primarily social in nature may be cancelled/postponed;
 - 2.2 The length of groups/activities may be shortened or the time changed where possible so they fall within the cooler parts of the day. Parents/carers may be advised that, where possible, they should collect their children earlier than usual from childcare settings;
 - 2.3 Tasks which would normally be office based to be completed from home where possible if team members feel they can better stay cool in their home rather than at RBF premises;
 - 2.4 Activity content should be revised to reduce physical exertion to a minimum and to increase the opportunities for staying cool, such as by introducing water/ice games to sessions delivered;
 - 2.5 All team and service users should be provided with access to fresh water and all to be reminded and encouraged to drink much higher quantities of water than usual;

- 2.6 RBF team uniform requirements to be altered while RBF polo tops should still be worn, these can be paired with shorts/skirts rather than long trousers/jeans. Where service users are attending activities directly from school and are wearing school uniform, RBF team should advise them to bring a change of clothes so they can wear loose, light coloured clothing;
- 2.7 RBF team should bear in mind that extreme heat conditions are likely to have adverse effects on travel infrastructure so should allow themselves plenty of additional time to reach the locations that their activities are running from.

3. Outdoor activities:

- 3.1 Where the air temperature is cooler/likely to be cooler indoors rather than outdoors, team should transfer outdoor activities inside where possible;
- 3.2 Where air temperature is cooler outdoors, activities should be completed in the shade, noting that even on cloudy or foggy days it is still possible to get sunburned as up to 80% of UV rays pass through cloud or mist:
- 3.3 All children should wear sunhats with wide brims wherever possible;
- 3.4 Sunscreen (preferably of SPF 50 or above with UVA & UVB protection) must be worn whilst outside for ten minutes of more. Make sure children put enough on it should be evenly and thickly applied on all areas of exposed skin and reapplied at least hourly if children are outdoors. Team should note that sunscreen can rub, sweat or wash off even if it's supposed to be waterproof. With child's consent and in the presence of other team members and children, team may assist with the application of sunscreen to face, neck, shoulders and arms and legs below the knee.

4. Indoor activities:

- 4.1 Windows and other ventilation openings should be opened during the cool of early morning or preferably overnight to allow stored heat to escape from the building where possible and where permissible under the insurance cover associated with the site;
- 4.2 Windows and other ventilation openings should not be closed (unless the room is fitted with air conditioning facilities), but their openings reduced when the outdoor air becomes warmer than the air indoors:
- 4.3 Team should make use of any outdoor sun awnings/indoor blinds available, taking care not to let solar shading devices block ventilation openings or windows;
- 4.4 Electric lighting should be switched off wherever possible, as should any electrical equipment not in active use, noting that items on standby still produce excess heat;
- 4.5 Additional fans or air circulation devices should be deployed where possible, and, where safe, to have bowls of cold water/ice in front of them so they are actively propelling cold air around the delivery space. Team should note that where the temperature is above 35°C there is a possibility that fans may increase the risk of dehydration so children's water intake should be increased to compensate for this or fans switched off when this temperature is reached;
- 4.6 Team should consider rearranging furniture so that children are seated away from windows and in areas with the best air circulation.
- 5. In addition to their first aider training, RBF Team are to remind themselves of the following signs, symptoms and response to the conditions of heat stress and exhaustion as well as heat stroke in order that they can take appropriate steps if any signs/symptoms are recognised amongst service users:
 - 5.1 Symptoms of heat stress may include one or more of the following:

behaving out of character demonstrating signs of discomfort/irritability above worsening with physical activity 5.2 Symptoms of heat exhaustion vary but generally may include one or more of the following:

tiredness dizziness headache nausea vomiting hot, red and dry skin confusion

5.3 When the body is exposed to very high temperatures, the mechanism that controls body temperature may stop working. Heatstroke can develop if heat stress or heat exhaustion are left untreated, but it can also occur suddenly and without warning. Team should be aware that heat stress/exhaustion may have been building during the day before service users take part in RBF activities in the afternoon/evening. Symptoms of heatstroke may include one or more of the following:

high body temperature – a temperature of or above 40°C (104°F) red, hot skin and sweating that suddenly stops fast heartbeat fast shallow breathing confusion/lack of co-ordination fits

- 5.4 Where team members believe that a service user may be experiencing any heat related illness, they should take one or more of the following steps as appropriate:
 - 5.4.1 Move the person to as cool a room as possible and encourage them to drink cool water;
 - 5.4.2 Cool the person as rapidly as possible, using whatever methods possible. For example, sponge or spray the person with cool (25 to 30°C) water, or, if available, place cold packs around the neck and armpits, or, wrap the the person in a cool, wet sheet and assist cooling with a fan;
 - 5.4.3 Call the RBF Duty Manager to request an ambulance if the person doesn't respond to the above treatment within 30 minutes;
 - 5.4.4 If a person loses consciousness, or has a fit, place them in the recovery position, call 999 and the RBF duty manager immediately and follow the steps above until medical assistance arrives;
 - 5.4.5 Always inform a parent/carer if any of the above measures are taken, keeping a full log of the actions taken by RBF team members on an Extended End of Session Report which should be countersigned by the parent/carer.