

Safety Information Message

Reference: SIM2208

Issued: 19 July 2022

Public Health message on staff heat-risk and PPE

This message is issued jointly by the United Kingdom Health Security Agency and Health & Safety Executive via the English Central Alerting System (CAS) on 15 June 2022 (HSE / UKHSA - Level 4 heat-health alert: Public Health message on staff heat-risk and PPE).

Summary

The HSE & UKHSA have jointly published a safety bulletin to remind colleagues about the heat-risk for staff working in clinical and care settings whilst using Personal Protective Equipment (PPE) in addition to working in warm/hot conditions. Please refer to the public health message in the annex to this message which contains more information on staff heat-risk, actions to be taken and by whom.

Although this public health message is targeted at NHS England the advice and actions in the attached safety bulletin are relevant to the Devolved Administrations heat wave conditions.

Action

Refer to the attached HSE safety bulletin and follow the required actions.

Suggested onward distribution

Health & Safety
Infection Prevention and Control
Occupational Health

Risk Management
Safety Representatives

Enquiries

Enquiries and adverse incident reports should be addressed to:

Incident Reporting & Investigation Centre (IRIC)

NHS National Services Scotland

Tel: 0131 275 7575 Email: nss.irc@nhs.scot

Accessibility: Please contact us using the above details if you are blind or have a sight impairment and would like to request this alert in a more suitable format.

IRIC remit: general information about adverse incidents, safety alerts and IRIC's role can be found in [CEL 43 \(2009\)](#), *Safety of Health, Social Care, Estates and Facilities Equipment: NHS Board and Local Authority Responsibilities*, issued 30 October 2009.

Report an incident: Information on [how to report an adverse incident](#)

NHS National Services Scotland is the common name for the Common Services Agency for the Scottish Health Service <https://www.nss.nhs.scot/>

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Personal protective equipment and heat: risk of heat stress

Summary

Wearing personal protective equipment (PPE) in warm/hot environments increases the risk of heat stress. This occurs when the body is unable to cool itself enough to maintain a healthy temperature. Heat stress can cause heat exhaustion and lead to heat stroke if the person is unable to cool down.

Measures to control the temperature of clinical and care environments and enable staff to make behavioural adaptations to stay cool and well hydrated should be made. Staff may require more frequent breaks and the frequency of PPE changes may increase, with a resulting increase in demand.

Action

Prepare to respond:

- Assess the risk of overheating in your workplace and consider appropriate control measures to implement.
- Consider collective control measures first (e.g. remove or reduce the sources of heat and improve ventilation, where possible).
- Consult the [Heatwave Plan for England](#).
- Sign up to receive [UKHSA/Met Office heat-health alerts](#) so that you know when high temperatures are forecasted.

Ensure that staff are aware of the risk of heat stress when wearing PPE and know how to reduce their risk:

- Satisfy yourself that there is a cascade in place to ensure that frontline staff receive the alerts.

Staff working in warm/hot conditions should follow the advice:

- Take regular breaks, find somewhere cool if you can.
- Make sure you are hydrated (checking your urine is an easy way of keeping an eye on your hydration levels – dark or strong-smelling urine is a sign that you should drink more fluids).
- Be aware of the signs and symptoms of heat stress and dehydration (thirst, dry mouth, dark or strong-smelling urine, urinating infrequently or in small amounts, inability to concentrate, muscle cramps, fainting). Don't wait until you start to feel unwell before you take a break.
- Use a buddy system with your team to look out for the signs of heat stress (e.g. confusion, looking pale or clammy, fast breathing) in each other.
- Between shifts, try to stay cool as this will give your body a chance to recover.

Ensure that PPE supplies are sufficient to cover a likely increase in demand for certain PPE items during warmer months due to staff changing equipment more frequently.

Consider whether more staff may be needed per shift to maintain service levels while accommodating increased staff breaks.

Any actions taken must be aligned with local infection prevention and control policies and national guidance, especially in relation to COVID-19 infection prevention control measures

Action by

- NHS Regional Offices
- NHS Trust Chief Operating Officers
- NHS Foundation Trusts (England) – Chief Operating Officers
- NHS Foundation Trusts (England) – Medical Director
- NHS Trusts (England) – Medical Director
- Independent Healthcare Providers (registered with CAS)
- NHS Foundation Trusts (England) – Chief Executive
- NHS Trusts (England) – Chief Executive
- NHS Trusts/NHS Foundation Trusts Heads of Departments/Clinical Leads
- NHS Trusts/NHS Foundation Trusts Directors of Nursing, Midwifery and Allied Health professionals
- Association of Ambulance Chief Executives
- All healthcare staff
- Staff in non-healthcare settings e.g. prisons, immigration removal, police custody suites
- Registered social care providers

Information to recipients

Integrated Care Systems
Regional Directors of Public Health
Directors of Public Health
Primary Care Networks

Problem/background

Hospitals and other care settings in England are at risk of overheating in warm weather. During 2018 nearly 50% of NHS hospital trusts reported at least one incident of overheating, and 8% of trusts reported over 50 incidents.ⁱ

Occupational heat strain is associated with productivity loss and has an impact on the health of those affected.ⁱⁱ

Employers have a responsibility to ensure a reasonable working temperature in workrooms and local heating or cooling where a comfortable temperature cannot be maintained.ⁱⁱⁱ Adequate ventilation reduces the risk of coronavirus (COVID-19) aerosol transmission and can also positively impact the risk of heat stress for those working in warm/hot conditions. Understanding of the role played by ventilation for controlling transmission is increasing and the HSE's ventilation guidance ^{iv} is kept under review. Ventilation should inform your assessment of the risk and selection of measures to control the potential for heat stress.

Health and care staff, including ambulance staff, are required to wear PPE for infection prevention and control purposes, including to reduce the risk of transmission of COVID-19. The PPE required is specified for different settings and activities in line with national guidance. This can effectively require them to wear PPE for the entirety of their clinical work.^v There is also concern for health and care staff waiting in ambulances for prolonged periods in PPE.

Wearing PPE in warm/hot environments increases the risk of heat stress because: ⁱⁱⁱ

- PPE reduces the body's ability to evaporate sweat and prevents heat loss through convection and radiation;^{vi}
- scope for staff to adapt to their environment by removing clothing may be compromised through the necessary wearing of PPE;
- the impact of PPE on a person's risk of heat stress in a health or social care setting will depend on work rate, workplace climate, PPE and the individual.

Heat stress can present as heat exhaustion and lead to heat stroke if the person is unable to cool down. Heat exhaustion is when someone becomes very hot and starts to lose water or salt from their body. Heat stroke is where the body is no longer able to cool itself and a person's body temperature becomes dangerously high.

The signs of heat exhaustion include: a headache; dizziness and confusion; loss of appetite and feeling sick; excessive sweating and becoming pale, clammy skin; cramps in the arms, legs and stomach; fast breathing or pulse; temperature of 38°C or above; being very thirsty.

If someone is showing signs of heat exhaustion, they need to be cooled down. Further information is available on [heat exhaustion, heat stroke and actions to take to cool down](#).

Demand on PPE equipment may increase as PPE may need to be changed more often due to increased regularity of breaks (during which PPE must be discarded). PPE also needs to be changed and discarded when it becomes uncomfortable or damp, for example with sweat.

Health and social care workers will need to take more frequent breaks to cool down which may impact on productivity.

For queries relating to PPE and workplace risk assessments, that cannot be answered from information available on the HSE website at www.hse.gov.uk, or by the local health and safety risk management team, please contact HSE using our online working safely enquiries form at <https://hsegov.microsoftportals.com/workingsafelyenquiries/>

For queries relating to the Heatwave plan and heat-health alerts, please contact ExtremeEvents@ukhsa.gov.uk

References

ⁱ NHS Digital. Estates Return Information Collection 2018-19 <https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns-information-collection/england-2018-19> [Accessed 19th May 2020]

ⁱⁱ Flouris AD *et al.* Workers' health and productivity under occupational heat strain: a systematic review and meta-analysis [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(18\)30237-7/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(18)30237-7/fulltext)

ⁱⁱⁱ Health and Safety Executive. Managing workplace temperature. Available at: <https://www.hse.gov.uk/temperature/thermal/managers.htm> [Accessed 20th May 2020]

^{iv} HSE (2022) Ventilation in the workplace <https://www.hse.gov.uk/ventilation/>

^v Public Health England. Coronavirus (COVID-19): personal protective equipment (PPE) hub. Available at: <https://www.gov.uk/government/collections/coronavirus-covid-19-personal-protective-equipment-ppe> [Accessed 12th June 2020].

^{vi} Potter AW *et al.* Ebola Response: Modelling the Risk of Heat Stress from Personal Protective Clothing. *PLoS One*. 2015; 10(11): e0143461